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**Feeling the coherence at women with the diagnosed cancer of the breast  
Poczucie koherencji u kobiet z rozpoznaną chorobą nowotworową piersi**

**Summary**

Every patient is an individual example of having own stores which are stuck in it alone and for her environment. Psychological trademarks of the unit constitute the largest group of stores health determined as potentials, to rank among them it is possible feeling the identity, feeling the control over what around her is happening, the intelligence and competence. An environment is the second important resource: religion, support closest, care of the health. An attempt to take assessment of the level of the intelligibility, resourcefulness, sense was a purpose of the work, in a word cohesions with illness at patients of breasts having cancer as well as the preferred style of advising soya with illness. A method of the diagnostic survey was used for the accomplishment. The examination was conducted on days from 1 XII 2010 to 30 III 2011 in Gdynia Redłowo in the University Centre of Sea and Tropical Medicine. 52 women constituted the research group with diagnosed cancer of the mamma. They used the author's questionnaire of the questionnaire form containing 26 closed questions.

Based on obtained findings the following conclusions were drawn:

- in the examined group of patients was stated big supporting the family, friends, which mobilization influenced in taking all action associated with the improvement in the medical condition,
- illness caused lowering the standard of living of the entire family, but in no way it influenced relations ruling in it,
- women actually used resources in the form of the support closest what is providing about the great level of the intelligibility,
- the patient invalid didn't use other therapy than the ones which the doctor commissioned driver,
- women in the examined strategies of approval of the new one's situation in life, they demonstrated the great adaptation to illness, adopted strategies of the concentration on the problem which effectively it is necessary to untie, actively are battling against illness through the compliance to recommendations of the medical staff,
- women pretended oneself to the first visit to the doctor of the oncologist, because alone observed alarming manifestations by the end of three months,
- women willingly are talking to persons contending with the same health problems about their illness,
- handed over by the medical staff to information is held into the wrong way,
- religious observances decorated diagnoses of the breast cancer on intensity in the moment of proving correct with
- women participating in the survey think, that reconstruction of the breast in no way will improve the quality of their life,

- of the patient participating in the examination in they are ill longer than 5 years, and are assessing the condition of their health as good, even though are facing up to a fatal illness,
- every of women again will decide for the treatment, if such a need occurs.

### **Streszczenie**

Każda pacjentka jest indywidualnym przykładem posiadania własnych zasobów, które tkwią w niej samej i jej środowisku. Największą grupę zasobów stanowią cechy psychiczne jednostki określane jako potencjały zdrowia. Zaliczyć do nich można poczucie tożsamości, poczucie kontroli nad tym, co się wokół niej dzieje, inteligencje i kompetencje. Drugim ważnym zasobem jest środowisko: religia, wsparcie najbliższych, opieka zdrowia. Celem pracy była próba podjęcia oceny poziomu zrozumiałości, zaradności, sensowności, jednym słowem spójności z chorobą u pacjentek chorujących na raka piersi jak i preferowanego stylu radzenia sobie z chorobą. Do realizacji wykorzystano metodę sondażu diagnostycznego. Badanie zostało przeprowadzone w dniach od 1XII 2010 do 30 III 2011 w Gdyni Radłowie w Uniwersyteckim Centrum Medycyny Morskiej i Tropikalnej. Grupę badawczą stanowiły 52 panie z rozpoznany rakiem gruczołu piersiowego. Posłużono się autorskim kwestionariuszem ankiety zawierającym 26 zamkniętych pytań.

Na podstawie uzyskanych wyników badań wyciągnięto następujące wnioski:

- w badanej grupie pacjentek stwierdzono duże wsparcie rodziny, przyjaciół, które mobilizująco wpłynęło w podejmowaniu wszelkich działań związanych z poprawą stanu zdrowia,
- choroba spowodowała obniżenie stopy życiowej całej rodziny, ale w żaden sposób nie wpłynęło to na relacje w niej panujące,
- panie właściwie wykorzystwały zasoby w postaci wsparcia najbliższych, co świadczy o dużym poziomie zrozumiałości,
- pacjentki w trakcie leczenia nie korzystały z innych terapii niż te, które zlecił lekarz prowadzący,
- panie w badanej grupie przyjęły strategię akceptacji nowej sytuacji życiowej, wykazały duże przystosowanie do choroby, przyjęły strategię koncentrowania się na problemie, który skutecznie trzeba rozwiązać, aktywnie zmagają się z chorobą poprzez stosowanie się do zaleceń personelu medycznego,
- panie udały się na pierwszą wizytę do lekarza onkologa, gdyż same zaobserwowały niepokojące objawy przed upływem trzech miesięcy,
- panie chętnie rozmawiają o swojej chorobie z osobami borykającymi się z tymi samymi problemami zdrowotnymi,
- przekazywanie informacji przez personel medyczny odbywa się w niewłaściwy sposób,
- praktyki religijne przybrały na intensywności w momencie potwierdzenia się diagnozy raka piersi,
- panie uczestniczące w sondażu uważają, że rekonstrukcja piersi w żaden sposób nie poprawi jakości ich życia,
- pacjentki biorące udział w badaniu w chorują dłużej niż 5 lat, a stan swojego zdrowia oceniają jako dobry, mimo że stawiają czoła śmiertelnej chorobie,
- każda z pań ponownie zdecydowała się na leczenie, jeżeli zajdzie taka potrzeba,

