



We Can Cross the Breast Cancer Surgery Gateway With Meleis' Transitions Theory

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Abstract

The aim of this paper is to study individuals who underwent mastectomy and the process they went through, which might induce major transformations in medical, psychological, social, spiritual and physical dimensions, within the framework of Afaf Ibrahim Meleis' transitions theory. Meleis' theory is relevant and important in studying mastectomy for a handful of reasons, such as the fact that individuals undergoing transitions such as mastectomy are more sensitive to risk factors concerning their medical condition as well as their overall wellbeing. Meleis' theory suggests that one fundamental function of nursing is to support people in managing the transition process. Transition requires one to obtain new information, transform their behavior and redefine oneself in a new social context. Individuals who undergo mastectomy experience a multidimensional transition process involving changes in many medical and social variables, ranging from their bodily unity to gender identity. Examining the woman's breast surgery process through the lens of "Transition Theory" would make a significant contribution to both the medical-care oriented wholistic approach and individual-centered nursing care approach. Thus, approaching the mastectomy process by transition theory will be helpful in uncovering the social dimensions mostly ignored by the medical-care oriented nursing approaches.

Keywords: Mastectomy, Transitions Theory, Meleis, Breast Cancer Surgery

Introduction

Breast cancer is the second leading cause of death after cardiovascular diseases, with an incidence of 1.7 million and prevalence of 6.2 million [1]. The surgical treatment of breast cancer involves mastectomy and breast conserving surgery (BSC). In other words, treatment requires partial or full loss of breast tissue. The question we must consider is the meaning of this loss. Societies commonly have attributed meanings related to motherhood and aesthetics to breast, even if these meanings might show significant sociodemographic variation. Women, under the influence of socially and culturally transmitted norms, view their breasts not just as an organ but also a competence that is representative of their identity. In this context, the common social perception about the visual aesthetics of women would strongly influence their reaction to the loss of this organ [2, 3].

Breast cancer and mastectomy are processes that involve intense physical and social transitions, accompanied by emotional instability [4, 5]. Mastectomy is comparable to bariatric surgery where the rapid and massive weight loss leads to transitions that reach well beyond the physical realm, such as family relations [6]. The effects of the operation would differ, depending on the type of surgery chosen and the meaning attributed to the breast by the women. However, what will remain the same for all women is that this period is full of unknowns, complications and complex medical processes. Among the factors determining the women's reactions to the process are what breasts mean about their physical looks and about their perception of womanhood. Women experience multiple transition processes at the same time [7]. Trying to handle these processes without professional support leads to problems like depression, social isolation, defects in self-image and body-image [8-10].

Meleis' transitions theory is closely related to the life-course approach and role taking theories borrowed from sociology. After the mastectomy operation, the patient's connection to the past, her social environment and self-image is transformed. This transformation, or "transition", if it is understood as an adaptation to certain outer stimuli by means of neuropsychological subsystems, as Roy's adaptation model suggests, an individual-centered and treatment-centered model would emerge [11]. However, the transitions theory of Meleis is better in uncovering the social constituents of the changes that the individual faces. The theory has already been developed by studying the social adaptation problems faced by immigrant women, not specifically for the context of healthcare demands [12].

In this paper, the aim is to use concepts derived from Meleis' theory, such as multiple transitions, role insufficiency, role loss, role adjustment in order to analyze the process of mastectomy in a more systematic fashion.

Afaf Ibrahim Meleis and The Transitions Theory

Transition is defined as a change from a situation, condition or a movement from one place to the other [13,14]. Economic turmoil, political upheavals, large scale immigration, environmental problems, pandemics such as COVID-19, bird flu or swine flu and new medical discoveries transform the human world and in this rapidly changing world, humans face transitions where the outcomes are unpredictable. Transition brings with itself changes in the basic

regularities in individual's lives. It involves changes in persons' identities, roles, behavioral patterns and social relations. The nature of transition experiences, their conditions and context, the meanings associated with them, reactions to them and their effects on the wellbeing of humans, have brought transition experiences to the forefront of research in the nursing discipline.

Transition at the individual level happens after critical personal events such as having a child, proceeding from pregnancy to the postpartum period, transition from adolescence to adulthood, transition from singlehood to marriage [14]. These transitions pose problems to the individuals to be resolved. The meanings associated with transition events depends on the perception, persons and societies and they influence the end result. The nurses are expected to help persons in a transition process, who have lost their social networks and support systems, and thus, lead the process to a positive result.

Transitions theory concerns, apart from the other factors mentioned before, the role adjustments experienced by the patients in the sickness-to-health transitions. The subjective meanings assigned to these processes by the patients are of utmost importance. For instance, different meanings can be assigned to hospitalization and these differing perceptions will influence the outcomes and make it difficult to predict the end results [12, 14].

The qualities of the transition process are the interrelated parts of a complex process. Active participation to transition is important and it requires awareness. The meanings and perceptions assigned by persons to the transition experience are determined by the transition itself and transition can also influence those meanings. A healthy transition is characterized by both process and result indicators. A healthy relation between the patient and the nurse is critical to a healthy transition and this is a two-way relation, such that, nurse and patient reciprocally transform each other [12-14]. In the theory, it is emphasized that transition is a dynamic process that is open to continuous change itself [12,15].

