

INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps.

ProQuest Information and Learning
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA
800-521-0600

UMI[®]

UNIVERSITY OF CINCINNATI

December 10 1975

I hereby recommend that the thesis prepared under my supervision by Claire Esselman

entitled A Study of Mastectomy Patients' Needs for Teaching and Support During the Hospitalization and Post Discharge Periods

be accepted as fulfilling this part of the requirements for the degree of Master of Science in Nursing

Approved by:

Proctor C. Jeworth

Mary Heider

Janet A. Fournier

A STUDY OF MASTECTOMY PATIENTS' NEEDS FOR
TEACHING AND SUPPORT DURING THE
HOSPITALIZATION AND POST
DISCHARGE PERIODS

A thesis submitted to the
Division of Graduate Education and Research
of the University of Cincinnati

in partial fulfillment of the
requirements for the degree of

MASTER OF SCIENCE IN NURSING
in the College of Nursing and Health

1976

by

Claire R. Esselman

B.S. Xavier University, 1966
M.Ed. Xavier University, 1969

UMI Number: EP26238

INFORMATION TO USERS

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleed-through, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

UMI[™]

UMI Microform EP26238
Copyright 2009 by ProQuest LLC
All rights reserved. This microform edition is protected against
unauthorized copying under Title 17, United States Code.

ProQuest LLC
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106-1346

TABLE OF CONTENTS

	Page
LIST OF TABLES	iv
Chapter	
I INTRODUCTION TO THE PROBLEM	1
Statement of the Problem	
Related Literature	
Purpose of the Study	
II METHODOLOGY	12
The Setting	
The Subjects	
Instrument for Data Collection	
Pretest	
Procedure	
Data Analysis	
Scope and Limitations	
III THE RESULTS	17
Hospital Interviews	
Home Interviews	
Summary	
IV DISCUSSION	29
Preoperative and Postoperative Education	
Physical Concerns	
Psychological Concerns	
Source of Information	
V SUMMARY, CONCLUSIONS, NURSING IMPLICATIONS AND RECOMMENDATIONS	45
Summary	
Conclusions	
Implications for Nursing	
Recommendations for Further Research	

TABLE OF CONTENTS (Continued)

Appendices		Page
A	PERSONAL INFORMATION BY INDIVIDUAL SUBJECT	48
B	HOSPITAL INTERVIEW FORM	49
C	HOME INTERVIEW FORM	51
D	CHECKLIST OF EDUCATIONAL NEEDS OF MASTECTOMY PATIENTS	53
E	CONSENT FORM	54
F	HOSPITAL INTERVIEW	55
G	HOME INTERVIEW	66
BIBLIOGRAPHY		73

LIST OF TABLES

Table		Page
1	Age of Subjects by Type of Mastectomy Performed	17
2	Background Information Divided by Subjects' Ages as Over or Under Fifty Years	18
3	Summary of Physical Concerns Expressed by Subjects: Hospital Interview Compared to Home Interview	23
4	Summary of Psychological Concerns Expressed by Subjects: Hospital Interview Compared to Home Interview	23
5	Preferred Sources of Information to Subjects as Revealed in Hospital and Home Interview	25
6	Home Activities in Order of Difficulty	26

CHAPTER I

INTRODUCTION TO THE PROBLEM

Carcinoma of the breast is among the most common of malignant tumors. In the United States, it is the leading cause of death from cancer among women. Breast cancer occurs frequently at all ages past thirty. The peak incidence is between the ages of forty and fifty. The annual incidence of breast carcinoma is about 72 women per 100,000, and the mortality rate is about 28 per 100,000. Twenty percent of deaths from cancer among women are attributable to breast cancer. It is estimated that one out of every fifteen American women will develop the disease at some time during her lifetime. There has been no great reduction in the mortality rate of this disease in the past thirty-five years.¹

According to the American Cancer Society, the five-year survival rate for breast or mammary cancer can be as high as 85 percent if the disease is detected early and treated while it is still localized.² Early detection and treatment are mandatory, and both patients themselves and the medical profession share the responsibility.

¹John L. Wilson, "Diseases of the Breast," in Current Medical Diagnosis and Treatment, ed. Marcus A. Krupp and Milton J. Chatton (Los Altos, Calif.: Lange Medical Publication, 1975), p. 398.

²American Cancer Society, 1975 Cancer Facts and Figures, New York, 1974, p. 7.

It is important to obtain a complete history of the patient and her family because there is an increased incidence of breast cancer in families of persons who have breast cancer compared to the general population. Breast cancer is significantly less frequent in married women who have borne children than in single nulliparous women.¹

Breast cancer is a major medical concern of American women. In a Gallup survey conducted for the American Cancer Society in late 1973, women were asked what were the two or three most serious medical problems facing women. Forty-three percent named cancer first, and another 13 percent referred specifically to breast cancer and 6 percent to uterine and cervical cancer. The Gallup survey pointed out that one-half of the adult female population does not have annual breast examination by a physician. The lack of examination is more prevalent among older women, the poorly educated, low-income women, and blacks.²

Having a breast removed causes a woman to experience emotional and physical trauma. A woman may fear loss of her femininity and rejection by her husband. She may have many misconceptions that create added anxiety. Too frequently women do not know about prostheses and fear that they will forever appear lopsided. After the surgery the

¹Carol A. Gribbons and M. A. Aliapoulios, "Early Carcinoma of the Breast," American Journal of Nursing 69 (September 1969):1945.

²1975 Cancer Facts and Figures, p. 16.

most important requirement is open communications between the nurse and the patient.¹

The nurse who has continuity of contact with the patient is a powerful force in the patient's early efforts to adapt to the experience. Furthermore, as a woman, the nurse provides the patient with an object for testing reality and for working out unconscious feelings. Consequently, the nurse who has understanding of the patient's emotional needs and who can act in accordance with this knowledge serves as a powerful impetus in the rehabilitative process.²

Statement of the Problem

The problem is to ascertain the concerns, psychological and physical, of post mastectomy patients during hospitalization and on return home, and how these concerns were met.

Related Literature

In the professional literature there are many articles relating to the nursing care of the mastectomy patient. Women who have a breast removed do experience physical trauma and nurses do need to provide good nursing care. There are many additional articles which discuss ways

¹Guy F. Robbins, Sandra Holz, and Judith Trachtenberg, "The Cancer Patient After Radical Mastectomy," in Cancer Epidemiology and Prevention: Current Concepts, ed. David Schottenfeld (Springfield, Ill.: Thomas, 1974), p. 336.

²Morton Bard and Arthur Sutherland, "Psychological Impact of Cancer and Its Treatment, IV. Adaptation to Radical Mastectomy," Cancer 8 (July-August 1955):656.

in which the nurse can give more effective nursing care in relation to exercise, wound care and prevention of complications.^{1,2,3,4,5}

In 1959, Tollett did a study to identify the expressed problems and needs of women who had radical mastectomies.⁶ Twenty-three women were interviewed. Tollett identified problems which were categorized as being of common occurrence. A major problem which was identified was breast prosthesis. The patients wanted to know what types of prostheses were available to them. Fifteen persons stated they had limited knowledge or no knowledge about prosthesis. The patients wanted to know the duration of time following surgery before a prosthesis could be fitted and where a prosthesis could be purchased. The majority of

¹"Helping the Patient to Adjust After Breast Surgery," Nursing Update 2 (July 1971):1.

²Margaret L. Owen, "Special Care for the Patient Who Has a Breast Biopsy or Mastectomy," Nursing Clinics of North America 7 (June 1972):376.

³Edith Wolf, "Nursing Care of Patients With Breast Cancer," Nursing Clinics of North America 2 (December 1970):590.

⁴Genevieve Fitzpatrick, "Caring for the Patient With Cancer of the Breast," Bedside Nursing (March 1970):21.

⁵Carol A. Gribbons and M. A. Aliapoulos, "Treatment for Advanced Breast Carcinoma," American Journal of Nursing 72 (April 1972):679.

⁶Jackie J. Tollett, "A Study of the Expressed Problems and Needs of a Selected Group of Persons Who Had Had Radical Mastectomies and Their Opinions Regarding Assistance Received in Helping Them to Meet These Needs" (Master's thesis, University of Washington, 1959), p. 24.

the problems expressed by the patients demonstrated their need for knowledge or information about breast prostheses. Additional conclusions of the study were that most patients receive assistance from doctors and nurses in helping meet their physical needs in relation to the physical aspects of mastectomy. The patients in the study felt they had little help in expressing their worries and fears.

In a 1967 study, Hartley and Brandt attempted to determine the extent of knowledge possessed by a selected group of post mastectomy patients concerning prevention and/or control of the postoperative complication of lymphedema.¹ The study was based on the assumption that nurses have a responsibility for helping patients acquire this knowledge. They interviewed thirty-seven women between the ages of thirty-five and eighty-nine who had radical mastectomies. Thirty-one women recalled receiving information about prevention while in the hospital. Physicians were the most helpful and frequent source of information and nurses were considered to be a relatively unimportant and less frequent source.

An additional part of this study requested these same patients to identify sources of information about postoperative mastectomy care. Responses were secured from all thirty-seven patients, each patient indicating multiple sources if she desired. The doctor was identified most frequently as the source of information about care

¹Isobel D. Hartley and Edna M. Brandt, "Control and Prevention of Lymphedema Following Radical Mastectomy," Nursing Research 16 (Fall 1967):333-36.

and as the single most helpful source. While 13 percent of the patients studied listed the nurse as a source of information, none of them viewed the nurse as the single most helpful source of information about postoperative mastectomy care.¹

The topic of a study by Quint was what happens to the woman after mastectomy surgery.² The group studied was twenty-one women who ranged in age from thirty-eight to seventy-nine years. Data collection began during the hospitalization and continued with periodic home contacts at selected intervals during one year. The findings of this study suggest that the major difficulty a woman faces after mastectomy is learning to "live with death." The women reported that few people are able to help them come to terms with this change in perspective. There was little professional help available for these patients. During the year of observation, these women became progressively isolated with their "disease" and were given few outlets for talking about the matters which most concerned them.

Quint's findings were interpreted particularly with nursing care in mind. Quint stated that if women were ready to talk about their mastectomies in the hospital, they had little access to nursing personnel except for brief contacts centered on procedures and physical tasks. Nursing personnel do not openly initiate discussion about

¹Ibid., p. 336.