### Admission

Breast cancers are filling the disgraceful top one spot in terms of the incidence and the mortality amongst women in the world. “within 10 years of the war 58000 Americans got lost in Vietnam, and in the same time 33000 American women died (Jakubowski, 2005) because of the breast cancer. Diagnosing cancer considers itself the death sentence. However recently to observe it is possible, that more and more persons perceive this illness in other light. Many doctors, nurses and very patients more and more often treat this illness as chronic disease. They are picking up, abilities of dealing manifestations with, with therapy, often keeping the lifestyle moved close to it from ahead of illnesses. An operation treatment and a supplementing treatment are a beginning of the road which requires the full cooperation from the patient with the entire therapeutic team.

In the fight against illness a help of family and friends is important. Emotions which are accompanying diagnosing cancer it: fear, fear, anxiety, but also the faith in beautiful healing. Medicine already in ancient times knew, how great power lied in the human psyche and how very much she can be of help in the process of curing. Many rituals from the folk medicine from different ranges of the cultural and different directions of the world are based mainly for deep faith cured into the effectiveness of therapy. It is important so that the psyche happens with the ally in the treatment, rather than with enemy.

Aron Antonowsky trying to understand what affects the fact that ones persons are keeping the health and the long life, other whereas relatively more easily they are falling ill with illnesses and live more briefly. “formulated concepts genesis salute, which feeling the coherence is the most important notion in” (Antonovsky 2005). discovered principles with the help which it is possible to excuse functioning of generalized immunological stores. Strong feeling the coherence causes that the man is starting the stores typical of this situation and fully competently is using them. Incidence to malignant tumours of the breast, women, world is presented in Figure 1.

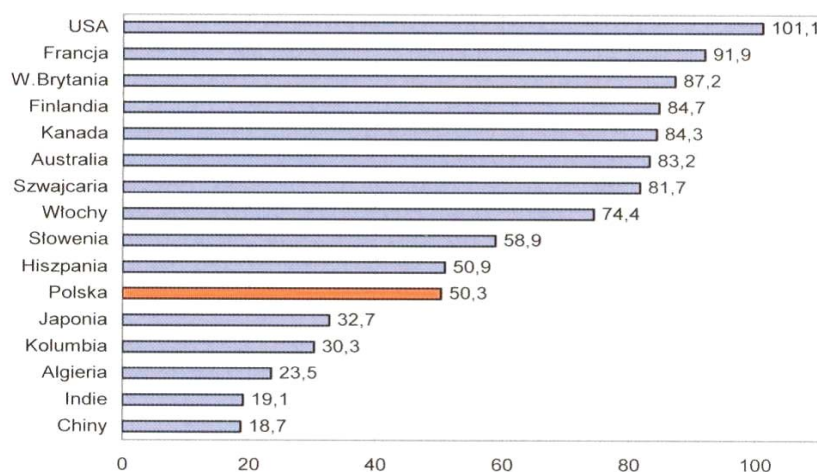


Fig. 1 Incidence to malignant tumours of the breast, women, world (Globocan 2002)  
Source: Diagnostic imaging in mastopathies. Self-examination of the breast (Jakubowski 2005)

It is an extremely important element in the process of the early detection of the breast cancer, i.e. detecting disease when for her the state of the progress is creating very great chances of total healing. Breast check and every woman should have armpits in the habit. The breast check as part of the cancerous prevention is included in examinations the most stressed from the entire sequence of physical examinations. The significance of this examination is twofold, firstly it is a detailed examination of the breast, secondly for granting briefing the patient. To explain principles one should follow which during the self-examination. (Krajewska- Fist 2008) the Frequency of the self-examination should be correlated with the phase of the menstrual cycle (time in the month between 5-7 with day of the cycle, when breasts aren't swell up and painful).

They should explain their charges the facts of life to, that aren't examined for in order to find of tuber, but for in order to make sure that they don't have it. Making aware of the health hazard is one of the most important weapons for fight against this illness.

