

## **Risk Factors of Breast Cancer and Coping Strategies Adopted by Patients with Breast Cancer**

**Litha Thomas<sup>1</sup>, Hetal Chavda<sup>2</sup>**

<sup>1</sup>Assistant Professor, Department of Medical Surgical Nursing,  
Sumandeep Nursing College, Sumandeep Vidyapeeth deemed to be University,  
Piparia, Waghodia, Vadodara, Gujarat.

<sup>2</sup>Nursing Officer, ESIC, Naroda, Gujarat Region

### **Abstract**

**Background :-** Today's world is in the grip of numerous ferocious diseases. Of that one of the most prevalent is "Cancer". Breast cancer cases have doubled in India in the last two decades. The number of women estimated to be dying of breast cancer every year has also been steadily raising. **Aim :-** The main objective of the study was to assess the risk factors and coping strategies for breast cancer and to assess the association of coping strategies with selected demographic variables like age, religion, type of family and surgery for breast cancer.

**Material and Methods :-** A descriptive research design was used to assess the risk factors of breast cancer and coping strategies adopted by breast cancer patients in oncology hospitals of Gujarat state, Investigator collected the data among 150 breast cancer patients from 9 selected oncology hospitals of Gujarat state with the help of structured interview schedule.

**Results :-** The most prevalent risk factors of breast cancer are Age above 40 years (67%), menarche before the age of 12 years (38%), Family history of breast cancer (23%), past history of breast cancer(22%), 73% samples adopted healthy coping strategies and 27% patients have adopted unhealthy coping strategies to breast cancer. There is significant association between coping strategies with age and surgery for breast cancer.

**Conclusion :-** The Study concludes that there are some of the risk factors of breast cancer which can be identified and controlled. There is a need of increasing the coping strategies to be adopted by the breast cancer patients

**Keyword :-** *Breast Cancer, Coping Strategies,*

**Background & Need of the Study :-**

**“India is sitting on a silent breast cancer bomb”.**

Breast cancer is the most common cancer in the world. In the changing Indian scenario, breast cancer is the second most prevalent cancer among Indian Women.<sup>1</sup> Breast cancer is responsible for 10.4% of the global burden of cancers in women and half of this occurs in developing countries. Breast cancer cases have doubled in India in the last two decades. The number of women estimated to be dying of breast cancer every year has also been steadily raising<sup>2</sup>.

The major risk factors of breast cancer include first childbirth at late age, fewer children and shorter duration of breast feeding. In addition, early age menarche and late age at menopause add to the risk to some extent. Family history of breast cancer also increases the risk.<sup>3</sup>

Numerous cognitive and behavioral efforts are made to master, tolerate, or reduce external and internal demands and conflicts. Setting aside the nature of individual patients or specific external conditions, there have been consistent findings that the uses of active coping strategies produce more favorable outcomes compared to passive coping strategies, such as less pain as well as depression, and better quality of life. On the other hand, relying on passive/avoidant coping strategies is associated<sup>4,5</sup> 66 African American women diagnosed with breast cancer were interviewed in the southeastern United States. The Findings were Coping strategies described by African American women included relying on prayer, avoiding negative people, developing a positive attitude, having a will to live, and receiving support from family, friends, and support groups. Spirituality played a major role in these African American women coping with breast cancer.<sup>6</sup> As per the study conducted by on 51 breast cancer patients who have undergone mastectomy, there were many psycho sexual and social problems breast cancer patients are facing. Physical symptoms such as anemia, nausea, vomiting, anorexia, alopecia, sleep disturbances; skin changes etc.<sup>7</sup> There are also marital issues reported by women who have undergone mastectomy for breast cancer such as Protecting partners interest, Lack of comforting words, Neglect by spouse.<sup>8</sup>

**Objectives :-** The main objective of this study is to the risk factors of the breast cancer, assess the coping strategies used by the breast cancer patients and to assess the association between coping strategies with selected demographic variables.

### **Research Methodology**

**Research Approach & Design:** Non experimental research approach used with Descriptive Survey Research Design.

**Research Setting:** Investigator conducted the present study in 9 oncology units of selected hospitals of Gujarat state.

**Target Population:** In this study target population consisted of the all breast cancer patients admitted or treated in oncology units of selected hospitals of Gujarat state.

**Sample & Sample Size:** 150 breast cancer patients admitted or treated in oncology units of selected hospitals of Gujarat state.

**Sampling Technique:** Investigator used Purposive sampling technique for selecting breast cancer patients admitted or treated in oncology units of selected hospitals of Gujarat State.

**Tool:** The structured interview schedule is designed in two parts, part I and part II, with a total number of 43 items.

**Validity & Reliability:** Investigator checked the reliability of the part-I with the test retest method.

The reliability was 0.91. Investigator checked the reliability of the part-II with the cronbach alpha method. The reliability was 0.65..

**Data Analysis:** Collected data was analyzed by using descriptive and inferential statistics in terms of frequencies, percentage, and chi Square.

Major findings of the study are presented under following sections and heading. The obtain data are organized and presented in the following sections:

1. Analysis and interpretation of risk factors of breast cancer
2. Analysis and interpretation of coping strategies to breast cancer
3. Analysis and interpretation of association of coping strategies with demographic variables.