²Jeanne C. Quint, "The Impact of Mastectomy," American Journal of Nursing 63 (November 1963):88.

mastectomy and its personal meanings. Nurses refrain from discussing mastectomy to protect themselves from a woman's situation which they find hard to handle.¹

The twenty-one women in Quint's study were observed over a period of a year by nurses who had taken care of them in the hospital. The nurses found that these patients were not ready to talk about their fears during hospitalization and did so only after they had been at home for a week or more. They did not talk to their doctor about the things which most concerned them, such as the shock of adjusting to unexpected effects, shame about disfigurement and fear of what the future will hold for them. Generally the doctor did not initiate conversation about such topics but focused attention on wound healing and therapeutic regimens.²

A study by Kemp designed to elicit the opinions of a selected group of mastectomy patients relative to the nursing care they received while hospitalized revealed the following. At least 50 percent of the subjects indicated that, when they asked members of the nursing staff questions about their illness or hospital stay, the nursing staff either answered the questions themselves or referred the subjects to a specific person the nursing staff felt could answer the question. At least 50 percent of the subjects indicated that, prior to their

¹Jeanne C. Quint, "Mastectomy--Symbol of Cure or Warning Sign?" GP (March 1964):124.

²Ibid., p. 124.

operation, the nursing staff did not tell these subjects where they would be when they woke up after the operation, nor something about how they might feel at this time, or what might be done for and to them during this recovery period.

This study also attempted to determine if the nursing staff involved subjects in their care by providing the subjects with encouragement and necessary information. At least 50 percent of the subjects replied that prior to their operation, the nursing staff did not tell or show them how to cough or move about in bed with the least amount of pain in preparation for their postoperative regimen.¹

In a study by Gowan, patients generally saw nursing personnel as too busy, disapproving, and as persons they hated to bother.² This indicates a need to change the patient's image of care. The responsibility for such a change lies in the hands of the patient-centered nurse.

There is evidence from patients that hospital health personnel, a majority of whom are nurses, are not therapeutic in their interactions with patients. Skipper has documented the view that "one of the most universal complaints of hospitalized patients in western

¹Mildred G. Kemp, "Opinions of Cancer Patients Relative to the Frequency with Which Concern for the Emotional Component of Cancer Was an Aspect of the Nursing Care They Received While Hospitalized" (Master's thesis, Texas Woman's University, 1973), p. 66.

²Naomi Gowan and Miriam Morris, "Nurses Responses to Expressed Patient Needs," Nursing Research 13 (Winter 1964):68.

society is that they do not have enough communication with hospital functionaires."¹

Truax and Carkhuff gathered evidence which supported the view that "accurate empathy," "nonpossessive warmth," and "genuineness" are essential characteristics for therapeutic counseling.² Truax and Millis report the scores on the above characteristics for samples of thirteen occupational groups; lowest mean group scores were obtained from registered nurses and manufacturing plant supervisors.³ These results from registered nurses have serious implications for those who attempt to improve the quality of service provided by nursing practitioners.

How can agreement of perceived needs and appropriateness of services be achieved? For one thing, nurses might learn more about patients' needs and expectations through improved communication.

Martin did a study of goals set by nurses for their patients and the goals these same patients set for themselves.⁴ The study

¹J. K. Skipper, "Communication and the Hospitalized Patient," in Social Interaction and Patient Care, ed. J. K. Skipper and R. C. Lennard (Philadelphia: J. B. Lippincott Co., 1965), p. 66.

²C. B. Truax and R. R. Carkhuff, Toward Effective Counseling and Psychotherapy (Chicago: Aldine Publishing Company, 1967), p. 24.

³C. B. Truax and J. Millis, "Perceived Therapeutic Conditions Offered by Contrasting Occupations," unpublished manuscript, 1971.

⁴Madeline T. Martin, "A Descriptive Study of Psychotherapeutic Goals Set By Patients and By Nurses," (Master's thesis, University of Cincinnati, 1974), p. 30.

involved twenty psychiatric patients and five nurses directly involved in their care. The findings showed that nurses emphasized reconstructive goals, and patients emphasized situational adjustment goals. Patients had much shorter expectations for expected length of time for successful attainment of goals than did the nurses. Patients' goals for themselves were much more similar among patients within the group than were the nurses' goals for these patients. Martin's study appears to support the reasoning that goals set for patients by nurses were more a function of the individual nurse and her characteristics than the patient she treated. Goal setting behavior did not appear to be a function of the nurse's educational background, years of experience, or amount of patient contact.

Purpose of the Study

This study was designed to investigate the needs for information and support expressed by mastectomy patients during early postoperative recovery in the hospital and later at home.

Specifically, this study was concerned with the extent to which the professional nurse's function met these concerns expressed by the mastectomy patient.

Questions which this study attempted to answer or attain insight into are the following:

1. Was the breast tumor originally discovered by the subject?
2. What information had been given to the subject?
3. What further information and support did the subject desire?
4. Was unwanted or disturbing information given?
5. Who were the sources of both helpful and disturbing information?
6. What were the major needs and problems of women immediately following mastectomy and following discharge post surgery?

CHAPTER II

METHODOLOGY

The Setting

Five private hospitals in a metropolitan area served as the setting for early postoperative interviews. Permission was obtained from the respective hospital administrative staffs and the subject's personal physician. A second interview was conducted in the subject's home two to three weeks after hospital discharge.

The Subjects

Twenty subjects were selected from names furnished by the hospital administrative staff and/or a physician during the period from May 22, 1975 to July 31, 1975. These twenty subjects were interviewed. They ranged in age from thirty-one to eighty-three years with six of the twenty being in the forty to forty-nine age group.

Eleven of the subjects were homemakers, three were teachers, two were salespersons, and one each an accountant, a manager, a housekeeper and a factory worker. One patient had her second breast removed. All subjects were of the Caucasian race and had been in the hospital at least twenty-four hours prior to surgery. Educational background of the patients ranged from eighth grade through college (see Appendix A).

Instrument for Data Collection

The interview was selected as the method of collecting the data because of the high degree to which depth of response can be obtained. An interview schedule was used to assure uniformity of questions, to facilitate the collection of data, and to prepare pertinent analyses.

Personal data on the subjects included in the interview schedule pertained to age, race, education, marital status, number of children and whether or not the children were breast fed.

Two schedules were devised--one for the hospital setting (see Appendix B) and one for the home setting (see Appendix C). The interview schedule was also used to enable a systemized recording of the patients' responses. Open-ended questions were included and utilized to allow maximum freedom of expression. Effort was made to word and arrange questions to prevent their being disturbing to subjects, but to allow them opportunities to express concerns.

The interview schedules used were developed by the investigator from the various resources based upon the review of the literature.^{1,2,3,4,5}

¹Fitzpatrick, "Caring for the Patient," p. 22.

²Aurora P. Mammari, "Preventing Complications After Radical Mastectomy," American Journal of Nursing 74 (November 1974):2001.

³Owen, "Special Care for the Patient," p. 377.

⁴Robbins, et al., "The Cancer Patient After Radical Mastectomy," pp. 466-475.

⁵Clinton V. Ervin, "Psychologic Adjustment to Mastectomy," Medical Aspects of Human Sexuality 7 (February 1973):51.

Pretest

The interview schedules were pretested on four patients who had undergone mastectomies. This was done to determine the effectiveness of the questions in eliciting responses. Revisions were made prior to the commencement of data collection. A question relating to the inability of the subject to perform activities prior to the mastectomy was eliminated from the interview schedule. The question was viewed to have little significance to the information that was required. An additional question was added to the interview when the patients were asked what they wanted to discuss about their surgery. This identified with whom the patient wanted to discuss the surgery. A checklist of patients' educational needs, both physical and psychological, to be used to develop recommendations for future educational programs was also prepared (see Appendix D).

Procedure

The investigator introduced herself as a graduate student in nursing at the University of Cincinnati. An oral and a written explanation of the study was given to prospective subjects. Patients who agreed to participate in the study were asked to sign a consent form (see Appendix E). The investigator gathered her data by orally questioning of the subjects in order to elicit data on the variables being studied. The investigator read the questions to the subjects and recorded the answers. This allowed the investigator to probe as required in order to clarify and broaden responses. After the inter-

view was completed the checklist of educational needs was used by the investigator to categorize the data.

The patients were interviewed again two to three weeks later after they returned home from the hospital. The patients' verbatim responses were recorded and are included in Appendices F and G.

Data Analysis

Subjects were coded by letter to identify the individual in the group, and care was taken to assure anonymity. After the interviews, the investigator compiled and synthesized the responses to each question. This was performed at the conclusion of each hospital and each home interview. Data elicited were categorized according to patients' physical concerns, psychological concerns, desired sources of information, and comparison of concerns: hospital versus home.

Scope and Limitations

The size of the sample was limited due to the time period selected for the study and the number of patients available during this period. This relatively small sample limited the degree to which the results of the study could be generalized. All subjects were Caucasian and had at least an eighth grade education. Less educated persons or persons from other cultural sub-groups might have provided different data. The subjects were hospitalized for the initial interview and were dependent upon the nursing care which they evaluated. It

is possible that fear of jeopardizing their position as a patient while hospitalized might have caused the responses to be biased.

The varying lengths of time between the surgery and the hospital interview constituted another possible limitation. Interviewing subjects two to three weeks after discharge may have limited the experiences and problems encountered, since some concerns might arise later in the postoperative recovery period.

CHAPTER III

THE RESULTS

Twenty mastectomy patients were interviewed over a ten-week period. Nineteen of the patients had an initial mastectomy. One patient had a previous mastectomy in 1972 and was having the second breast removed. The interval between the time of surgery and the hospital interview ranged from four to ten days. The interval between the time of returning home and the interview ranged from two to three weeks. Personal characteristics of the patients are presented in Appendix A. Table 1 describes the type of mastectomy performed by age group. Ages of the women ranged from thirty-one to eighty-three years. The largest single group, six, was forty to forty-nine years of age.

TABLE 1

Age Range	AGE OF SUBJECTS BY TYPE OF MASTECTOMY PERFORMED			Total
	Radical	Modified	Simple	
30-39		2		2
40-49	3	3		6
50-59	2	1	1	4
60-69		1		1
70-79	2	2		4
80-89		1	2	3
Total	7	10	3	20

An examination of the personal characteristics of the subjects revealed that ten of the subjects were fifty years of age or less and the other ten were fifty-one years of age or over. Seventeen of the twenty subjects were married; sixteen of the subjects had borne children. Five of the sixteen subjects who had children had breast fed them. All of those who had breast fed were over forty years of age. Eleven of the subjects had discovered the lumps in their breasts before going to a physician, while nine learned of the lumps from a physician's examination. Table 2 shows the background information on the subjects.

