



SELF-ESTEEM IN MASTECTOMIZED WOMEN – APPLICATION OF ROSENBERG’S SCALE

AUTOESTIMA DE MULHERES MASTECTOMIZADAS – APLICAÇÃO DA ESCALA DE ROSENBERG

AUTOESTIMA DE MUJERES MASTECTOMIZADAS – APLICACIÓN DE LA ESCALA DE ROSENBERG

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The study aimed to identify the variables that influence the self-esteem of mastectomized women and assess their self-esteem level through the implementation of the Rosenberg Self-Esteem Scale. Exploratory, descriptive cross-sectional research carried out in July 2009 with 14 women of a support group in Fortaleza-CE, Brazil. Data were collected through semi-structured interview and application of this scale. The results showed an average age of 59 years, average time of 84.9 months after mastectomy and average time of support group of 59 months. Six (42.9%) women were married, 13 (92.9%) were religious and employed. The individual scores obtained with the Rosenberg scale showed high self-esteem among women. The assessment of self-esteem of mastectomized women can assist the adoption of nursing interventions capable of changing the type of care provided to these clients.

Descriptors: Breast Neoplasms; Mastectomy; Self Concept; Nursing.

O estudo objetivou avaliar o nível de autoestima de mulheres mastectomizadas com a aplicação da Escala de Autoestima de Rosenberg. Pesquisa transversal exploratório-descritiva com abordagem quantitativa, realizada em julho de 2009, com 14 mulheres pertencentes a um Grupo de Apoio, em Fortaleza-CE, Brasil. Os dados foram obtidos por meio de entrevista e aplicação da referida escala. Os resultados evidenciaram idade média de 59 anos, tempo médio de mastectomia de 84,9 meses e tempo médio de participação no grupo de 59 meses. Seis (42,9%) mulheres eram casadas, 13 (92,9%) adeptas de prática religiosa e com ocupação profissional. As pontuações individuais obtidas com a Escala de Rosenberg revelaram autoestima elevada entre as mulheres. A avaliação da autoestima de mulheres mastectomizadas pode auxiliar na adoção de intervenções de enfermagem capazes de provocar mudanças no tipo de cuidado prestado a essa clientela.

Descritores: Neoplasias da Mama; Mastectomia; Autoestima; Enfermagem.

El objetivo fue evaluar el nivel de autoestima de mujeres mastectomizadas con aplicación de la Escala de Autoestima de Rosenberg. Investigación transversal exploratoria y descriptiva, con enfoque cuantitativo, realizada en julio/2009 con 14 mujeres de un Grupo de Apoyo, en Fortaleza-CE, Brasil. Los datos fueron recolectados a través de entrevista y aplicación de esta escala. Los resultados señalaron media de edad de 59 años, tiempo promedio de mastectomía de 84,9 meses y tiempo promedio para participación en el grupo de 59 meses. Seis (42,9%) mujeres estaban casadas, 13 (92,9%) eran adeptas de práctica religiosa y con ocupación profesional. Los puntajes individuales obtenidos con la Escala revelaron de Rosenberg señalaron alta autoestima entre las mujeres. La evaluación de la autoestima de mujeres mastectomizadas puede ayudar en la adopción de intervenciones de enfermería capaces de causar cambios en el tipo de atención ofrecida a esta cliente.

Descriptor: Neoplasia de la Mama; Mastectomía; Autoimagen; Enfermería.

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Breast cancer, except for non-melanoma skin cancer, is the second most frequent type of cancer among women. In Brazil, the estimates for 2010 showed the appearance of 49,240 new cases of breast cancer, following the same magnitude profile observed worldwide⁽¹⁾.

These are alarming data and require special attention to patients with this disease, once the female breast is strongly related to sexuality, with physical attractions, motherhood and breastfeeding, representing a crucial value of this organ in female identity, in which its commitment is associated with loss of femininity⁽²⁾.

Mastectomized women, when compared to those who performed breast-conserving surgery, have a worst body image and lower self-esteem⁽²⁾, as a result of physical and psychological effects, such as living with a disease-related stigma and suffering prejudices from family members or partner, which consequently modifies the quality of life of these women⁽³⁾.

