Key Points . . .

➤ Women experience a precipitous transition in health after a diagnosis of breast cancer.
➤ Women who approached a diagnosis of breast cancer more positively experienced less distress and better endured treatment.
➤ Oncology nurses need to be aware that strong feelings of change occur in most women after a diagnosis of breast cancer, described in this study as an “erasure” of a former self.
➤ Oncology nurses must be supportive and foster positive attitudes during and after treatment.

Background

Despite the rising incidence of breast cancer and relatively constant mortality rates, the emotional distress of cancer diagnosis is still profound. Diagnosis of cancer has a long history of calling forth popular fears. “The word cancer is a metaphor and usually is traced to Hippocrates, who in the fifth century BC likened the long bulky veins radiating from limbs in the breast to crabs (carcinoma in Greek and cancer in Latin). Cancer, like crabs, creeps along and eats away the flesh and the lives of patients” (Skott, 2002, p. 231). Recent changes in treatment protocols have resulted in an increase in survivorship rates, yet diagnosis of breast cancer still conjures feelings of fear and uncertainty and threatens a patient’s very existence. Breast cancer irrevocably changes the lives of women who have been diagnosed with the disease. Women with breast cancer experience emotional distress and mood disturbances, such as anxiety, confusion, and depression (Longman, Braden, & Mishel, 1999); worry about recurrence (Blume, 1993; Brandt, 1996); and have a decreased sense of well-being. The lifelong consequences of breast cancer need to be recognized, addressed, and treated so women can go on to live normal lives (Schnipper, 2001).

Marcia M. Boehmke, RN, DNS, ANPc, and Suzanne S. Dickerson, RN, DNS

A participant in the current study said about her diagnosis of breast cancer, “I’ll never be the same again. I will always be different.” This quote indicates the truly personal meanings experienced during breast cancer treatment. Secondary analysis of data collected originally from women undergoing treatment for breast cancer explored the intimate meanings. The purpose of the initial study was to explore symptom experiences and symptom distress. However, early on, interviews illustrated the personal nature of the diagnosis and treatment experience and evidenced the fact that a woman’s perception of breast cancer influenced her illness experience. Therefore, the aim of the secondary analysis was to gain a better understanding of the common meanings and shared experiences that women encounter after a diagnosis of breast cancer. Hermeneutic phenomenology was used to analyze the original stories, uncovering the personal nature of the feelings and events surrounding diagnosis and treatment of breast cancer. Findings from the study provide oncology nurses with information concerning the value of a woman’s perspective as she deals with a diagnosis of breast cancer and its treatment. The knowledge, in turn, will assist nurses not only in their care of women but also in developing supportive interventions.