TABLE 2

BACKGROUND INFORMATION DIVIDED BY SUBJECTS' AGES
AS OVER OR UNDER FIFTY YEARS

Variable	Age 50 or less (N = 10)	Age 51 and above (N = 10)	Total
Married	8	9	17
Single	2	1	3
Total	10	10	20
Breast fed her children			
Yes	0	5	5
No	10	5	15
Total	10	10	20
Source of diagnosis of lump			
Self	5	6	11
Physician	5	4	9
Total	10	10	20
Side Affected			
Right	6	6	12
Left	4	4	8
Total	10	10	20

Hospital Interviews

Some of the first questions on the interview schedule were intended to initiate conversation with easily answered items that would not be threatening. It was hoped that this approach would make the subjects feel comfortable in expressing their concerns to the interviewer. A detailed presentation of the subjects' responses is contained in Appendix F. These detailed responses were analyzed and categorized by question.

During the hospitalization period, subjects were asked whether they discovered the breast tumor themselves. Nine of the women said "yes." Two of the twenty women said "yes," but they ignored the lump. The remaining nine women stated the lump was found first by the physician's examination.

Subjects were asked what information was given to them before the surgery. Nineteen women responded that the surgeon had given them information concerning the surgery and the possibility of the removal of their breast. In the remaining case, the patient was unaware that if the lump was malignant her breast would be removed. Discussion of surgery with the subjects revealed that sixteen of the twenty women stated that the surgeon discussed the surgery with them. In three cases the medical doctor gave the only explanation to the subjects. In one instance the office nurse gave information to the subject concerning the surgery.

Nine of the women stated that they had been given no therapeutic instruction concerning their surgery while in the hospital. In three instances, nurses were cited as giving information about care to them. Eight subjects were given varying degrees of therapeutic instruction by both doctors and nurses.

When women were asked what they wanted to know about their surgery that had not been explained to them, the responses were varied. Seven women stated there was nothing they wanted to know. The remaining women were concerned about the following topics in order of importance:

- (a) prosthesis;
- (b) "Reach to Recovery" Program assistance;
- (c) complications following surgery;
- (d) cancer recurring;
- (e) adjustment to home environment;
- (f) cobalt therapy;
- (g) more complete explanation about surgery.

One woman simply stated that the full impact of the operation had not "hit" her as yet.

When the subjects were asked what questions they had about their care after going home, the majority of the responses were expressions of concern regarding the degree of activity permitted. Other responses included concern about having further studies to determine whether the cancer had progressed. Concern about performing occupational require-

ments and caring for children when returning home were also discussed. One subject expressed complete rejection of the reality of the mastectomy.

The subjects identified multiple sources of contact for discussion about their surgery. Seventeen of the women identified someone with whom they wanted to discuss their surgery while they were in the hospital. Six of the subjects stated that they wanted to discuss their surgery with a friend; five stated their doctor; four stated the "Reach to Recovery" volunteer and three stated a relative. One subject said that she would like to talk with a nurse and one subject stated that she wanted to talk with her roommate. Finally, three subjects stated that they did not want to discuss their surgery with anyone.

Further elaboration by six subjects revealed that they wanted a detailed explanation of the surgical procedure and the resultant consequences. Of equal concern was the duration of hospital confinement and the length of the home recuperation period.

Questioning the women about helpful information they received in the hospital revealed that nine of the group had received unsolicited and possibly unwanted information from the hospital staff and friends. The information received was significant because of the resultant distress to the subjects. This is summarized as follows:

- (a) Subject learned about scope of surgery from an intern instead of her physician.

- (b) Subject was told that previous surgery would eliminate future possibility of cancer.
- (c) Pre-surgery "counseling" relative to impact of surgery was not realistic.
- (d) Experiences related by friends did not ease the subject's mind regarding the consequences of surgery.
- (e) Subject was not told of the impending mastectomy.

When the subjects were asked about what further information they needed, the most frequent responses were in relation to exercises, wound care, swelling of the affected arm, the need to know about prosthesis, and pain. Only one subject stated that she had been told the precautions she should take concerning her affected arm and hand.

It should be remembered that some subjects were interviewed as early as four days post surgery. Any or all of these subjects may have received further information and teaching during their hospitalization.

Finally, the detailed responses of the subjects as recorded in Appendix A were reviewed and analyzed. The objective of the analysis was to determine the physical and psychological concerns expressed by the subjects. The subject was permitted to identify multiple concerns if she desired. The summary of physical concerns expressed by the subjects are shown in Table 3. The concerns expressed on the home interviews are included for ease of comparison even though data from home interviews will be presented in detail later.

TABLE 3

SUMMARY OF PHYSICAL CONCERNS EXPRESSED BY SUBJECTS;
HOSPITAL INTERVIEW COMPARED TO HOME INTERVIEW

Concern	Hospital	Home
Pain	11	12
Wound Care	10	8
Breast Prosthesis	10	5
Swelling of Affected Arm	6	9
Arm Exercises	9	3
Radiation Therapy	<u>8</u>	<u>4</u>
Total	54	41

Data on physical concerns illustrate (1) the total number of concerns was reduced by the time of the home interview; and (2) the three concerns that indicated the greatest reduction were breast prostheses, arm exercises, and radiation therapy.

Table 4 illustrates the summary of psychological concerns expressed by the subjects. Like Table 3, this table contains the summary of concerns from both the hospital and the home interviews.

TABLE 4

SUMMARY OF PSYCHOLOGICAL CONCERNS EXPRESSED BY SUBJECTS;
HOSPITAL INTERVIEW COMPARED TO HOME INTERVIEW

Concern	Hospital	Home
Reaction to breast amputation	18	13
Depression	16	15
Prognosis	17	13
Adjusting to knowledge of cancer	16	12
Fear of metastasis	14	12
Additional symptoms since surgery	7	11
Inability to express fears	6	11
Family reaction	<u>4</u>	<u>3</u>
Total	98	90

Data on psychological concerns compared to physical concerns indicate a significantly greater total number, both in the hospital and at home. Although psychological concerns reduced after coming home from the hospital, the number pertaining to each concern remained quite high.

Finally, the compilation and analysis of the physical and psychological concerns expressed by the subjects dictated the need for one additional analysis. This analysis concerned itself with the determination of the subjects' feelings in regard to their preferred sources of mastectomy information. Subjects were requested to express their primary and secondary preferences. Table 5 contains these preferences. The physician is the most preferred source. Relatives or friends and the "Reach to Recovery" volunteers are comparable in their ratings as preferred sources. Nurses rate only slightly better than aides, neighbors or other patients. Seven subjects do not want further information from anyone and five do not want it from any sources other than their single preferred one.

TABLE 5

PREFERRED SOURCES OF INFORMATION TO SUBJECTS AS
REVEALED IN HOSPITAL AND HOME INTERVIEW

Source	Primary		Secondary	
	Hospital	Home	Hospital	Home
Doctor	4	9	3	6
Relative or friend	6	2	5	3
No one	7	0	5	7
"Reach to Recovery"	2	5	6	2
Nurse	0	2	1	0
Roommate	1	0	0	0
Aide	0	1	0	0
Article by Ford	0	1	0	0
Patient with wound infection	0	0	0	1
Neighbor	0	0	0	1
	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>
Total	20	20	20	20

Home Interviews

In the home interview, the same twenty subjects were asked if they were able to perform normal activities. Eight subjects stated that they were able to perform their normal activities and twelve subjects stated that they were unable to perform their normal activities.

Another question asked during the home interview pertained to the type of home activity that gave the most difficulty. Table 6 summarizes these activities in order of difficulty.

TABLE 6

HOME ACTIVITIES IN ORDER OF DIFFICULTY	
Difficulty	Number of Subjects
Housework	8
Dressing	5
Exercise	2
Driving a car	1
Lifting children	1
All activities	<u>1</u>
Total	18
No difficulty	<u>2</u>
Total	20

Housework activities which gave the subjects the greatest difficulties were ironing, hanging curtains, washing windows, vacuuming, hanging up clothes and cleaning furniture.

Fourteen of the subjects experienced some amount of pain on their return home and six subjects stated they were without pain. Of the fourteen subjects experiencing pain, ten reported occasional experiences and four frequently.

Two of the subjects stated that their pain was not in their surgical site. One subject's pain was in her hip and the other's pain was in her back and legs.¹ Subjects who were experiencing pain were

¹Medical records indicated that there was metastasis to these sites.

asked what they did to relieve the pain. Five subjects stated that they usually just rested. Eight subjects took some type of medication to relieve the pain.

Regarding the question of whether the physician discussed activities and exercises after discharge from the hospital, nine of the subjects stated, "no." Five subjects recalled receiving information from the physician specifically related to exercises. One subject was told to swim every day. There were four subjects who were told to do anything they felt like doing. One subject, the mother of two small children, reported she was told not to do any lifting.

When the subjects were asked if they had questions about their care since they were at home, there were varied responses. Predominant concerns were related to wound care, swelling of the arm and exercises.

Questioning the subjects about fitting for their prosthesis revealed that the majority had not had fittings. The women describe various reasons for not doing so. No one reason predominated.

During the home interview, the subjects were asked with whom in particular they would like to discuss their mastectomy care at this point in time. The subjects identified several sources of information. The predominant responses secured from all twenty subjects were physicians and "Reach to Recovery" volunteers.

Summary

In summary, the subjects expressed more need for intervention and information, and more physical and psychological concerns, in the hospital than in the home (see Tables 3 and 4). There were some exceptions in some areas. Subjects had more pain at home than in the hospital and had more edema of the affected arm after they returned home. Subjects had more difficulty in expressing worries and fears after going home. Finally, there was more concern expressed during the home interview about additional symptoms exhibited since the time of surgery.

CHAPTER IV

DISCUSSION

It is imperative that all efforts be made to detect and treat breast cancer in its early stage of development. Large differences in survival are apparent between patients with localized disease and those with disseminated disease. Eighty percent of the patients with localized disease live five years or longer.¹

Eleven of the subjects interviewed discovered the lump themselves. Two of these subjects did not go to the physician after finding the lump. One subject, who was seventy-two, stated that she was too old to have breast cancer and ignored it. It was not until about three months later when she was having a physical examination that the doctor found the lump and insisted that she see a surgeon. The other subject's breast became necrotic and she was unable to walk due to metastasis to the spine. These symptoms finally brought her to the physician for help.