These aspects have been listed as one of the great objects of study of oncology, having been assessed and measured in some studies through instruments or several methodological scales. However, it has not been verified, in the context of breast cancer, researches that used the Rosenberg self-esteem scale, which is not justifiable, because this scale, for its adequate psychometric properties and its easy applicability, is one of the most used instruments in researches, including in Brazil there are recent studies that demonstrate its reliability and point to the importance of its use in different populations⁽⁴⁻⁶⁾.

Thus, the care to the emotional impact caused by the disease is essential in these patients assistance, especially when mastectomy is indicated as the type of surgery to be performed in treatment, because it has been considered an important factor in the body image of affected women, since it causes considerable psychological impact on the patients, affecting their self-esteem and often their personal relationships⁽⁷⁻⁸⁾.

Self-esteem is a component of quality of life, defined as a feeling, the affection and consideration that people have of themselves, i.e., how much they like themselves, how they see and what they think about themselves⁽⁹⁾.

When considering that both self-esteem and self-concept are decisive factors in the individual's relationship with oneself and with others, strongly influencing on the perception of events and people, and significantly influencing the individual's behavior and experiences⁽¹⁰⁾, is how we justify the need to assess the self-esteem of women who underwent mastectomy, also in the attempt of adapting the actions of nursing professional and health services, seeking to improve the assistance to this population that needs special care.

When applying the scale in the context of women affected by breast cancer and who had mastectomy, it may provide us evidence and subsidies for specific actions involving the individual and social well-being of these women.

The Rosenberg Self-Esteem Scale was developed in 1965, and in Brazil this instrument was culturally adapted and the Brazilian version was validated in 2004⁽⁹⁾. It consists in a one-dimensional measurement, comprising ten items designed for an overall assessment of positive or negative attitudes to oneself⁽¹⁰⁾. International⁽¹¹⁻¹²⁾ and national⁽¹³⁻¹⁴⁾ studies have demonstrated the reliability of this scale and pointed out the importance of its use for the assessment of aspects related to self-esteem. The scale is applied in the context of women affected by breast cancer who had mastectomy, and it may provide evidence and subsidies for specific actions involving their individual and social well-being.

We believe that applying this instrument in this study will contribute to the structuring of a quality nursing care, based on the identification of the self-esteem level after mastectomy, as well as verifying the factors that may determine or contribute to a better or

worse self-esteem state among women, thus enabling a holistic and individualized care to patients suffering from breast cancer who underwent breast extirpation as treatment.

Based on this, this study aimed to assess the self-esteem level of mastectomized women applying the Rosenberg Self-Esteem Scale.

METHOD

It was a cross-sectional study of exploratory-descriptive type with quantitative approach. The research was carried out in the headquarter where the support group for mastectomized women "Touch of Life" gathered monthly, the group belongs to the Mastectomy Association of Ceará, located in Fortaleza-CE, Brazil.

The study population consisted of 30 mastectomized women belonging to the group mentioned, and the sample set was composed of 14 women who met the inclusion and exclusion criteria for the group monthly meeting in July 2009 and who agreed to participate in the study, during which data collection was performed, using the intentional sampling process for the sample selection, in which the researcher decides to purposely select subjects considered typical of the population in study.

The participants met the following inclusion criteria: personal history of breast cancer, performed total mastectomy, aged 18 or older and agreed to participate in the study by signing the Informed consent. As exclusion criteria we considered: performing breast reconstruction, presence of metastatic disease and ongoing psychiatric treatment.

Data collection was conducted by a nurse, using the interview due to the low education level of women. First we collected socio-demographic data (age, income, marital status, professional occupation) and treatment of breast cancer (time after mastectomy and participation time in the support group), later we applied the Rosenberg Self-Esteem Scale (Brazilian version,

translated and culturally adapted)⁽⁹⁾ to assess and measure the self-esteem level of women, in which the scale was filled by the researcher.

The scale consists of five items that assess positive feelings of the individual about themselves and five that assess negative feelings. The score is given on a Likert-type scale (0=strongly agree, 1=agree, 2=disagree, 3=strongly disagree), whose values of positive items are reversed and added to the values of negative items, and then we obtain the final score that may range from zero to 30 points, in which zero represents the best state and 30 the worst state of self-esteem⁽⁹⁾.