The self-examination of the breast consists of three stages:

- First phase in front of a mirror:
  - lift your arms high,
  - watch breasts whether you can't see changes in the shape of mammae
  - whether the skin on breasts isn't becoming wrinkled
  - whether the skin didn't change the colour
  - control it alone, what previously, with hands on hips
  - additionally clench warts and check whether he/she isn't secreted of them liquid
- Second phase under the shower:
  - put the left hand at the back heads, right on the left breast,
  - lightly pressing with three centre fingers roll small small wheels in length
  - breasts, up-down and back.
  - alone do it with the right breast. In this way you are checking, whether you don't have a nodule or a callous.

A technique of small and large circles is most often an adopted technique of the breast check. (Krajewska- Kulak 2008)

- The third stage:
  - up to the left shoulder put the towel rolled up, put the left hand up to the head, and three centre
  - with fingers of the right-hand man examine the left breast, with the same technique, what under the shower. Repeat it alone with the right breast. (Lewera 2005)
  - get your hands along the torso and examine armpits. Check, whether you don't have swollen glands

### **Material and research methods**

Checking feeling the coherence which the intelligibility, the sense and the resourcefulness comprise at hurt patients was a purpose of research with problem of the cancer of the breast.

Too essential research problems were adopted:

- checking whether the sentence style is a preferred style of dealing illness with?
- the inspection or such variables sociodemographic as the age, level of education, do influence choice about specific ways of dealing cancer with?
- checking, or feeling the coherence is satisfactory even though at patients they put "fatal diagnosis" - crayfish?

Examinations were conducted on days from 1 XII 2010 to 30 III 2011 in the University Centre of Sea and Tropical Medicine in Gdynia Redłowie. It constituted the research group 52 patients, at which the crayfish was recognised pedestrians. In the examination women participated in the century from 31 - 70 and more years of age. From amongst fifty two patients women constituted the largest group from 51 - 60 of year of age 21 of them were what the 40% of all examined persons constitutes. Patients from 31 - 40 a 11% of the examined group that is 6 persons constituted the year of age. In order to obtain replies to stated research problems a method called the diagnostic survey was used. For that purpose an author's questionnaire of the questionnaire form containing 26 questions was drawn up. They were answering the survey anonymously, in order to eliminate the influence of subjective setting to given responses, in accordance with personal proceedings and expectations the polled person.

### **Discussing findings**

First from hypotheses established, that patients touched with the cancer of the mamma, notice swimming information than one's closest, concerning the support and all help invalid and illness has an adverse impact to the household budget what to a considerable degree negatively influences relations ruling in the family. Based on obtained findings it is possible to state that the hypothesis was proven pole partly. Opinions of patients in the large per cent of the 96% (yes 44%, rather this way 52%) state big supporting the most immediate environment in the fight against illness. Only two women what the 4% constitutes from

of examined group, stated, that than aren't feeling supporting from the side closest. He is a truth, that illness has an adverse impact to the household budget of the 92% (yes 69%, rather tak23 %), but such a state isn't affecting relations ruling in the family. The second hypothesis assumed that patients were using all possible medicaments from the so-called alternative medicine. Findings aren't proving the above hypothesis. Straight majority of asked women (90%) stated that she had used no other medicines than the ones which the doctor prescribed oncologist. Another research problem assumed that patients with the breast cancer were abiding by medical recommendations, regularly are attending arranged visits, and in spite of all the difficulties, behind itself what everyday performance of lymphatic drainage is bringing him conscientiously are making. Patients with one's opinions confirmed the above thesis. In the examined group patients in the 86% declared the regular involvement in prophylactic examinations (yes the 52% and the 34%). In the opinion of the straight majority, the everyday performance of lymphatic drainage is undoubtedly hampering the 94% (yes 75%, 19% rather this way), and yet the 75% of polled women regularly performs that drainage, remaining the 25% doesn't perform lymphatic drainage. You participating in the survey went with the first visit to the doctor of the oncologist after the end of the month of examinations different from stating worrying manifestations within the mamma, by the way. Didn't manage to prove this hypothesis. 52% from the examined group to the oncologist arranged the first visit because of own anxiety, but 38 % women a doctor suggested the visit by the way of other examinations. A time which passed from stating the first worrying manifestations is more than 3 months - 48%. Statement talking about the fact that patients most willingly are