Eight of the twenty subjects interviewed had their left breast removed. This is of interest because a study by Rubin states that the

¹Jean L. Marx, "Breast Cancer Research: Problems and Progress," Nursing Digest 3 (January-February 1975):61.

location of breast cancer is more often on the left side than on the right.¹

Breast cancer appears to run in families. The fact that sisters, mothers and possibly other blood relatives of breast cancer patients exhibit the same kind of abnormal steroid patterns as their relative with cancer indicates genetic and endocrine predisposition, rather than common environmental factors.² Of the twenty subjects that were interviewed, two subjects volunteered that they had a sister who had the same operation, and one subject stated that cancer "runs in my family."

Another related factor is prior occurrence of benign breast disease. While women with prior histological confirmed mastopathy form only 5 percent of patients with breast problems, there is a 39 percent incidence of benign breast disease found in mastectomy specimens removed for cancer.³ One subject in this study had a benign breast tumor removed twelve years ago on the left breast and during 1975, biopsies were taken on both right and left breasts. The biopsy from the right breast was negative for carcinoma. The biopsy taken from the left breast was positive for carcinoma.

¹Philip Rubin, "Carcinoma of the Breast, Stage I - Surgical Spectrum," Journal of American Medical Association 199 (March 6, 1967):732.

²Alfred S. Ketcham, "Predictable Categories of Increased Risk to Breast Cancer," AORN Journal 19 (April 1974):852.

³Ibid., p. 854.

The selection of the best therapeutic procedure for a patient with breast cancer is based on the stage of the disease and the individual patient. There is no noteworthy difference in survival rates with any given procedure, and survival seems more closely related to earlier diagnosis than to more extensive therapy.¹

The standard radical mastectomy is the procedure of choice for operating on invasive cancer. The radical mastectomy means the removal of the entire breast, the pectoralis major and minor muscles, the deep pectoral fascia, with the subclavicular or superior apical nodes, the pectoral nodes and the axillary nodes. There are many modifications of the radical mastectomy.² Seven subjects had a radical mastectomy, ten subjects had modified mastectomies and three had simple mastectomies.

One subject in the study had her right breast removed in 1972 and had her left breast removed in 1975. Some studies indicate that the incidence of cancer in the second breast is significantly high. Leis states that the best approach to this possibility is to perform random biopsies on the second breast for patients undergoing primary therapy for Stage 1 or 2 cancers in the first breast, except for elderly patients or those with severe constitutional disease.³ There is a

¹Joan Luckmann and Karen C. Sorensen, Medical-Surgical Nursing (Philadelphia: W. B. Saunders Company, 1974), p. 1297.

²Wilson, "Diseases of the Breast," p. 401.

³Henry Leis, "Surgical Procedures for Breast Cancer," RN 37 (January 1974):3.

greater risk in developing a second primary lesion in the opposite breast, as 7 percent to 10 percent of all secondary breast cancers which occur do so consecutively and 2 percent concurrently.¹

Preoperative and Postoperative Education

What effect does surgical disturbance have upon body image and the ego's homeostatic mechanism? Surgery, in all facets, radically invades the body-buffer zone. The patient is literally invaded by a hoard of strangers armed with strange instruments. Following a mastectomy, the patient is constantly reminded of it by the pain, the dressing, and the stitches. She is left with a feeling of loss, and she mourns, either consciously or unconsciously, for what she once was.²

Radical surgery for carcinoma has attendant problems of disfigurement. There is a sense of insecurity from the new body image as well as the possibility that the cancer is still there and growing.³

It is important that a woman be given a careful description in the preoperative period of the surgical procedure, and post surgery reactions and limitations. Particular attention must be given to the extent of the procedure intended if indeed cancer is encountered.

¹Rubin, "Carcinoma of the Breast," p. 732.

²Robin Wells, "Body Image and Surgical Alterations," AORN Journal 21 (April 1975):814.

³Ibid., p. 814.

With meticulous surgical technique and care during the immediate postoperative period, the risks of infection, skin loss, and cicatricial impairment of shoulder function can be essentially removed.¹

All of the subjects in this study with the exception of one, were told of the possibility of having their breast removed. They were told that if the lump was cancerous, the breast would be removed. Thirty-five percent of the subjects in this study were told how much activity they were permitted. Sixty-five percent of the subjects had to ask their surgeon about what they could do and not do. Fifty percent of the subjects were told about care of their wound. Sixty percent of the subjects depended on friends or relatives who had had the same surgery to obtain needed information.

A patient should be taught preoperatively and postoperatively what she can expect after the surgery.² This investigator believes that the professional nurse is in a position to do this. It is important that the patient understands her total care plan so that she can cooperate fully in the process of restoration.

Where sources of information were identified, Table 5 shows that the Hospital Interview revealed that only four of the twenty subjects identified the doctor as the primary source of information. Three of the twenty indicated the doctor as a secondary source of information.

¹Benjamin F. Byrd, "Sex After Mastectomy," Medical Aspects of Human Sexuality 12 (April 1975):53.

²"Helping the Patient to Adjust," p. 8.

Seven of the subjects indicated they did not want to talk to "anyone." No subject indicated the professional nurse as a primary source of information in the hospital; only one felt the nurse was a secondary source of information. Instead, of great significance, was the reliance upon friends or relatives first and "Reach to Recovery" volunteers secondly.

After a mastectomy, each woman ideally should regain the functional use of the arm completely on the side of the mastectomy. She should become aware of the necessary precautions concerning her affected arm and hand especially when the lymph nodes have been removed.¹

The mastectomy patient needs help, since her ability to maintain normal balance is hindered by change in her body's center of gravity due to loss of weight of the breast and the inability to swing the arm on the affected side for balance.² She needs to know the importance of exercise. She needs to be given detailed information rather than told, "do anything you like," or "comb your hair." The patients need to know that early exercises will preserve muscle tone and prevent contractures and shortening of the muscles. She should be taught how to care for her wound. The patient should know that her newly

¹Kathleen Shafer, Janet Sawyer, Audrey McCluskey, Edna Beck and Wilma Phipps, Medical Surgical Nursing (St. Louis: The C. V. Mosby Company, 1975), p. 814.

²Elizabeth Anstice, "The Emotional Operation," Nursing Times 66 (July 2, 1970):882.

healed wound may have less sensation due to severed nerves. She should bathe the area gently and blot carefully to dry.¹

Physical Concerns

The total number of physical concerns expressed in the hospital was greater than that expressed in the home interview. There was a slight increase in concerns about pain and swelling in the affected arm, but all other physical concerns decreased after discharge. When subjects were interviewed in their home, they had many questions about the care of their wound. Typical comments were: "I really am concerned about my wound. I did not know they sewed my wound with cotton sutures. It is opening a little. Will it open all the way?" "My wound is draining. What should I do?" "My wound is very scaly. Is that normal?" "I wonder if fluid will have to be taken from my wound again like it was in the hospital." "When someone has a wound infection, how long does it take to heal?" "I have this white fluid oozing from my wound. Do you think it is infected?" "My wound feels so hard over the rib cage."

In summary, these subjects had concerns that were very real and very important to them. Subjects reported various concerns about their wound. No one told them that they could expect drainage from their

¹Lillian S. Brunner, Charles P. Emerson, Jr., L. Kraefer Ferguson, and Doris S. Suddarth, Medical Surgical Nursing (Philadelphia: J. B. Lippincott Company, 1975), p. 713.

wound. In response to a specific question in this study, the investigator found that subjects did not receive sufficient information about their physical postoperative care. From the discussion it was apparent that health personnel were not meeting the subjects' concerns.

In order to give support to the mastectomy patient it is necessary for the nurse to understand the phases the patient may go through. The patient needs reassurance about her continued use of the arm (except where there is wound infection and movement is limited). There should be early mobilization of the involved shoulder, elevation of the hand, and rapid resumption of functional employment of the upper extremity on the involved side.¹

Patients are concerned about prostheses. A nurse needs to be able to discuss this problem intelligently with the patients. It is necessary to achieve equal breast weight so that a woman neither looks nor feels lopsided.² The nurse should have samples of the various types of prostheses that are available. The immediate wearing of a prosthesis on the involved side is an important aspect. With contemporary suction techniques and light dressings, initial prosthetic support can be accomplished with a loose fitting brassiere and a suitable size prosthesis.³

¹Byrd, "Sex After Mastectomy," p. 54.

²Edith Wolf, "Nursing Care of Patients with Breast Cancer," Nursing Clinics of North America 2 (December 1970):596.

³Susan S. Lichtendorf, "How to Do the Most For Your Mastectomy Patient," The Journal of Practical Nursing (March 1975):19.

Finding out about a prosthesis was a concern of the patients interviewed. One patient stated, "I really am most concerned about a prosthesis. Did you see the ad in the paper for the prosthesis and the demonstration at (local department store)? I guess I will be here and not be able to go there." She was anxious to have more information about obtaining a prosthesis. The fitting of a permanent prosthesis can be expensive as well as a trying experience. In this study two subjects stated they would not buy a prosthesis because of the expense. Three subjects stated they did not need a prosthesis (they were in the 70-83 age range). Two subjects planned to make their own prosthesis. One subject believed that a padded bra would be sufficient for her to use, another subject was returning to the hospital for future surgery and another subject's disease was terminal. Six of the subjects were planning to purchase a prosthesis. The remaining four subjects did not volunteer information about purchasing a prosthesis.

In this study the subjects expressed fewer physical concerns at home than in the hospital. Forty-one concerns were expressed at home; fifty-four concerns were identified in the hospital. Significant, however, was the concern about pain and swelling of the affected arm upon returning home.

In a study by Quint, one woman described the early period out of the hospital as "a period of exhaustion." This period was one of

unexpected events. "My whole arm was quite swollen. It didn't do that at the hospital, so I wasn't prepared for that."¹

Subjects were experiencing more pain in the home than at the hospital but they were probably doing more activities than they were in the hospital. There was more concern over the swelling of the affected arm in the home than in the hospital. Several of the patients when interviewed at home appeared to have more difficulty in expressing their fears about the mastectomy. Some were concerned about the pain and the swelling of the arm, because no one had told them about the possibility of this occurring when they did return home.

Only eight of the fifty-four concerns expressed by the subjects during the hospital interview related to radiation therapy. The home interview revealed that only five of the forty-one concerns related to radiation therapy. Only three of the subjects elaborated upon the subject.

In summary, by the time of discharge from the hospital, the post-mastectomy patient's postoperative exercises should become a part of her life. She should be taught about wound care. She should be familiar with the "Reach to Recovery" Program and their instruction booklet about the use of protective procedures for the hand on the involved side as well as the use of the involved upper extremity. The

¹Quint, "The Impact of Mastectomy," p. 89.

patient should be aware of the use of an adequate prosthetic appliance, its cost, and where it can be easily purchased.

