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Effects of Body Image Disturbances on the Psychological Status of Woman With Mastectomy at Al Amal Hospital

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ABSTRACT

This study aimed to assess the effects of body image disturbances on psychological status. Methodology: A descriptive design was conducted on the effects of body image disturbances on the psychological status of women with mastectomy at Al Amal Hospital. The study subjects included women with mastectomy at the Oncology Teaching Hospital and Al Amal National Oncology Hospital. From November 14th, 2021 to May 8th, the sample consisted of (50) women attending the Oncology Teaching Hospital and Al Amal National Oncology Hospital with mastectomy. Results: The findings indicate that the age group has the largest percentage (40%) (40-49). Most (20%) of students are at the intermediate college level. The greatest family type (60%) is nuclear. The majority (60%) were married. Housewife job status is highest (68%) The majority (54%) of the monthly need is now. In addition, 86% of patients reported finding it challenging to look at themselves in the mirror after the operation (yes). (52%) felt less attractive following the procedure, and the same when they felt less seductive. Recommendations: Healthcare professionals can learn from each woman's personal story of what losing a breast means to her rather than relying on generalized assumptions about what each woman needs because of her age or the stage of her life. Patients need medical, social, and psychological support during and after completing treatment for breast cancer.

GRAPHICAL ABSTRACT

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Introduction

Cancer is a broad collection of illnesses that can begin in practically any organ or tissue of the body. These illnesses are brought on when abnormal cells grow out of control, cross their normal boundaries to infect nearby body parts, and/or spread to other organs. The latter process, known as metastasizing, significantly contributes to cancer-related mortality. The terms "neoplasm" and "malignant tumor" are also used to describe cancer [1]. Cancer is a serious global concern. It refers to a group of diseases in which cells grow out of control and can infiltrate the other organs or be dispersed all over the body [2]. Psychological illnesses such as sadness, anxiety, and psychosomatic disorders are all linked to substance misuse [3]. *Breast cancer* is a condition in which the breast cells proliferate out of control. Breast cancer comes in several forms. Breast cancer can start in several locations across the breast, depending on which breast cells develop into cancer. A breast has three basic components: connective tissue, ducts, and lobules. The glands that generate milk are called lobules. Milk travels through tubes called ducts to the nipple. The connective tissue, which is made up of fatty and fibrous tissue, envelops and holds everything in place. The ducts or lobules, where the majority of most breast tumors start in blood and lymph vessels are two ways breast cancer can travel outside the breast when breast cancer spreads to different body parts [4]. Breast cancer was rare until the 19th century when sanitary advances and the suppression of infectious diseases led to a sharp rise in life expectancy. Most ladies had previously passed away before they may have developed breast cancer.

A Scientific American article from 1878 highlighted previous methods of treatment that involved applying pressure to cause local ischemia when surgical excision was not an option. The development of general surgical technology, particularly the aseptic method and anesthesia, considerably aided William Stewart Halsted's decision to begin performing radical mastectomy procedures in 1882. Both breasts, any accompanying lymph nodes, and the underlying chest muscles were frequently removed during the Halsted radical mastectomy. Although this frequently resulted in chronic agony and impairment, it was thought to be vital to stop the cancer from returning. 20-year survival rates were barely 10% prior to the development of the Halsted radical mastectomy; Halsted's procedure increased that rate to 50% [5]. To locate cancer cells in their earliest stages, graphene is used. An individual cancer stem cell's functionality and anchorage-independent clonal proliferation can be evaluated using the tumor sphere assay [6].

It should be noted that the risk of metabolic diseases is not necessarily limited to the high-income classes, but the low-income classes are also highly vulnerable. The mother is fat and, at the same time, suffers from a lack of micronutrients [7]. Even after correcting for maternal comorbidities, obese women have a higher risk of cesarean delivery and a lower rate of vaginal birth after cesarean than normal-weight women [8]. Cancer is a group of diseases that cause cells in the body to change and grow out of control. Most cancer cells eventually form a lump or mass called a tumor and are named after the part of the body where the tumor originates. The vast majority of breast cancers begin in the parts of the breast tissue that are made up of glands for milk production, called lobules, and ducts that connect the lobules to the nipple. The remainder of the breast is made up of fatty, connective, and lymphatic tissues [9]. The desired rate of 10% is substantially exceeded by Iraq's overall cesarean section rate of 24.4%. From 2008 to 2012, Iraq experienced a sharp increase in the cesarean section rate, ascribed mainly to the Kurdistan region. The rate of cesarean sections in hospitals is very high, especially in private institutions [10]. Malignant cells quickly multiply to meet their high energy demands, which results in angiogenesis, the process by which numerous newly created blood vessels enter a solid tumor mass to transport nutrients there [11]. Having a history of breast cancer: A woman with cancer in one breast is more likely to get it again in the other breast or another area of the same breast. Although the risk is generally

low, it is still high for younger women with breast cancer [12].