Later, the individuals were classified into two levels: high and low self-esteem. The first refers to the feeling that the individual has in finding themselves "good enough", respecting and considering themselves capable, without necessarily feeling superior to other people, and the second, to the expression of self-rejection, dissatisfaction and contempt with themselves⁽⁹⁾.

Data analysis happened through descriptive statistics, calculating the absolute frequencies, percentages and means, whose data were organized descriptively and in table.

The ethical aspects of Resolution No. 196/96 of the National Health Council were respected; we began the study after it was approved by the Research Ethics Committee of the Federal University of Ceará (COMEPE/UFC), under protocol No. 190/09.

RESULTS

In relation to the continuous variables: age, family income, time of surgery and time of participation in the support group, we calculated the means among the women in study (N=14) finding the mean age of 59 years; average family income of R\$ 1,120.00, average time after mastectomy of 84.9 months (seven years),

average time of women's participation in the support group of 59 months, almost five years.

Regarding the categorical variables: marital status, religion and occupation, six (42.9%) women were married, three (21.4%) widows, four (28.6%) singles and one (7.1%) divorced, most of them reported being catholic, 13 (92.9%), and almost all of them had a

professional occupation, 13 (92.9%), which means only one participant (7.14%) had no occupation.

Regarding the data related to self-esteem, the individual scores obtained from the application of Rosenberg Scale ranged from two to 13 points, while the mean group score was 8.7 points, as we can see in Table 1.

Table 1 - Distribution of women according to individual scores regarding the dimensions of the Rosenberg Self-Esteem S Brazil, 2010. n=14

Scale dimensions	Individual scores of the sample (N=14)													
Sample (N=14)	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. In general, I feel good about myself														
2. Sometimes I feel I'm no good for anything	1	1	2	0	1	1	2	1	1	1	1	0	2	0
3. I feel I have a lot of good qualities														
4. I'm as able as other people to do things	1	1	2	0	1	1	1	0	1	0	1	0	1	0
5. I don't feel satisfaction in what I do														
6. Sometimes I really feel useless	1	1	1	1	1	1	1	1	1	0	1	0	1	1
7. I feel I'm a person of value, equal to others in at least some aspect														
8. I don't appreciate myself. I would like to feel more respect for myself	1	1	1	0	1	1	1	1	1	0	1	1	1	1
9. I'm often inclined to think I'm a loser														
10. I have a positive attitude (feelings, actions) about myself	0	2	1	1	1	1	1	0	1	2	1	0	1	1
Sample (N=14)														
1. In general, I feel good about myself	2	1	0	1	1	1	2	1	0	1	0	1	2	0
2. Sometimes I feel I'm no good for anything														
3. I feel I have a lot of good qualities														
4. I'm as able as other people to do things	1	1	0	1	1	2	1	1	1	1	1	0	1	1
5. I don't feel satisfaction in what I do														
6. Sometimes I really feel useless	2	1	1	1	1	2	1	1	1	1	1	0	1	1
7. I feel I'm a person of value, equal to others in at least some aspect														
8. I don't appreciate myself. I would like to feel more respect for myself	2	1	1	1	1	1	0	1	1	0	0	0	1	0
9. I'm often inclined to think I'm a loser														
10. I have a positive attitude (feelings, actions) about myself														
Sample (N=14)	1	1	0	0	1	1	1	0	1	0	1	0	2	1
Total	12	11	9	6	10	12	11	7	9	6	8	2	13	6
Sample average: 8,7														

DISCUSSION

Given the mentioned data, the average age was within the range of higher incidence of female breast cancer, which is between 40 and 69 years, since this cancer is relatively rare before 35 years of age⁽¹⁵⁾. This

fact explains the absence of women aged under 35 in the sample and the prevalence of the disease around the age of 59, corroborating other studies that also

characterized the prevalence of breast cancer in middle-age or elderly women^(7, 16).

The family income suggested economic concerns among the women in study, which has not led to favorable perspectives for them, once concerns of this nature, especially during the treatment, can interfere with the mental health and the quality of life of women, therefore affecting their self-esteem, besides hindering the access to health services and influencing the performance of appropriate self-care practices⁽¹⁷⁾.

The time after mastectomy is an important factor as an indicator of treatment evolution, and may also constitute a health indicator, when you intend to assess the self-esteem of mastectomized women. The mean presented by the group reveals long period of coexistence with the loss of a breast and enables the adaptation to the new reality, so that a state of low self-esteem is not present among women, as indeed was verified in the sample.