Psychological Concerns

More psychological than physical concerns were expressed by subjects. The total number of psychological concerns expressed in the hospital was greater than the total expressed in the home interview.

The stress of having a breast removed places extra demands on a woman and a tremendous physical and emotional adjustment is required of her. Regardless of the person's emotional stability, age and marital status, the psychological impact of mastectomy is immense.¹

Anstice points out that the breast is an important part of a woman's body image. When the breast is removed, there is a real sense of bereavement, similar to the loss of a close friend.² Total consideration of the patient and her family is essential. All members of the health team must have insight and empathy.³ Another major concern relates to the diagnosis of cancer and what prognosis can be expected. The investigator found that 85 percent of the subjects were willing to discuss their operations.

¹Mammari, "Preventing Complications," p. 2001.

²Anstice, "The Emotional Operation," p. 837.

³Robbins, et al., "The Cancer Patient After Radical Mastectomy," p. 832.

The reactions to the removal of the breast were expressed in different ways. One patient stated that no one really talked to her about the mastectomy. "My doctor was more concerned about the beautiful incision. I did talk to a "Reach to Recovery" volunteer. Some people need it but I don't." Another patient stated: "Is there a chance of it coming back? Will I need cobalt treatment? I have not been told that yet." Finally one patient stated: "I wanted to know everything and if it was cancer. I did not want them to keep anything from me. It was cancer." The need to know how to pronounce the term was expressed by one patient by asking the investigator to write the word mastectomy on a piece of paper. "I do not know how to say it, I feel so dumb."

Quint states the psychological impact of the mastectomy experience does not hit until the woman has returned home. While patients are in the hospital, some are afraid to ask questions, and others do not know what to ask.¹

This study revealed patients were having postoperative concerns about their breast amputation, adjusting to the knowledge of cancer and concern about additional symptoms they were experiencing since surgery. There was also concern about the fear of metastasis and their prognosis. The patients' depression also continued after they were home. Some patients expressed this by stating they felt so helpless. "I

¹Quint, "The Impact of Mastectomy," p. 89.

can't drive the car yet." "The children never bothered me before, now they are driving me crazy." "I have my moments when I cry."

Many patients are unable to take advantage of their physician's offer to answer their questions because they cannot anticipate what they will find troublesome; some physicians and nurses seem unaware that what they know as the normal course in an illness can surprise and frighten patients.¹

Buehler stated that the social, psychological and structural conditions surrounding patients can lead them to define their future as more helpful and less problematic than did the patients Quint studied.²

In one study, mastectomy patients were found to make frequent calls to their physicians during the first weeks after release from the hospital, to ask questions about signs and symptoms they did not understand. Some physicians often seem to overlook the fact that patients are very concerned about the physical changes and reactions which they experience.³

One subject in this study appeared to have developed more anxiety as time elapsed. Several weeks after her mastectomy, she called

¹Jeanne Quint, "Communication Problems Affecting Patient Care in Hospitals," JAMA 195 (January 3, 1966):126.

²Janice A. Buehler, "What Contributes to Hope in the Cancer Patient?" American Journal of Nursing 75 (August 1975):1353.

³Quint, "Mastectomy: Symbol of Cure or Warning Sign?" p. 119.

the hospital where she had the surgery. Her complaint was that she did not know how to take care of her wound and no one had shown her how to do this. This is in contrast to the investigator's interviews with the subject, where she appeared to be quite calm and stated that she had complete trust in her doctor.

Several things could have occurred that account for the fact that subjects expressed more psychological needs while they were in the hospital than when they were at home. One factor might be that, in the initial interview with the patient, the investigator was able to give the needed information to the patient or else the patient became "acclimated" to the situation. The latter was explained by one of the subjects in her home interview. When the investigator asked her what in particular would you like to discuss with someone now, she replied, "Nothing, I guess I will have to find out for myself."

Sources of Information

This study attempted to determine the number and types of sources of information used by the mastectomy patient to evaluate her particular diagnosis. Ten different sources were identified. Physicians were most often identified. Of particular significance was the reliance upon a "relative" or "friend," "no one," and "Reach to Recovery" volunteer. Fifty-five percent of the primary sources and 70 percent of the secondary sources of information identified were these sources.

The investigator determined through discussion with the subjects that quite often the medical personnel were more willing to allow a "Reach to Recovery" volunteer to talk with the patient than play an active role themselves. It appeared that once the medical personnel made the contact with the "Reach to Recovery" volunteer, they felt that their responsibility was ended. The mastectomy patient needs to know that there is a "Reach to Recovery" Program. She should know that there are volunteers, who have had mastectomies, and who will discuss psychological, physical and cosmetic needs that they have encountered.¹ The subjects interviewed who had talked with a "Reach to Recovery" volunteer found them, for the most part, to be very helpful. Typical comments included: "She was very helpful to me. The only thing that she did say that was upsetting to me was that I could no longer take hormones anymore." "The "Reach to Recovery" volunteer was very helpful to me. I am going to call her again." This is in direct contrast to the views of the subjects concerning the role of the professional nurse. Nurses appeared to be reluctant to discuss any aspect of physical care with the mastectomy patient.

Patients sought other sources of information concerning their mastectomy. Many women said they would talk to a relative, a friend,

¹William Markel, "The American Cancer Society's Program for the Rehabilitation of the Breast Cancer Patient," Cancer 28 (December 1971):1678.

a neighbor and in one instance, a roommate. One patient said that she received much help from reading an article by Betty Ford concerning her mastectomy operation.

Other examples of the sources specified by subjects were: "My sister-in-law had the same operation a year ago so I plan to discuss it with her." "I want to ask my doctor about wound care and exercises." "I would like to discuss my surgery with a "Reach to Recovery" volunteer; the nurses told me about this organization of women who have the same operation."

Overall, it can be said that subjects in this study, unlike those in Quint's study, expressed more concerns and needs, both physical and psychological, while they were still in the hospital than they did after discharge. Although, it might still be argued that the full psychological impact of a mastectomy is a gradually evolving experience and the interview after discharge may have occurred too soon to evaluate fully. On the basis of information gained in this study, nurses are doing little teaching of mastectomy patients. Physicians are the most frequently mentioned sources of information, but most patients want more information than they are receiving.

CHAPTER V

SUMMARY, CONCLUSIONS, NURSING IMPLICATIONS AND RECOMMENDATIONS

Summary

This study investigated the teaching and information provided for mastectomy patients and their physical and psychological concerns during the postoperative hospitalization and early post discharge recuperation period. It also sought to ascertain the degree to which the needs for educational information and support were met.

Twenty subjects were interviewed in the hospital and in their homes following their discharge from the hospital. Data were collected through the use of an interview schedule designed and pretested by the investigator. The interview schedule was developed on the basis of the review of the literature relating to the physical and psychological needs of the mastectomy patient. Demographic information on the subjects was compiled to obtain background information. The subjects' verbatim responses were recorded and the concerns expressed were analyzed, and categorized as either physical or psychological. The physical concerns were classified as: pain, breast prosthesis, swelling of affected arm, wound care, arm exercises, and radiation

therapy. Psychological concerns were classified as: reaction to breast amputation, adjusting to the knowledge of cancer, inability to express worries or fears, concern about loss of breast on patient-family relationship, concern about prognosis, depression, fear of metastasis, and concern about additional symptoms exhibited since surgery. In addition, sources of information to the mastectomy patient were compiled and evaluated. Finally, all data compiled were analyzed and considered to determine the extent to which the professional nurse fulfilled the concerns of the mastectomy patient.

Conclusions

Patient interviews did indicate a need for nursing intervention and information. The twenty subjects interviewed expressed fewer physical concerns than psychological concerns. In each category more concerns were expressed in the hospital interview than in the later home interview.

The high degree of reliance by the subjects placed upon "Reach to Recovery" volunteers and "friend or relatives" indicates the lack of participation by the professional nurse with fulfillment of socio-emotional concerns. This finding may have been compounded by the fact that the subjects were unable to clearly distinguish between the professional nurse and other members of the nursing team.

Professional nurses appear to have yet to develop their potential relationship with the mastectomy patient.

Implications for Nursing

Professional nursing intervention should consist of the assessment of patient needs and concerns. The professional nurse does have the responsibility to find answers to patient needs and concerns, either through her own professional knowledge or through solicitation of competent professional assistance.

Nurses have a responsibility for teaching women the danger signals of breast cancer. Nurses should encourage women to practice the monthly self-examination, to go routinely to a doctor, report abnormal signs to the physician promptly and to seek immediate treatment.

Recommendations for Further Research

Further research programs that would be conducted in this subject field should establish a minimum three month interval between the postoperative interview and the home interview in order to provide the patient a greater postoperative evaluation period. The number of subjects in future research programs should be expanded from twenty to a minimum of forty in order to achieve broader random sampling. Finally, further research should attempt to compare the concerns evidenced by the mastectomy patients with those recognized by the professional nurse in order to ascertain if the nurse is aware of the patient's concerns.

