

## Quality Of Life In Patients With Breast Cancer

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### **Abstract:**

Breast cancer is the most common cancer among women in the world and ranks first among cancers also seen in Turkey. The rate of breast cancer increases every year in the world, although the mortality rate from breast cancer does not increase at the same rate. As a result, various problems related to patients' quality of life and psychosocial adjustment are raised. Measurement of quality of life is an important factor in evaluating the problems encountered in the treatment of health care professionals, evaluating the clinical process and maintaining the quality of life of the patients. Now individuals are more concerned with quality than length of life. It causes a series of changes in the life of breast cancer patients and these changes affect the quality of life. At this stage, the health care professional who should take the initiative is the most frequent and close relationship with the nurses. The most frequent and close relationships with patients are health care professional nurses. For this reason, it is thought that nurses should be educated to patients and their relatives in order to improve the quality of life of breast cancer individuals during the surgical process, discharge and post-treatment period, to handle the patient holistically and to provide a personalized care plan by understanding the situation. For this, it is thought that information and sensitivity should be increased by providing training to nurses.

**Key Word:**Breast cancer, quality of life, nursing care.

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### **I. Introduction**

Life quality is defined as the quality of life perceived as a result of a person's inability to perform a certain action. Quality of life concept can be used in the same sense as harmony, satisfaction and happiness, but the most striking factor in quality of life is its individuality<sup>1</sup>. Aaronson et al define the quality of life as "physical health, psychological state, level of independence, social participation, interpersonal relationships, realization of one's potential, intellectual development and spiritual well-being"<sup>2</sup>. Ferrans added the family dimension and economy to these<sup>3</sup>.

The World Health Organization defines the quality of life as "the way individuals perceive their position in life in terms of their goals, expectations, standards and anxieties within the culture and value system they live in" (<sup>4</sup>). Since the quality of life is a way of perceiving the position of the individual in line with their standards and concerns, it varies from person to person, it develops and is versatile<sup>1,5</sup>.

The diseases faced by the individual and the treatment process affect the quality of life, and one of these diseases is breast cancer. Breast cancer is the most common cancer among women in the world and ranks first among cancers seen in Turkey. Although the incidence of breast cancer in the world increases every year, the death rate from breast cancer does not increase at the same rate. As a result, various problems arise regarding the quality of life and psychosocial adjustment of patients<sup>6</sup>. Today, individuals are more concerned with the quality of life rather than the length of its life. A series of changes occur in the life of patients with breast cancer, and these changes affect the quality of life. The health care professional who should attempt to improve the quality of life of the individual with cancer the nurses who have the most frequent and close relationships with the patients<sup>7</sup>.

### **II. General Information**

Measuring quality of life is an important element in the evaluation of the problems encountered in treatment by healthcare professionals, in the evaluation of the clinical process and in maintaining the quality of life of patients<sup>2</sup>. Scales for measuring the quality of life in cancer patients can be grouped under three headings: general, specific and specific to the disease. General scales are scales that evaluate the biopsychosocial well-being of patients, scales for a specific subject are scales that evaluate a special area related to health, and disease-specific scales are scales that evaluate patient perception about a particular disease<sup>1,8</sup>.

With the quality of life measurements, the results of nursing interventions can be evaluated, and as a result, new methods can be developed to increase the patient's quality of life<sup>1</sup>. There are many negative factors that affect the quality of life of patients with breast cancer during the surgical process and treatment period and

in the early and late postoperative periods. In the early postoperative period, the patients' emotional state, grip strength, shoulder pain, and physical efficiency affect the quality of life. The most important complications related to armpit dissection due to breast cancer may encounter after surgical treatment are pain in the arm, limitation in shoulder movements, limitation in the functional capacity of the arm, swelling in the arm, stiffness, loss of sensation, lymph edema. Besides, the addition of radiotherapy to axillary dissection increases the risk of arm edema to 36%<sup>9</sup>. Chemotherapeutic agents and radiotherapy applied to the patient during the treatment bring much harms along with the benefits they provide for the patient. Physical and emotional symptoms such as pain, anorexia, cachexia, taste change, alopecia, nausea, vomiting, dehydration, mucositis, fatigue, dyspnea, bone marrow suppression, depression, and anxiety negatively affect the patient's quality of life<sup>10,11</sup>. Especially for female patients, removing all or a part of the breast, which is a prominent symbol of femininity and sexuality in their bodies and which is an extremely important organ for women, poses a threat to the woman's feelings of motherhood, sexuality and attractiveness. For this reason, inadequacies occur in the role of motherhood, womanhood and spouse of men and the quality of life decreases<sup>12,13</sup>. Patients with cancer face many psychosocial problems such as depression, hopelessness, despair, fear of death, anger, future anxiety, anxiety, and decreased self-esteem<sup>7</sup>. At this stage, the nurse should be understanding and responding to the patient's needs and prioritizing the patient's interest by providing training on the patient's diagnosis, treatment process and post-process. Thus, an increase in the quality of life of the patient can be achieved<sup>14,15</sup>.