The findings show that the most prevalent risk factors of breast cancer are Age above 40 years (67%) , menarche before the age of 12 years (38%), Family history of breast cancer (23%), past history of breast cancer(22%), not given breastfeeding(20%), no child(17%), long term use of oral contraceptives(17%), late age at menopause(13%), use of hormone replacement therapy(13%), unmarried(10%), History of hystero-oophorectomy(7%), working in night shifts(5%), First pregnancy above 35 years of age(4%) and exposure to radiation to face and neck(3%). 73% samples adopted healthy coping strategies and 27% patients have adopted unhealthy coping strategies to breast cancer. Information seeking, religious faith,

acceptance, wishful thinking, social support, problem solving, cognitive restructuring coping strategies was adopted by more than half of the samples. There is significant association between coping strategies with demographic variables of age and surgical treatment for breast cancer.

### **Conflict Of Interest:-**

There is no any conflict of Interest in this research study

### **Discussion**

This study found that age above 40 years was found in 67% samples. As the age increases, the changes in breast tissue occur. The same finding has been shown by K McPherson, C M Steel, and J M Dixon (2000).<sup>9</sup> The second most prevalent risk factor is menarche before the age of 12 years and found in 38% samples. The same finding has been shown by AS Bhadoria, U, Kapil, N Sareen and P Singh (2013), K McPherson, C M Steel, and J M Dixon (2000), D. N. Rao, B. Ganesh, and P. B. Desai (1986).<sup>10</sup> Family history of breast cancer was found in 23% samples, 22% samples have past history of breast cancer and 20% samples have not given breastfeeding. 97% patients have adopted information seeking strategy to cope up with breast cancer. Cancer patients' attitudes to cancer and their strategies for coping with their illness can constrain their wish for information and their efforts to obtain it as it has been shown by Geraldine M Leydon et al. (2000).<sup>11</sup> 97% patients have adopted religious faith coping strategy. Spirituality played a major role in women coping with breast cancer as it has been shown by Phyllis D. Henderson et al. (2003), Annette L. Stanton, Sharon Danoff-burg and Melissa E. Huggins (2002), Carver et al. (1993). 93% patients have adopted acceptance coping strategy.<sup>12</sup> Expressive coping may serve as a successful vehicle for goal pursuit as it has been shown by Carver et al. (1993).<sup>13</sup> 73%, 67%, and 65% samples have used social support, problem solving and cognitive restructuring coping strategy respectively. The same findings have been shown by Carver et al. (1993) and Stanton et al. (2000).<sup>14</sup> Social withdrawal and problem avoidance coping strategy was used by very few breast cancer patients as it has been shown by Carver et al. (1993). So, the findings of the present study are consistent with the other studies and the assumptions made. The findings of the present study have been supported by other review literature. From the above findings it was considered that there was presence of risk factors of breast cancer among breast cancer patients. Most of the patients have adopted healthy coping strategies to breast cancer. There was significant association

between coping strategies and age of breast cancer patients. There was also significant association between coping strategies and surgical treatment of breast cancer in breast cancer patients

## **REFERENCES**

1. Basvanthappa, B. T. (2005). In *Medical Surgical Nursing. New Delhi: Jaypee Publications.*
2. Basavanthappa, B.T.(2005). *Nursing Research (2nd ed.). New Delhi: Jaypee*
3. Black, J. M., & Hawks, J. H. (2004). In *Medical Surgical Nursing. Missouri: Elsevier Publication.*
4. Micheal Peckham et al. (1995). *oxford textbook of oncology. (2nd edition).* Philadelphia: W.B. Saunders company: 1243
5. Polite, D.F. and Back, C. T. (2010) *Nursing Research- Generating and Assessing Evidence for Nursing Practice (8thed.) New Delhi: Lippincott Williams*
6. AH Wu et al. (1996). Menstrual and reproductive factors and risk of breast cancer in Asian Americans, *British journal of cancer. Vol. 73: 680-686.*
7. Akechi T, Okayama T, Imoto S, Yaewaki S, Ychitomi Y. (2001). Biomedical and psychosocial determinants of psychiatric morbidity among post operative ambulatory breast cancer patients, *Journal of breast cancer research and treatment. Vol. 65(3): 195-202.*
8. Amichetti M, Caffo O. (2001). Coping strategies in patients with early stage breast carcinoma treated with conservative surgery and radiotherapy.
9. Mc Pherson K, Steel C M, Dixon J M. (2000). Breast cancer- Epidemiology, risk factors and genetics, *British Medical Journal. Vol. 321; 624-629.*
10. AS Bhadoria, U, Kapil, N Sareen & P Singh. (2013). Reproductive factors and breast cancer: A case –control study in tertiary care hospital of North India, *Indian Journal of Cancer. Vol.50 (4): 316-321.*
11. Geraldine M Leydon (2000). Diagnostic criteria for psychosomatic research and psychosocial variables in breast cancer patients. *Journal of psychosomatics. Vol.45(b): 483-91.*
12. Phyllis D. Henderson. (2003). African American Women Coping With Breast Cancer: A Qualitative Analysis, *Oncology Nursing Forum, Vol. 30(4); 641-647.*

13. Carver et al., (1993). How coping mediates the effect of optimism on distress: A study of women with early stage breast cancer. *Journal of Personality and Social Psychology*, Vol 65(2), 375-390.
14. Stanton et al., (2000). Emotionally expressive coping predicts psychological and physical adjustment to breast cancer. *Journal of Consulting and Clinical Psychology*, Vol 68(5), 875-882