APPENDICES

APPENDIX A

PERSONAL INFORMATION BY INDIVIDUAL SUBJECT

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
Age	44	70	49	50	57	49	84	50	72	74	31	32	66	72	46	58	83	80	43	41
Race	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Marital Status	M	W	M	S	M	M	W	S	W	M	M	M	S	M	D	W	W	M	M	M
Number of Children	2	3	6	0	5	3	2	0	3	3	2	3	0	2	0	1	2	1	8	4
Breast Fed Children	No	No	No	No	Yes	No	No	No	Yes	No	No	No	No	Yes	No	Yes	No	Yes	No	No
Education	HS	HS	HS	BS	HS	HS	8G	BS	8G	HS	HS	BS	M.Ed.	HS	HS	HS	8G	10th	HS	HS
Occupation	HW	HK	HW	TEA	SP	ACT	HW	MG	HW	SP	TEA	TEA	HW	FW	HW	HW	HW	HW	HW	HW
Diagnosis: Self	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Physician	X				X				X	X	X	X	X	X	X	X	X	X	X	X
Surgery Type	RAD	MOD	MOD	RAD	MOD	RAD	SIM	RAD	RAD	RAD	MOD	MOD	MOD	MOD	RAD	SIM	SIM	MOD	MOD	MOD
Side Affected	L	R	L	R	L	L	R	R	R	L	R	R	R	L	L	R	R	L	R	R

Key:

Race - C = Caucasian
 Marital Status - M = Married; W = Widowed; S = Single; D = Divorced
 Education - HS = High School; BS = Bachelor of Science; 8G = 8th Grade; 10G = 10th Grade
 MA = Master of Arts; M.Ed. = Master of Education
 Occupation - HW = Housewife; HK = Housekeeper; TEA = Teacher; SP = Sales Person; ACT = Accountant;
 MG = Manager; FW = Factory Worker

APPENDIX B
HOSPITAL INTERVIEW FORM

Sample Number _____
 Hospital _____
 Side Affected _____
 Surgeon _____
 Name _____
 Age _____
 Race _____
 Education _____
 Marital Status _____
 Breast Fed _____
 Address _____ Phone _____

Occupation _____
 Number of Children _____

Date of Interview _____
 Date Leaving Hospital _____
 Date of Second Interview _____

1. How long have you been in the hospital? _____

2. When did you have your surgery? _____

3. How long ahead of time did you know you were going to have the operation? _____ Week _____ Month

Did you discover the problem yourself? _____
 Physical exam by doctor? _____
 How long ago? _____

4. What information were you given before the surgery?

Doctor _____
 Nurse _____

5. Who gave it to you?

6. What have you been told about your care since you have been in the hospital? _____

Doctor? _____ Nurse? _____ Wound care _____
 Exercises _____

7. What else do you want to know about your surgery that has not been explained to you?

8. What questions do you have about your care and what to expect after you go home?

Housework? _____

Wound? _____

Exercises? _____

Swelling? _____

9. What in particular would you like to discuss with someone now?

<u>What</u>	<u>With Whom</u>
_____ Prosthesis	_____ Doctor - Own
_____ Exercises	_____ Hospital Staff
_____ Wound Care	_____ Nurse
_____ Healing of wound	_____ Intern
_____ Reach to Recovery	_____ Rehabilitation

10. Did you receive information that was not helpful to you in the hospital?

<u>From</u>	<u>What Information</u>
_____ Doctor	_____
_____ Nurse	_____
_____ Friend	_____
_____ Other Health Personnel (Specify)	_____
_____	_____

APPENDIX C
HOME INTERVIEW FORM

Name _____ Date of Interview _____

1. Are you able to perform normal activities?

Dressing
 Housework

2. What type of activities give the most difficulties?

3. Do you have pain?

Frequently
 Occasionally
 Never

4. If applicable, what do you do to relieve pain?

Take medication
 Rest
 Nothing
 Other _____

5. Has your doctor discussed future activities and exercises since you have been at home?

Yes What did he discuss? _____
 No

6. Do you have questions about your care since you have been at home?

 Wound care
 Exercises
 Swelling of arm

7. Have you had any fitting for your breast form?

(Other than the temporary one you may have received in the hospital)

Yes
 No

8. What in particular would you like to discuss with someone now?

Who? _____

What? _____

A. More consultation with doctor _____

B. Rehabilitation assistance _____

C. Nursing consultation _____

APPENDIX D

CHECKLIST OF EDUCATIONAL NEEDS OF MASTECTOMY PATIENTS

Patient _____

<u>Physical Needs</u>	<u>Hospital Setting</u>			<u>Home Setting</u>		
1. Pain	Yes	No	No Response	Yes	No	No Response
2. Breast Prosthesis	Yes	No	No Response	Yes	No	No Response
3. Swelling of affected arm	Yes	No	No Response	Yes	No	No Response
4. Wound care	Yes	No	No Response	Yes	No	No Response
5. Arm exercises	Yes	No	No Response	Yes	No	No Response
6. Radiation therapy	Yes	No	No Response	Yes	No	No Response

<u>Psychological Needs</u>	<u>Hospital Setting</u>			<u>Home Setting</u>		
1. Reaction to breast amputation	Yes	No	No Response	Yes	No	No Response
2. Adjusting to knowledge of cancer	Yes	No	No Response	Yes	No	No Response
3. Inability to express worries or fears	Yes	No	No Response	Yes	No	No Response
4. Concern about loss of breast on patient-family relationship	Yes	No	No Response	Yes	No	No Response
5. Concern about prognosis	Yes	No	No Response	Yes	No	No Response
6. Depression	Yes	No	No Response	Yes	No	No Response
7. Fear of metastasis	Yes	No	No Response	Yes	No	No Response
8. Concern about additional symptoms exhibited since surgery	Yes	No	No Response	Yes	No	No Response

APPENDIX E
CONSENT FORM

University of Cincinnati College of Nursing and Health
Informed Consent to Participate in a Nursing Study

Before agreeing to participate in this study it is important that the following explanation of the proposed procedure be read and understood. It describes the purpose, benefits, risks and precautions of the study. It also describes the alternatives available and the right to withdraw from the study at any time. It is important to understand that no guarantee or assurance can be made as to the results.

OBJECTIVES

I, _____, agree to participate in a nursing study designed to identify specific teaching needs which the mastectomy patient has in relation to her care. I understand that information regarding my breast surgery will be used to identify specific teaching needs which the mastectomy patient has in relation to her care.

PROCEDURES

I will be interviewed twice. The initial interview will be while I am still in the hospital and will take about 20 minutes. The second interview will occur three weeks after I have returned home. The investigator will call to arrange an appointment.

RISKS AND PRECAUTIONS

The information that I give will be treated confidentially and my name will not be used in any reporting.

AVAILABILITY OF INFORMATION

I am free to ask additional questions regarding the study at any time.

THE RIGHT TO WITHDRAW

I am free to withdraw from the study at any time or to refuse to answer any questions.

Volunteer _____
Investigator _____

Date _____
Date _____

APPENDIX F

HOSPITAL INTERVIEW:

SUMMARY OF OPEN-ENDED QUESTIONS ABOUT INFORMATION
NEEDED AND INFORMATION GIVEN

QUESTION 4 WHAT INFORMATION WERE YOU GIVEN BEFORE THE SURGERY?

PATIENT A: "Doctor said that hopefully it would not be cancer but no one knows for sure."

PATIENT B: "My surgeon told me that the lump had to come out--it would not go away. There will be a biopsy but if it must be removed, it will be removed."

PATIENT C: "Nothing that I did not already know from removal of my right breast in 1973."

PATIENT D: "After I found the lump, I went to two general practitioners to verify the lump and then I went to the surgeon. The surgeon was excellent--he was very matter of fact--he explained to me what the possibilities were--he inspired me with confidence--he talked to me for an hour."

PATIENT E: "Doctor told me that it was such a large tumor that even if it was not cancer, he would remove the breast."

PATIENT F: "The surgeon told me it was a mass and would not know if it was cancer until there was a biopsy."

PATIENT G: "Medical doctor told me that it had to come out. My daughter-in-law had the same operation three weeks ago. She told me about her surgery."

PATIENT H: "Dr. _____ (medical doctor) sent me for a mammogram and then to Dr. _____ (surgeon)."

PATIENT I: "I went to the clinic and they felt that I should have a breast biopsy."

PATIENT J: "Surgeon said he would have to do a biopsy to see what it was and he could not guarantee anything."

- PATIENT K: "Surgeon and nurses told me everything about the surgery. The nurses made a special point to tell me about the IV fluids and the antibiotics I would be receiving. The nurses included my husband in the discussion."
- PATIENT L: "Surgeon talked to my husband and me about the surgery--the biopsy and the mastectomy."
- PATIENT M: "The surgeon told me, I would get along fine."
- PATIENT N: "Surgeon told me it was necessary to find out what it was. The nurse in the physician's office talked to me also."
- PATIENT O: "Doctor told me exactly what was going to happen--I had previously had a biopsy on both breasts. The right side was negative and the left side was positive. The day of surgery, I had my preoperative medication but was completely rejecting the idea of having the surgery because I resisted the medication. It was performed the next day. The surgeon told me he did not know what time he would take me to surgery and therefore I was unprepared and was able to accept the anesthesia."
- PATIENT P: "Doctor told me the breast had to come off."
- PATIENT Q: The patient speaks German so doctor spoke to daughter about surgery. Daughter: "I know mother has cancer."
- PATIENT R: "Surgeon told me the sooner I get it out the better."
- PATIENT S: "My medical doctor wanted me to have a mammogram. My surgeon told me that it was a tumor and my breast would have to come off."
- PATIENT T: "My surgeon only told me there would be a biopsy of my breast."

QUESTION 6 WHAT HAVE YOU BEEN TOLD ABOUT YOUR CARE SINCE YOU HAVE BEEN IN THE HOSPITAL?

PATIENT A: "Nothing."

PATIENT B: "Nothing."

PATIENT C: "Nothing."

PATIENT D: "Surgeon told me exactly what he did in surgery."

PATIENT E: "I asked him about exercises and he told me it was not time to discuss it as yet."

PATIENT F: "Doctor _____ (surgeon) has been telling me a day at a time. He told me to elevate my elbow as far as I can."

PATIENT G: "Nothing."

PATIENT H: "Surgeon told me to move my arm and bend it as much as possible. Nurses told me to move my arm also."

PATIENT I: "Brush my hair with my affected arm and move my arm all I can."

PATIENT J: "They took out the drain tube because it was clogged. They have aspirated the fluid. Doctor said I should use my arm any way I want to. He said they would have to aspirate my wound again."

PATIENT K: "I should move my arm--do exercises--I was told to do this by the nurses, not as much by the doctor."

PATIENT L: "Doctors and nurses have told me to exercise my arm."

PATIENT M: "Not very much. They told me that someone from "Reach to Recovery" was coming to see me."

PATIENT N: "Nothing as yet."

PATIENT O: "Move my arm and keep it elevated on the pillow."

PATIENT P: "Doctor told me to keep moving, to sit up in the chair."

PATIENT Q: "Nothing as yet."

PATIENT R: "They found a spot on my liver and I am getting medicine for it."

PATIENT S: "My doctor told me to brush my hair. Nurses told me to do exercises."

PATIENT T: "Nothing."

QUESTION 7 WHAT ELSE DO YOU WANT TO KNOW ABOUT YOUR SURGERY THAT HAS NOT BEEN EXPLAINED TO YOU?

PATIENT A: "I guess how I am going to react when I go home."

PATIENT B: "Is there a chance of it coming back? Will I need cobalt treatment? I have not been told that yet."

PATIENT C: "Why they did not cut into my left arm like they did on my right arm (axilla)."

PATIENT D: "They have a problem with me because of my obesity. I could develop blood clots and I also have a heart problem."

PATIENT E: "Nothing."

PATIENT F: "I would like to find out about a prosthesis."

PATIENT G: "They haven't explained anything to me yet."

PATIENT H: "Nothing as yet."

PATIENT I: "Nothing as yet."

PATIENT J: "Nothing."