Transitions theory is commonly applied in nursing. It mentions the populations where the transitions theory had applications such as geriatric individuals, mothers delivering their first child, Alzheimer patients, immigrant women and individuals diagnosed with chronic diseases [12,15]. Transitions theory has been used in various contexts, such as supporting family members who provide care to their elderly in their homes, evaluating the effects of mindfulness in a transition to motherhood program, and offering a new nursing diagnosis called "risk with respect to complex immigration transition" [16-18]. According to the transitions theory, disease transitions and organizational transitions are at the center of nursing practice. Nurses actively participate in the transition processes of patients such as hospitalization, discharge, delivery, rehabilitation and recovery. One of the factors that makes transition important for nurses is that transition processes correspond to the most intense period of patient-nurse interactions.

Meleis' Transitions Theory and Women Underwent Breast Surgery

Women diagnosed with breast cancer face an emotional breakdown besides many uncertainties awaiting them in the treatment process. Treatment processes aim to increase their longevity as well as their quality of life. But cancer, which connotes death, causes a multidimensional transition in the individuals.

Being diagnosed with breast cancer influences the individuals in many aspects and thus, it might have negative and positive impacts in the transition process. The multidimensional conditions implied by the transition happening in the individual can be classified as facilitating or inhibiting but they can also be classified, at the personal, communal and social levels. Personal conditions include meanings, cultural values and attitudes, socioeconomic status, knowledge levels and the level of readiness. If an individual diagnosed with breast cancer, views this as an opportunity to abandon unhealthy habits or to reorganize her life, this would lead to a healthy transition. At the

communal level, we might mention the meanings and labels the community attributes to the transition the individual is going through. The transition would be more successful if the individual's family, social surrounding and the whole society provides strong support systems. In many societies, cancer and related diseases imply death and someone with a cancer diagnosis is seen as a lost cause. This type of social judgment would negatively impact the transition [19, 26].

Women after mastectomy may experience conditions such as depression, mood disorders, defects in self-image and body image, fear of losing their womanhood, fear of recurrence of the disease [3, 20, 21]. This is a situation ripe with medical risks but besides that, it is a complex process involving social and psychological risks due to the loss of breasts. After the mastectomy, women feel that they are not attractive anymore and their bodily integrity has been lost to some degree (22).

While evaluating the women under these conditions, their surroundings must also be taken into consideration. First of all, the meaning of the surgical process, the meaning of the loss of the breast and the fears about the surgery area as perceived by the woman must be learned. Also, the awareness level of the woman's family, their perceptions about the process and what roles they expect from each other should be understood and a therapeutic nursing plan should be based on this knowledge [3,10].

To make the transition process easier, it's necessary to place the individual's concept of self to the center and collaborate with physicians, nurses, social workers, psychologists and religious commissaries. Nursing interventions like role empowerment, support groups, family training exemplify how these interrelated concepts are operational in actual nursing practice [13].

Women in the post-mastectomy period experience role loss, role insufficiency or role transition. When evaluating the patient with respect to the role concept, it's crucial to clarify the role of the woman by communicating with the family members and other people in the social surrounding. The roles expected from the individual (i.e. patient) and what she expects from the social environment must be determined in an interactive manner. These roles must be clearly defined. It must be explained to the patient that the surgical operation would not cause any incompetence in playing those roles. The strength of the patient's support systems is a determining factor for the success in the transition process [13, 23].

The support of the family members is an important factor for a positive transition experience. It might take time for the individuals to accept the changes in their physical looks. Support must be sought from the family members for free expression of negative feelings on her side and positive feedback towards positive behaviors and thoughts [24].

The symptoms for self-image deterioration and decrease in self-value should be detected early. The patient should be supported in realizing the relation between her posture defects, avoiding social contact, abandoning self-care and her negative self-image. The patient might employ certain coping methods to overcome this negative body-image [4]. But some coping methods might fail. It's important to let the patient realize ineffective coping methods and help her about trying more effective ones. For instance, telling the possible choices in breast prosthesis would provide new options. Kanmaz, has observed that reconstructive surgery after mastectomy has a positive impact on depression, self-respect and self-sufficiency perception [25]. The patient should be led to meet other patients who underwent a similar operation and have developed efficient coping methods to deal with body-image changes. It's also advisable to discover productive activities for the patient and helping the patient to find them on her own.

Individuals undergoing mastectomy must be studied through a holistic perspective, as the transitions theory suggests. Transitions theory's main advantage is that it views the healing processes as well as the disease processes along a continuum where the focal point is

managing the transition with the help of social support factors, combined with an adaptation process in the self-perception of the individuals undergoing difficult periods of change. Mastectomy is a perfect ground for translating a seemingly abstract theory into practical rules of thumb, ready to use for both the patients and the nurses alike.

Conclusion

Breast cancer surgery is a common treatment method for breast cancer. But, it can cause some negative effects on women's body image and psychosocial well-being. Surgical interventions of breast cancer involve multiple transitions for patients. So the nursing care approach must be based on awareness level, social support resources, perceptions about the transition and role-insufficiency situations of breast cancer patients. Afaf Ibrahim Meleis' Transitions Theory provides a valuable framework for examining the breast cancer surgical intervention process impacts on patients and establishing nursing care plans. We explained Meleis' Transitions Theory and how the notions from this theory can be used for patients who underwent breast cancer surgery in this article. This article shows nurses how to manage these multidimensional changes which the patients have to overcome.

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