Material and Methods

The study used a descriptive design to accomplish its objectives on the effects of body image disturbances on the psychological status of woman with mastectomy at Al_Amal Hospital. The study subjects included women with mastectomy at the Oncology Teaching Hospital and Al Amal National Oncology Hospital. Starting from November 14th, 2021 to May 8th. Fifty women who had a mastectomy at the Oncology Teaching Hospital and Al Amal National Oncology Hospital made up the non-probability (purposive) sample. A questionnaire was created to assess several facets of body image through the analysis of relevant literature and other studies. The ladies were interviewed using an interviewing approach and a questionnaire as a means of data collection. There were two primary components to it.

Table 1: Distribution of the sample based on Socio-demographic features

NO.	Characteristic		F	%
1	Age	20-29 years	00	00
		30-39 years	16	32 %
		40-49 years	20	40 %
		50-59 years	10	20 %
		60 years or above	4	8 %
		Total	50	100 %
2	Level of education	Doesn't read &write	9	18 %
		Read &write	9	18 %
		Primary School	5	10 %
		Intermediate	10	20 %
		Middle school	7	14 %
		College	10	20 %
		Total	50	100 %
3	Family Type	Nuclear (single)	30	60 %
		Extended	8	16 %
		Other	12	24 %
		Total	50	100 %
4	Marital status	Married	30	60 %
		Single	3	6 %
		Widow	10	20 %
		Divorced	5	10 %
		Separated	2	4 %
		Total	50	100 %
5	Job status	Employee	16	32 %
		Housewife	34	68 %
		Total	50	100 %
6	Monthly income	Enough	27	54 %
		Not enough	10	20 %
		Enough for some	13	26 %
		Total	50	100 %

Table 2: Effects of body image disturbances on psychological status

Scale items	Yes	%	No	%
1. Have you been ashamed of your appearance	25	50%	25	50%
2. Did you feel less attractive after the operation	24	48%	26	52%
3. Were you dissatisfied with your appearance?	26	52%	24	48%
4. Did you feel less feminine after the operation	33	66%	17	34%
5. Did you find it difficult to look at yourself when you naked after the operation	43	86%	7	14%
6. Do you feel less sexually attractive After the operation	24	48%	26	52%
7. Do you avoid people because of your appearance	18	36%	32	64%
8. Did you feel that the treatment left less of your body	33	66%	17	34%
9. Did you feel dissatisfied with your body shape	36	72%	14	28%
10.Were you not satisfied with the appearance of the scar after	the operation	38	76%	12

F.=Frequency, %=Percentage

Part I: Demographic data includes personal information (age, gender, type of study, level of study, marital status, and residency). Part II: behavioral (such as challenges viewing oneself in the mirror) and cognitive-quickly but fully (level of satisfaction with appearance). A 4-point answer scale and a 0–30 scale is used to get the final score, which is determined by adding the outcomes of all ten items. Lower numbers imply fewer symptoms and lower degrees of body dysphoria, while higher scores are associated with more symptoms and body dysphoria. Direct interviewing techniques and questionnaires were utilized to collect data from the women for the study.

Results and Discussion

The study sample consists of 50 patients who underwent mastectomy from the Oncology Hospital in Medical City in Baghdad and Al-Amal National Hospital for the treatment of tumors (Table 1 and 2). There are (50%) ashamed of her appearance. The results of study [13] show that (52%) of women are ashamed of their appearance (The result of this study was in agreement with the result of our study). There (48%) feel less attractive after the operation. Showed a study entitled ((Women reveal only mild anxiety after double mastectomy) (September 1, 2008) (48%) of women feel less attractive (The result of this study was in agreement with the result of our study), were (52%) dissatisfied with their appearance. The result of the Study [14] shows that (49%) of women were dissatisfied with their physical appearance after mastectomy (The result of this study was in agreement with the result of our study). There (66%) feel less feminine after the operation. The result of the Study [15] shows the (56%) of women feel less feminine (The result of this study was in agreement with or close to the result of our study). There (86%) find it difficult to look at themselves when they are naked after the operation. The result of the Study [16] said 85% of women find difficult to look at themselves (The result of this study was in agreement to with the result of our study).

Conclusion

Accentuate the agony and loss experienced by people with breast cancer following mastectomy. The findings of this study demonstrate that experiences and body image after mastectomy are personal and situational, but the one constant finding is that mastectomy severely affects women's body image. Women who had undergone mastectomy worried that this change in look would have a negative impact on their sex lives. Because of their look after breast loss, some women choose to avoid social situations, realizing that mastectomy severely effects women's social lives.

Recommendations: the study recommends

More and more people are surviving breast cancer due to recent medical care and

technological improvements. As a result, nurses must learn more about breast cancer treatments and how they impact the people under their care. It will be necessary for nurses and other healthcare workers to gain a deeper grasp of how women's body images alter as a result of diagnosis and treatment. Healthcare practitioners can learn from each woman's unique and deeply personal story of what losing a breast means to her rather than relying on generalized assumptions about what each woman requires due to her age or the stage of her life.

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Authors' Contributions

All authors contributed to data analysis, drafting, and revising of the paper and agreed to be responsible for all the aspects of this work.

Conflict of Interest

The author declared that they have no conflict of interest.

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