PATIENT K: "Nothing."

PATIENT L: "Nothing."

PATIENT M: "I would like to know about exercises, Dr. _____ told me he would tell me later."

PATIENT N: "If the lump was so small why did they have to remove the whole breast?"

PATIENT O: "Would like to find out about a prosthesis."

PATIENT P: "I would like to know if I can move my arm."

PATIENT Q: "I would really like to talk to my surgeon about it."

PATIENT R: "I would like to know about what exercises to do and would like to talk with someone from "Reach to Recovery"."

PATIENT S: "I feel that I have enough information."

PATIENT T: "The impact has not hit me yet."

QUESTION 8 WHAT QUESTIONS DO YOU HAVE ABOUT YOUR CARE AFTER YOU GO HOME?

PATIENT A: "When I can vacuum again--when can I go swimming--I know it will be a while."

PATIENT B: "How much I can do when I can get back to my normal routine. It would be nice to know. If I can go back to work as a housekeeper. At least it gives me something to do and I don't just sit and think about the surgery."

PATIENT C: "None." (Had previous mastectomy, 1973)

PATIENT D: "There is a sister at home who has had the same operation but she does not talk about it. I am waiting for the depression to hit--they say that you are supposed to be depressed--I have had a hard time adjusting to it again, but I am now able to say the word "cancer," out loud and I think that is half the battle."

PATIENT E: "My children will be home to help me. I have a married daughter who is a nurse and is not presently working."

PATIENT F: "I really am most concerned about a prosthesis. Did you see the ad in the paper for the prosthesis and the demonstration at _____ (local department store)--I guess I will be here and not be able to go there."

PATIENT G: "I want to know if the cancer will come back again. I am one of eight children. No one else in my family has had the illness. We are all healthy. My sister is 86 and she is the oldest."

PATIENT H: "My sister-in-law had the same operation a year ago so I plan to discuss it with her. I want to find out about the prosthesis. I suppose I am most concerned about the cancer and if it will reccur. My surgeon said there was a 5% chance."

PATIENT I: "None."

PATIENT J: "My granddaughter is an R.N. and she will help me."

PATIENT K: "Nothing as yet--doctor told me when I am going home, he will discuss my care with me."

- PATIENT L: "I am concerned about overdoing things. I am very active. I own a nursery school and a kindergarten. I want to take care of them as soon as possible."
- PATIENT M: "I really don't have any."
- PATIENT N: "My medical doctor told me I will have to take it easy-- nothing else. I am concerned about my husband. We were planning a trip to Canada and I wonder if we could still go. Will you write the word mastectomy on a piece of paper for me because I do not know how to pronounce it and I want to be able to say it. I feel so dumb."
- PATIENT O: "I am worried about going home. I work in a factory lifting air conditioners and I doubt that I will be able to lift those heavy grates."
- PATIENT P: "I don't know about going home. The doctor said that I will have a bone scan tomorrow."
- PATIENT Q: "I want to ask my doctor about wound care and exercises."
- PATIENT R: "My family will be there to help me."
- PATIENT S: "I am concerned about doing housework, exercises, how to care for my wound. I have six young children. I am worried about taking care of everything."
- PATIENT T: "I could care less about going home."

QUESTION 9 WHAT IN PARTICULAR WOULD YOU LIKE TO DISCUSS WITH SOMEONE NOW?

PATIENT A: "I want to talk to M.P. She is a wonderful woman! She has had bilateral mastectomies. I know I am going to have some bad moments."

PATIENT B: "This morning my daughter who is a nun brought another nun who had a mastectomy two years ago. She said she was doing fine. She told me not to wear a bra right away because it would rub the skin. She told me to wear old hose in my bra instead of the prosthesis that you receive from "Reach to Recovery" volunteer, because it is softer!"

PATIENT C: "I would like to talk to someone from "Reach to Recovery" because they have new things since my last surgery."

PATIENT D: "I would have liked to talked to my sister before the surgery but I was unable to do so--that is the worst period after you have found the lump--wondering if it is cancer or not--I had a sharp pain in my breast also--now I have the doctor to talk to!"

PATIENT E: "I have a friend who has had bilateral mastectomies and I would like to talk to her. They said they were going to send someone in to see me who has had the same operation and I would like to talk to her."

PATIENT F: "Well, my mother-in-law has had the same operation and I will talk about it with her. I also have several close friends who have had the same operation that I have had and I will discuss it with them."

PATIENT G: "I am going to call my friend who is 82 and has just recently had a mastectomy and ask her about it. I will be talking to my daughter-in-law also."

PATIENT H: "I suppose I want to talk to my sister-in-law."

PATIENT I: "My sister had the same operation three years ago and I will talk with her."

PATIENT J: "No one."

PATIENT K: "I would like to discuss my surgery with a "Reach to Recovery" volunteer--the nurse told me about this organization of women who have had the same operation and how they will discuss things with me."

- PATIENT L: "There is nothing I want to discuss with anyone."
- PATIENT M: "The doctor told me he would give me any information that I wanted to know."
- PATIENT N: "I had two friends stop and see me. One lady had two breasts removed. She was 44 and works as a hostess at a restaurant. The lady showed me her prosthesis."
- PATIENT O: "I am very concerned about my wound healing and finding out about the prosthesis. I would like to discuss this with the doctor, nurse and the "Reach to Recovery" volunteer. Will the volunteer show me her wound and her breast prosthesis?"
- PATIENT P: "I have been discussing my surgery with my roommate. She had a mastectomy 23 years ago."
- PATIENT Q: "I talked to my doctor about my care."
- PATIENT R: "My sister had the same operation in 1919. She died last year and she was 91. It must be hereditary. I have a history of cancer in my family. On my mother's side, there were two girls and three boys and they all had cancer. One niece had bilateral mastectomies."
- PATIENT S: "I am very interested in finding out about a prosthesis. I want to know if I can be fitted for a prosthesis in the hospital. Will Blue Cross pay for my prosthesis?"
- PATIENT T: "Nothing."

QUESTION 10 DID YOU RECEIVE INFORMATION THAT WAS NOT HELPFUL TO YOU IN THE HOSPITAL?

PATIENT A: "I woke up in the recovery room and I knew my breast was gone--an intern told me my breast was gone--I thought Dr. _____ should have told me--not another doctor."

PATIENT B: "I just want to know what is going on--what the score is--I want to know what treatment is important."

PATIENT C: "No."

PATIENT D: "No."

PATIENT E: "No."

PATIENT F: "Not now but I did when I had my hysterectomy in 1967. My gynecologist told me that I would never have breast cancer because I had my ovaries removed. I was very shocked when the surgeon told me the lump was cancer."

PATIENT G: "Yes, everyone in the hospital told me the surgery won't be too bad before the mastectomy. It was not helpful."

PATIENT H: "No, not this time. Other times I have been in the hospital, yes, but not now."

PATIENT I: "No."

PATIENT J: "I wanted to know everything and if it was cancer or not. I did not want them to keep anything from me. It was cancer."

PATIENT K: "Not from health personnel but from friends trying to be helpful. They really were nosy and telling me about others who had bad experiences from a mastectomy."

PATIENT L: "No."

PATIENT M: "No one has had said anything unhelpful."

PATIENT N: "I have a friend who is 10 years younger than I am and she has had her breast removed. She had cancer. It has metastasized and she is taking cobalt treatment. She is not doing very well."

PATIENT O: "I had difficulty with one nurse but I don't want to talk about it. Everyone else is fine."

PATIENT P: "No."

PATIENT Q: "No."

PATIENT R: "No."

PATIENT S: "I have a girl friend who came to see me and she wasn't in the room five minutes when she told me that I shouldn't watch when they take the tubes out of my wound. She told me it would be very painful. She never even had the same surgery."

PATIENT T: "I did not know I was going to have my breast removed. I woke up and found it gone."

APPENDIX G

HOME INTERVIEW:

SUMMARY OF OPEN-ENDED QUESTIONS ABOUT INFORMATION NEEDED
AND INFORMATION GIVEN

QUESTION 5 HAS YOUR DOCTOR DISCUSSED FUTURE ACTIVITIES AND EXERCISES
SINCE YOU HAVE BEEN AT HOME?

PATIENT A: "No."

PATIENT B: "No."

PATIENT C: "Yes."

PATIENT D: "Yes, to begin swimming every day."

PATIENT E: "Yes, anything I want to do but no specific exercises."

PATIENT F: "Yes, but no lifting."

PATIENT G: "No."

PATIENT H: "No."

PATIENT I: "No, only to brush my hair."

PATIENT J: "Yes, do what you can."

PATIENT K: "No."

PATIENT L: "No."

PATIENT M: "Yes, my doctor explained to me how to put my hand behind
my back and grasp it with my other hand."

PATIENT N: "Yes, climbing the wall 6-8 times a day."

PATIENT O: "Yes, exercises."

PATIENT P: "No."

PATIENT Q: "No."

PATIENT R: "No."

PATIENT S: "Yes, the doctor said to do anything I felt like doing;
try to bring your arm over your head."

PATIENT T: "Yes."

QUESTION 6 DO YOU HAVE QUESTIONS ABOUT YOUR CARE SINCE YOU HAVE BEEN AT HOME?

PATIENT A: "Yes, about wound care. I am concerned about my wound healing. I did not know they sewed cotton sutures. My wound is opening and I am concerned that the whole incision is going to open."

PATIENT B: "Yes, about when to take a shower and the swelling of my arm."

PATIENT C: "No."

PATIENT D: "No."

PATIENT E: "Yes, about wound care. My wound is draining."

PATIENT F: "Yes, about wound care. My wound is scaly. I have a lot of swelling of my arm and hand and I am unable to get my rings on."

PATIENT G: "Yes, about the swelling of my arm. I am concerned about whether fluid will have to be aspirated again. It was done in the hospital."

PATIENT H: "Yes, about exercises. I am not sure how much to move my arm. I have swelling of my arm and from the elbow down my arm and hand feel numb."

PATIENT I: "Yes, swelling of the arm."

PATIENT J: "Yes, exercises. What should I do?"

PATIENT K: "No."

PATIENT L: "No."

PATIENT M: "Yes, concern over my pain in the forearm."

PATIENT N: "Yes, swelling of my arm."

PATIENT O: "Yes, about wound infection. I want to know if I can talk to someone who also had a wound infection and how long it took for the wound to close. I want to see that person's scar."

PATIENT P: "Yes, swelling of my arm and swelling of my feet. I don't understand it."

PATIENT Q: "No."

PATIENT R: "No."