talking to the doctor about their illness, even though the way, into which information about the medical condition of patients is being provided is wrong was only proven in partly. It results from results of the survey that patients most willingly are talking to contending persons about their health trouble with the same health problems (55%), and as for information provided by the medical staff on their health stated that information was be/being handed over into the wrong way. “yes” answered 66%. Patients which fell ill on “breast cancer” more intensively they are involved in religious observances and in their life a hierarchy of values changed to the benefit of the care of the health. A conducted survey proved this hypothesis. Before falling ill of the 94% it declared its religiousness (yes 83%, rather tak11 %), a 6% being missing these are replies of not a 4% and rather nie2 %. After recognizing of the cancer of the patient 98 % declared their religiousness, and remaining a 2% is a reply: “rather not”, “not”, nobody answered. As for hierarchies of values from before and after diagnosing the breast cancer like already they recalled higher the hypothesis also proved correct. Family for people polled she has always been valid for the 52% before illness, and after illness declared the 56%, that in the life a family was most important, however after diagnosing illness of the patient diametrically changed their mind. Next hypothesis assuming that the age of patients is affecting decisions on taking advantage of the possibility of the surrender for the fugitive of reconstruction breasts, which treatment in the opinion of patients he won’t correct/improve the quality of their life, proved correct.

In the examination women participated in 62 % after the fiftieth year of age, 27% from an age bracket 41-50, altogether it a 89% of the entire examined group is determining. The same women to the question: “whether breasts are be/planing reconstructions” in the 96% answered, that no, only a 4% of women decided on reconstructions of the breast. If walks improvement of quality of life of patients after the repair treatment of only a 20% agreed with this statement (“rather this way” 12%, 8% “yes”). Findings of conducted examinations are proving the constructed hypothesis, concerning the passing time of lasting illness which is having a positive effect on opinions of patients on the state their health. From amongst the examined group the 53% is ill longer than 5 years, but the 30% up to 5 years together (83%) of examined group. The same women asked about the condition of their health stated that he was: “very good 10%,” good “42%” satisfactory “34%. Patients with cancer gland deep they think that it is worthwhile taking the fight against illness, because the life is worth the commitment and effort. Conducted examinations proved the hypothesis. A hundred per cent from the examined group thinks that it is worthwhile taking the fight against illness (96% yes, the 4% rather this way). For the 72% illness is a next difficult life experience, with which needs oneself to advise. Fourteen percent women claimed: “I am be/feeling heavily, but thanks to supporting the closest ladies (advice”. 8% from the examined group claimed: “I am be/feeling heavily, but I must get by alone” 6% of patients answered: “nightmare if it knew, what I must go through I would never make up my mind for undertaking to cure. Based on conducted examinations it is possible to state that feeling the coherence at women participating in the examination is on the highest level. The Amazons accepted the sentence model of dealing illness with, actively deal everyday problems with. Positively they redefined their life. Resources they have which at their disposal are enough for them to start powers in oneself to the fight against illness.



Supporting the family is justifying them for everyday taking an effort of caring about the own health. The passing time is doing the condition of their health good. It isn't possible also to skip religious observances which they dressed on intensity, in the moment of falling ill. The closest statement for experienced illness is presented in Figure 2.

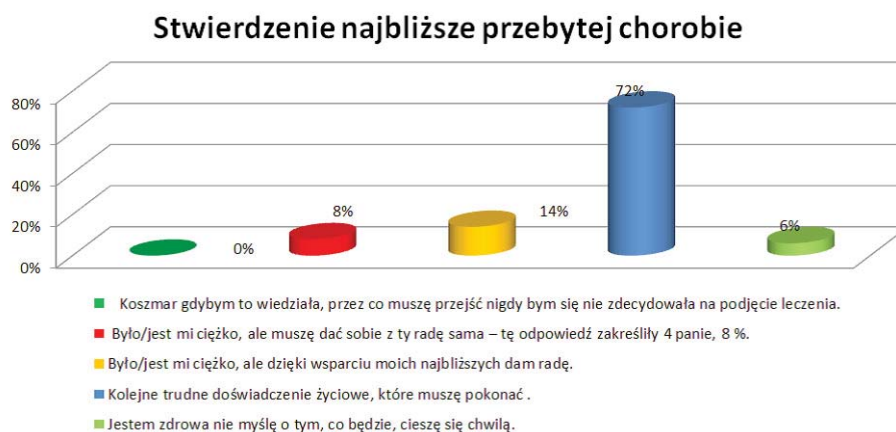


Fig. 2 The closest statement for experienced illness. Opinion of patients on the subject of the experienced cancer of the breast. Source: own study