This finding can be explained because living with the absence of a breast activates various coping mechanisms, demonstrating that women affected by breast cancer really has deleterious consequences on their quality of life, but after a few years of surgery they tend to improve the level of life satisfaction compared to the preoperative period⁽¹⁸⁾.

Still, according to this study, the participation in support groups is of crucial importance for mastectomized women, as it offers social support, enables the exchange of experiences, information and guidelines on the disease and its treatments, besides developing leisure activities, improving the self-image, self-esteem and interpersonal communication⁽¹⁹⁾.

Studies show that a well-structured marriage provides social support and/or blocks the effects of stress, having positive effects on the individual's self-esteem, whereas a bad marriage, the loss of a partner or his absence has harmful effects on the organic functioning. Thus, the marriage probably influences on

health and social position, which is favorable to support many procedures and psychological processes⁽²⁰⁾.

Religiosity was strongly present among women, confirming the argument that religion relieves the suffering, as it allows change in the subjective perspective from which the patient understands the context of serious illness, besides seeking in spirituality a new meaning to life⁽²¹⁾.

Added to this, the role of faith as a way of coping with the disease is significant, the belief in God, optimism and positive thinking are strong influences for developing adaptive responses to difficult situations due to the disease⁽²⁰⁾.

The presence of a professional occupation among most women is an important discovery, as it was verified in research conducted with mastectomized women, where having an occupation or returning to professional activities is seen by women as a therapy that renews the desire of living and stimulates a new state of mind, i.e., women attribute the work a path to healing⁽²²⁾.

These data show that even though studies report the presence of low self-esteem in women who underwent mastectomy, the group in study presented high self-esteem, considering that the scale score may range from zero to 30 points and the closer to zero the better self-esteem and the closer to 30 the worst self-esteem^(8,23).

Researches with chronic diseases such as breast cancer have shown that there is in the individual an initial phase of crisis, characterized by emotional trauma caused by losses (of function, of appearance, among others) and symptoms such as fear, anger, depression and anxiety, normal at this stage. However, over time, there seems to be a moment of reconstruction, in which the individual recognizes the losses and try to adapt to the new reality, which may explain the findings of the study sample⁽²⁴⁾.

Also, this study verified that the self-esteem found among women is based on how they felt about

themselves and about other people, referring to the concept initially brought to the definition of this psychological state, which is presented in a positive way among the participants, therefore meaning that they assign to themselves the value they deserve, by feeling equal and as important as any other people.

This result represents personal growth, self-knowledge and positive feeling of the value of these women as human being, with more clearly defined priorities of what they consider able to perform and be proud of. The observation of these aspects predominates as influencing factor of the self-esteem scores measured on the scale.

We also emphasize as influential variables, found in the state of self-esteem, the fact that most women have reported a professional occupation, religiosity, a long time after mastectomy and participation in support group, i.e., positive findings that corroborate previous studies regarding the expression of an effective state of self-esteem⁽⁵⁻⁶⁾.

Amidst all these aspects, it is pertinent to point out that after the loss of a breast, women seek strategies that promote behavior changes in their lifestyle and in the ways of thinking and reflecting on the disease, emphasizing that the body and mind must be in harmony in order to seek an emotional balance, motivating them to preserve the health and self-esteem status⁽²²⁾.

Therefore, we must consider beyond the women's comprehension, the need for the performance of health professionals, particularly the nursing staff, in daily contact with these women, in order to value their

feelings, the physical, psychological and social conflicts, so that they are facilitators of strategies of women self-knowledge in a process of designing mechanisms for acceptance of their current conditions, providing psychological support in maintaining the best mental state possible.

CONCLUSION

Given the results found, this study allowed us to conclude that the group of mastectomized women presented high level of self-esteem, being assessed by both the average score of the group as the women's individual score.

We emphasize that the evaluation of the self-esteem of mastectomized women is relevant and may assist in the adoption of specific nursing interventions, capable of promoting changes in the type of care provided to these clients.

We believe that the study achieved its goals, even though we stumbled in the limitation of a small sample. However, we hope to provide a basis for future researches in this area, with larger samples, in order to enhance the health care in this fascinating area.

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