PATIENT S: "Yes, about wound healing. How long does it take to heal? My wound has white oozing from it. Do you think it is infected? Do you think I can take a bath?"

PATIENT T: "Yes, I am concerned about the swelling of my arm."

- QUESTION 7 HAVE YOU HAD ANY FITTING FOR YOUR BREAST FORM?
- PATIENT A: "Yes, it was a very unpleasant experience. I went to a specific store which sells only prostheses. The salesperson was not very friendly at all."
- PATIENT B: "No. I am not able to get out. I am using the temporary one the "Reach to Recovery" volunteer gave me."
- PATIENT C: "No."
- PATIENT D: "No, the doctor has told me to wait six weeks."
- PATIENT E: "No, I have worn the temporary bra from "Reach to Recovery."
- PATIENT F: "No, the doctor told me to wait six weeks."
- PATIENT G: "No."
- PATIENT H: "No."
- PATIENT I: "No. I am unable to buy one because they are too expensive."
- PATIENT J: "No. I am not going to buy one. I will make my own."
- PATIENT K: "No."
- PATIENT L: "No. I'm not going to buy one. It is not necessary. I am going to use a padded bra which will be fine."
- PATIENT M: "No."
- PATIENT N: "No. I haven't had a chance yet. I usually wear a duster anyway so I don't need any."
- PATIENT O: "No. My wound is still draining and I suppose I will have to wait until it heals. I am concerned about paying for it."
- PATIENT P: "No." (Patient's condition is terminal.)
- PATIENT Q: "No." (Older lady does not want any.)
- PATIENT R: "No. I didn't receive any from the hospital but I wear a long line bra and I made a pocket and use soft material such as cotton or nylon to put in for filling."
- PATIENT S: "No. I must ask the doctor when I may have a fitting."
- PATIENT T: "No." (This patient was preparing to go back to the hospital for further surgery.)

QUESTION 8 WHAT IN PARTICULAR WOULD YOU LIKE TO DISCUSS WITH SOMEONE NOW?

PATIENT A: "Nothing. I guess I will have to find out for myself. "Reach to Recovery" was nothing. I called them and it was nothing. Someone did call this week who seemed much nicer and she did answer some of my questions."

PATIENT B: "My neighbor. She had the same operation."

PATIENT C: "I talked to a lady from "Reach to Recovery" and she was 61 years old. She had bilateral mastectomies also. Her operation was 16 years ago and she was doing beautifully. She was very helpful to me. The only thing that she did say that was upsetting to me was that I could no longer take hormones anymore."

PATIENT D: "Reach to Recovery" volunteer. I would have liked to talked to someone from "Reach to Recovery" while I was in the hospital. I feel it would have been helpful. I am managing all right now."

PATIENT E: "I would have liked to talk to my girl friend because she had a double mastectomy."

PATIENT F: "I am very concerned about my wound. It feels so hard over the rib cage. The doctor told me it would be okay and that it was normal to feel that way. I did not talk with anyone from "Reach to Recovery." I am now taking cobalt treatments. I have taken five and am to take a total of twenty. My surgeon told me to expect nausea and to feel weak. Apparently my cancer has gone to my esophagus. In the past three years I have had three brothers-in-law and two close friends die from cancer. Three of those people had cobalt treatments."

PATIENT G: "My daughter-in-law who has had a mastectomy."

PATIENT H: "I want to discuss my surgery with my doctor, friends and my sister-in-law. I am depressed but I have faith in the doctor and God."

PATIENT I: "My surgery with my doctor."

PATIENT J: "There is nothing I want to discuss."

- PATIENT K: "I am going to call the "Reach to Recovery" volunteer again because she was very helpful."
- PATIENT L: "There is nothing I want to discuss with anyone. You know I have had many courses in psychology and I understand. No one really talked to me in the hospital. The doctor was more concerned with the beautiful incision. I resented the "Reach to Recovery" volunteer. Some people need it--I don't."
- PATIENT M: "I would like to talk with my doctor."
- PATIENT N: "I would like to talk with my doctor."
- PATIENT O: "I would like to talk with another mastectomy patient who also has developed an infection from the surgery. I would like to see the patient's scar. I did talk with someone from "Reach to Recovery," and I asked if she would show me her wound but the volunteer said they were not allowed to do this. The nurses have been very helpful. They told me not to lay on my affected side when I was sleeping, the importance of exercise and to be careful of my hands in relation to developing an infection. The nurses were going to come in and help me with my exercises but I developed an infection and was unable to do them."
- PATIENT P: "No one."
- PATIENT Q: "No one."
- PATIENT R: "I would like to discuss my surgery with my doctor."
- PATIENT S: "I would like to talk to the "Reach to Recovery" volunteer again. She was very helpful. I read an article by Betty Ford which was helpful to me."
- PATIENT T: "I would like to talk to the "Reach to Recovery" volunteer again. I thought she was very helpful."

BIBLIOGRAPHY

- Anstice, Elizabeth. "The Emotional Operation." Nursing Times 66 (July 2, 1970):837-38.
- Bard, Morton and Sutherland, Arthur. "Psychological Impact of Cancer and Its Treatment, IV. Adaptation to Radical Mastectomy." Cancer 8 (July-August 1955):656.
- Brunner, Lillian S.; Emerson, Charles P., Jr.; Ferguson, L. Kraeer; and Suddarth, Doris S. Medical Surgical Nursing. Philadelphia: J. B. Lippincott Company, 1975.
- Buehler, Janice A. "What Contributes to Hope in the Cancer Patient?" American Journal of Nursing 75 (August 1975):1353-56.
- Byrd, Benjamin F. "Sex After Mastectomy." Medical Aspects of Human Sexuality 12 (April 1975):53.
- Dillon, Harriet B. "The Woman Patient." Nursing Clinics of North America 3 (June 1968):196-99.
- "Epidemiology of Breast Carcinoma: A Review of Risk Factors." Breast Carcinoma Monograph. New York: Memorial Hospital for Cancer and Allied Diseases, 1973.
- Ervin, Clint B. "Psychologic Adjustment to Mastectomy." Medical Aspects of Human Sexuality 7 (February 1973):42-65.
- Fitzpatrick, Genevieve. "Caring for the Patient with Cancer of the Breast." Bedsides Nursing (February 1970):21-24.
- Gowan, Naomi and Morris, Miriam. "Nurses Responses to Expressed Patient Needs." Nursing Research 13 (Winter 1964):68-70.
- Gribbons, Carol A., and Aliapoulos M. A. "Early Carcinoma of the Breast." American Journal of Nursing 69 (September 1969):1945-50.
- Hartley, Isobel D., and Brandt, Edna M. "Control and Prevention of Lymphedema Following Radical Mastectomy." Nursing Research 16 (Fall 1967):333-36.

- "Helping the Patient to Adjust After Breast Surgery." Nursing Update 2 (July 1971):1-12.
- Kemp, Mildred G. "Opinions of Cancer Patients Relative to the Frequency With Which Concern for the Emotional Component of Cancer Was an Aspect of the Nursing Care They Received While Hospitalized." Master's thesis, Texas Woman's University, 1973.
- Ketcham, Alfred S. "Predictable Categories of Increased Risk to Breast Cancer." AORN Journal 19 (April 1974):852-58.
- Leis, Henry. "Surgical Procedures for Breast Cancer." RN 37 (January 1974):3-6.
- Lichtendorf, Susan S. "How to Do the Most for Your Mastectomy Patient." The Journal of Practical Nursing (March 1975):19.
- Luckmann, Joan and Sorensen, Karen C. Medical-Surgical Nursing. Philadelphia: W. B. Saunders Company, 1974.
- Mammari, Aurora P. "Preventing Complications After Radical Mastectomy." American Journal of Nursing 74 (November 1974):2000-4.
- Markel, William M. "The American Cancer Society's Program for the Rehabilitation of the Breast Cancer Patient." Cancer 28 (December 1971):1677-80.
- Martin, Madeline T. "A Descriptive Study of Psychotherapeutic Goals Set by Patients and by Nurses." Master's thesis, University of Cincinnati, 1974.
- Marx, Jean L. "Breast Cancer Research: Problems and Progress." Nursing Digest 3 (January-February 1975):60-2.
- 1975 Cancer Facts and Figures. New York: American Cancer Society, 1974.
- Owen, Margaret L. "Special Care for the Patient Who Has Breast Biopsy or Mastectomy." Nursing Clinics of North America 7 (June 1972):373-81.
- Quint, Jeanne C. "Communication Problems Affecting Patient Care in Hospitals." Journal of American Medical Association 195 (January 3, 1966):126-27.

- _____. "Mastectomy--Symbol of Cure or Warning Sign?" GP (March 1964):119-24.
- _____. "The Impact of Mastectomy." American Journal of Nursing 63 (November 1963):88-92.
- Robbins, Guy F.; Holz, Sandra; and Trachtenberg, Judith. "The Cancer Patient After Radical Mastectomy." In Cancer Epidemiology and Prevention: Current Concepts, pp. 466-475. Edited by David Schottenfeld. Springfield, Ill.: Thomas, 1974.
- Rubin, Philip. "Carcinoma of the Breast, Stage I - Surgical Spectrum." Journal of American Medical Association 199 (March 6, 1967): 732-35.
- Shafer, Kathleen; Sawyer, Janet; McCluskey, Audrey; Beck, Edna; and Phipps, Wilma. Medical-Surgical Nursing. St. Louis: C. V. Mosby Company, 1975.
- Skipper, James K.; Tagliacozzo, Daisy L.; and Mauksch, Hans O. "What Communication Means to Patients." American Journal of Nursing 64 (April 1964):101-3.
- Tollett, Jackie J. "A Study of the Expressed Problems and Needs of a Selected Group of Persons Who Had Had Radical Mastectomies and Their Opinions Regarding Assistance Received in Helping Them to Meet These Needs." Master's thesis. University of Washington, 1959.
- Truax, C. B., and Carkhuff, R. R. Toward Effective Counseling and Psychotherapy. Chicago: Aldine Publishing Company, 1967.
- _____, and Millis, J. "Perceived Therapeutic Conditions Offered by Contrasting Occupations." Unpublished manuscript, 1971.
- Wells, Robin. "Body Image and Surgical Alterations." AORN Journal 21 (April 1975):814.
- Wilson, John L. "Diseases of the Breast." Current Medical Diagnosis and Treatment. Edited by Marcus A. Krupp, Milton J. Chatton. Los Altos, Calif.: Lange Medical Publication, 1975.
- Wolf, Edith. "Nursing Care of Patients with Breast Cancer." Nursing Clinics of North America 2 (December 1970):590.