### Conclusions

1. In the examined group of patients big supporting the family was stated, of friends, which mobilizing influenced in taking all action associated with the improvement in the medical condition.
2. Illness caused lowering the standard of living of the entire family, but in no way it influenced relations ruling in it.
3. You actually used resources in the form of the support closest what is providing about the great level of the intelligibility.
4. Patients invalid didn't use other therapy than the ones which the doctor commissioned driver.
5. You in the examined group they adopted strategies of approval of the new their situation in life, demonstrated the great adaptation to illness, adopted strategies of the concentration on the problem which effectively it is necessary to untie.
6. Actively are battling against illness through the compliance to recommendations of the medical staff.
7. You they went to the first visit to the doctor of the oncologist, because alone observed alarming manifestations by the end of three months.
8. You willingly are talking to persons contending with the same health problems about their illness.
9. The transmission of information by the medical staff takes place into the wrong way.
10. Religious observances assumed diagnoses of the breast cancer on intensity in the moment of proving correct.

11. You participating in the survey think that reconstruction of the breast in no way will improve the quality of their life.
12. Patients participating in the examination in they are ill longer than 5 years, and are assessing the condition of their health as good, even though are facing up to a fatal illness.
13. Every of women again will decide on the treatment, if such a need occurs.

### **Bibliography**

1. Antonovsky A. (2005) Rozwikłanie tajemnicy zdrowia. «Instytut Psychiatrii i Neurologii» Warszawa: 70 -120.
2. Barnaś E, Skręt A, Skręt-Magierko J. (2009) Jakość życia kobiet z chorobą nowotworową piersi. «Przegląd Menopauzalny»: 15 – 19.
3. de Walden-Gałuszko K.U Kresu. (2005) Opieka psychologiczna, czyli jak pomóc choremu, rodzinie, personelowi medycznemu środkami psychologicznymi. Gdańsk: 219- 222.
4. Chachaj A., Małyszczak K., Lukas J., Pyszczał K. (2007) Jakość życia kobiet z obrzękiem limfatycznym kończyny górnej po leczeniu raka piersi. Lublin 11/ 9: 444 – 448.
5. Chwałczyńska A., Woźniewski M., Rożek-Mróż K., Malicka J. (2004) Życie kobiet po mastektomii. „Wiadomości Lekarskie” LVII: 5- 6.
6. Czupryna A., Wilczek- Różycka A. (2010) Wybrane zagadnienia pielęgniarstwa specjalistycznego. Lublin: 159
7. Graja T., Grodecka-Gazdowska S. (2005) Czynniki wpływające na jakość życia kobiet leczonych z powodu raka piersi. «Przegląd Ginekologiczny», Położnictwo: 5- 15
8. Jakubowski W. (2005) Diagnostyka obrazowa w chorobach sutka. Warszawa-Zamość I: 13- 25.
9. Jeziorski A. (2005) Onkologia dla pielęgniarek. Leczenie chorych na nowotwór. Lublin: 95- 105.
10. Krajewska-Kułak E. (2007) Badania fizykalne w praktyce pielęgniarek i położnych. Lublin: 89- 97.
11. Kordek R. (2007) Onkologia podręcznik dla studentów i lekarzy. Gdańsk XXXII: 208-209.
12. Kwiatkowska A. (2003) Komunikowanie interpersonalne w pielęgniarstwie. Lublin.
13. Lewera D. (2005) Poradnik dla amazonki: 8-10.
14. Paradowski L.I. (2006) Wybrane psychologiczne aspekty komunikowania się między lekarzem a pacjentem. „Adwent In Clinical and Experimental Medicine” 2006 I: 15.
15. Płużańska A. (2006) Śmierć i nieuleczalna choroba jako problem w komunikacji z pacjentem w praktyce lekarskiej. „Onkologia Polska”: 166-171.
16. Wise T. (1999) Związek lekarz–pacjent. „Medycyna behawioralna”. Wrocław.
17. Wrzesiński K., Skuza B. (2002) Wybrane zagadnienia medycyny psychosomatycznej i psychologii chorego somatyczne. Warszawa: 23.
18. Życińska J. (2006) Znaczenie poczucia własnej skuteczności w związku małżeńskim przez kobiety po mastektomii. Kraków: 43-48.



**Strony internetowe:**

1. [http://pl.wikipedia.org/wiki/Poczucie\\_koherencji](http://pl.wikipedia.org/wiki/Poczucie_koherencji)
2. [/www.psychologia.net.pl/artykul.php?level=119](http://www.psychologia.net.pl/artykul.php?level=119)
3. [http://amazonki.org.pl/aktualnosci.php?id=157.](http://amazonki.org.pl/aktualnosci.php?id=157)
4. Rak sutka [http://pl.wikipedia.org/wiki/Rak\\_sutka](http://pl.wikipedia.org/wiki/Rak_sutka)

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