If the patient experiences anxiety and depression due to cancer and the negativities of the treatment process, the patient's understanding and comprehension level deteriorates, he has difficulties in sharing his feelings and coping, becomes reluctant to receive social support, his motivation to fight cancer decreases, his compliance with treatment decreases, hospitalization period is prolonged. As a result, the hospital cost increases and as a result, the quality of life of the individual is negatively affected. Emotional, social, physical and psychological well-being, pain status and competence of cancer patients affect the patient's adaptation to cancer disease and their relationship with roles<sup>16</sup>.

There are studies indicating that the quality of life of individuals who have undergone breast cancer surgery is lower compared to healthy individuals. For example, locomotor system problems such as shoulder pain, limitation in joint movement, and lymphedema that may develop in patients after breast cancer surgery will cause upper extremity dysfunction, as a result, the individual will have difficulty in performing daily activities. All these problems will negatively affect the individual's quality of life<sup>20-23</sup>.

After breast cancer surgery, the patient may have lost all or part of an important sex organ. This situation may cause psychological trauma in the patient, and depression due to the long and demanding treatment process<sup>24, 25</sup>. Studies have shown that depression levels of patients with breast cancer are higher in the first periods of their treatment compared to healthy individuals, and that depression scores increase significantly after initiating oncological treatment<sup>26, 27</sup>.

In a study investigating sexuality after breast cancer treatment, it was determined that sexuality was neglected after cancer diagnosis. In addition, it has been determined that the speed of physical and psychological recovery after treatment, the importance given to sexual intercourse by the spouses, the understanding and support of the spouse, and anxiety are also effective in the sexual lives of individuals<sup>28</sup>. The nurse should encourage the patient to express their sexual problems, provide support to cope with the changes that occur and act as a guide to identify different sources that can provide support<sup>29-32</sup>.

The more anxiety or depression the patient experiences before the operation, the higher the risk of postoperative complications. For this reason, the adaptation of the individual to surgical intervention should be tried to be increased, and this can only be achieved by providing psychological support as well as informing the patient sufficiently in the preoperative period. In addition, this support should be continued in the postoperative period, and the individual should be tried to be taught how to cope with anxiety, and it should be ensured that they communicate with patients in a similar process<sup>33-36</sup>.

In the literature, there are studies indicating that the quality of life of individuals who have undergone breast cancer surgery is lower compared to healthy individuals<sup>17-19</sup>. According to the Cancer Survivorship Association's quality of life research on cancer patients with long-term survival; the quality of life in patients with no trace of any disease within five years after the diagnosis of breast cancer was found to be higher in patients with breast cancer compared to the healthy population<sup>17</sup>. In a study, although the physical health conditions of breast cancer patients are insufficient in performing their occupational and daily activities compared to the healthy population; patients with breast cancer evaluated the importance of body function, psychological health and social functionality better than healthy population<sup>18</sup>. Another study found that younger breast cancer patients had higher quality of life in long-term survival. Another study found that younger breast cancer patients had higher quality of life in long-term survival. Based on these results, it can be said that; the support and education that nurses will provide to patients are of great importance in increasing the quality of life of patients with breast cancer. If the patient is approached biopsychosocial in a holistic manner and if adequate and personalized training and support are provided for the surgical process, discharge and aftermath, the quality of life of the patient may increase even more than healthy individuals.

### III. Conclusion and Recommendations

While healthcare professionals focus on protecting the life of the patient, they should not neglect to protect the patient's very important need of life quality and serenity. Nurses and other healthcare professionals have important roles and responsibilities in increasing the quality of life of breast cancer patients who face many psychosocial problems. Nurses should be aware of this and also gain the trust of patients and their families<sup>29, 30, 32, 37</sup>.

Before surgery of breast cancer patients should be psychologically prepared and informed, the patient should be encouraged to ask questions, and the patients should be considered as individuals and addressed by name instead of identifying them with their disease. The patient's mental state during the surgery and the effect of the operation on this, the psychosocial state, the state of expressing feelings such as anxiety, anger, guilt, anger, his thoughts about the disease and the surgery he will be performing, and the presence of depression should be evaluated, and accordingly, the quality of life should be increased<sup>38</sup>.

The undesirable situations that the patient will experience during the treatment should be prevented as much as possible, the undesirable situations experienced should be evaluated, and the patient and her family should be educated about this<sup>10</sup>. While providing care to patients receiving chemotherapy in the treatment of breast cancer, individual characteristics such as age and educational status of the patients should also be taken into account, patient relatives should be included in the care plan together with the patients, the importance of life quality and lifestyle behaviors should be emphasized and their quality of life should be evaluated regularly<sup>1</sup>.

Nurses are the health care professionals who have close and frequent relationships with patients. For this reason, during the surgical process, discharge and post-discharge processes it is thought that nurses should provide training to patients and their relatives, take the patient in a holistic manner and provide a personalized care plan by understanding the situation. For this, it is thought that nurses should be educated to increase their knowledge and sensitivity.

### Resources

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