Implications on the Family Dynamics of Individuals with Breast Cancer

Implicações na Dinâmica Familiar da Pessoa com Cancro de Mama
Implicaciones en la Dinámica Familiar de la Persona con Cáncer de Mama

RESUMO

Enquadramento: Uma situação de doença como o cancro de mama irrompe com a vida pessoal e familiar, exigindo uma difícil adaptação à sua nova situação social, familiar e espiritual, que implica um processo de reajustamento da sua estrutura, papéis, padrões de comunicação e das relações afetivas dos seus membros. **Objetivos:** Conhecer as implicações na dinâmica familiar da pessoa com cancro de mama. **Metodologia:** Estudo qualitativo, exploratório-descritivo. Participaram 7 famílias de uma comunidade do Alto-Minho cujo membro sofreu de cancro de mama em 2023. Os princípios éticos foram respeitados. **Resultados:** Destacaram-se no processo de perdas o aumento da coesão familiar; afastamento; transferência de tarefas domésticas; aumento de idas ao hospital; e gestão da informação transmitida. Todas estas alterações provocam desconfortos a nível emocional, social e familiar. **Conclusão:** O processo de perdas perante o cancro de mama é multidimensional, sendo fundamental o papel do enfermeiro especialista na (co)responsabilidade de avaliar e co-criação um plano de intervenção pautado pela visão holística e humanização dos cuidados.

DESCRITORES: Adaptação psicológica; câncer de mama; família; papel do profissional de Enfermagem.

ABSTRACT

Context: A disease such as breast cancer disrupts personal and family life, requiring difficult adaptation to a new social, family, and spiritual situation, which involves a process of readjustment of the structure, roles, communication patterns, and emotional relationships of its members. **Objectives:** To understand the implications for the family dynamics of people with breast cancer. **Methodology:** Qualitative, exploratory-descriptive study. Seven families from a community in Alto-Minho whose member suffered from breast cancer in 2023 participated. Ethical principles were respected. **Results:** The process of loss was marked by increased family cohesion; distancing; transfer of domestic tasks; increased hospital visits; and management of the information conveyed. All these changes cause emotional, social, and family discomfort. **Conclusion:** The process of loss in the face of breast cancer is multidimensional, and the role of the specialist nurse is fundamental in the (co)responsibility of assessing and co-creating an intervention plan guided by a holistic view and humanization of care.

DESCRIPTORS: Psychological adaptation; breast cancer; family; role of the nursing professional .

RESUMEN

Contexto: Una enfermedad como el cáncer de mama irrumpe en la vida personal y familiar, exigiendo una difícil adaptación a la nueva situación social, familiar y espiritual, lo que implica un proceso de reajuste de la estructura, los roles, los patrones de comunicación y las relaciones afectivas de sus miembros. **Objetivos:** Conocer las implicaciones en la dinámica familiar de la persona con cáncer de mama. **Metodología:** Estudio cualitativo, exploratorio-descriptivo. Participaron 7 familias de una comunidad del Alto Minho cuyo miembro padeció cáncer de mama en 2023. Se respetaron los principios éticos. **Resultados:** En el proceso de pérdida destacaron el aumento de la cohesión familiar; el distanciamiento; la transferencia de tareas domésticas; el aumento de las visitas al hospital; y la gestión de la información transmitida. Todos estos cambios provocan malestar a nivel emocional, social y familiar. **Conclusión:** El proceso de pérdida ante el cáncer de mama es multidimensional, siendo fundamental el papel del enfermero especialista en la (co)responsabilidad de evaluar y co-crear un plan de intervención basado en una visión holística y humanizada de los cuidados.

DESCRIPTORES: Adaptación psicológica; cáncer de mama; familia; papel del profesional de enfermería .

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INTRODUCTION

Statistics released by Globocan for the year 2022 show that oncological pathologies have the highest incidence worldwide. In Portugal, specifically with regard to breast cancer, 8,954 new diagnoses were recorded in that same year (World Health Organization, 2022).

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The PNS 2021-2030 projections estimate a standardized mortality rate of 25.1 deaths per 100,000 inhabitants (Portugal, 2022).

From a systemic perspective, it is understood that a change in one part of the system has repercussions on the others. Thus, when a family member faces a health/illness event, all members are affected, triggering a health-illness transition process that is likely to generate family tension (Kaakinen et al., 2018; Figueiredo, 2023).

Faced with a cancer diagnosis, the family begins a continuous process of adaptation, modifying its internal dynamics and resorting to its resources and coping strategies in order to respond to the demands of the situation and restore family balance (Ramirez-Perdomo et al., 2018; Cotrim, 2023; Figueiredo, 2023).

Family nurses, due to the closeness they establish with family systems, are in a privileged position to identify the real needs that emerge from the different transitions and adaptations experienced. This understanding enables them to co-create intervention plans aimed at empowering the family, valuing its resources and strengths (Martins et al., 2023), as occurs in the context of the transition associated with the diagnosis of breast cancer in one of its members.

Given the centrality of the family as a unit of care in Family Health Nursing, the impact of the disease, and often its prolonged nature, the present study aimed to understand the implications for family dynamics of a person with breast cancer.

Context/Theoretical framework

In 2018, approximately 18.1 million new cases of cancer were recorded worldwide, resulting in 9.6 million deaths. Projections indicate that these figures could double by 2040, with the largest increase expected in low- and middle-income countries, which account for more than two-thirds of global incidence. Among the most frequently diagnosed types of cancer are lung and female breast cancer, each accounting for 11.6% of the total, followed by colorectal cancer, with 10.2% (World Health Organization, 2020).

The diagnosis of cancer, increasingly present in families, has a significant impact on the family system and its subsystems, leading to a health-illness transition. This process is often associated with crisis situations, feelings of loss, the perception of a break in life plans, and confrontation with death (Barbosa et al., 2016). In view of these changes in family dynamics, the role of the nurse focuses on empowering the family, promoting its active participation in the co-creation of health projects, with the aim of restoring family homeostasis (Figueiredo, 2023).

The concept of family health is defined as the family's capacity for mobilization and coping resources (with emphasis on relational and affective resources) in situations of illness of one of its members (Kaakinen et al., 2018) .

The family subsystem, through its pattern of beliefs and values that underpin its organization, assumes the role of health promoter, both in contexts of health promotion and in situations of illness, acting as the primary source of care provision and health care transmission (Figueiredo, 2012; Figueiredo, 2023).

According to González-Corría et al. (2022), a cancer diagnosis is an unexpected crisis in the family life cycle, in which the family can act as a positive or negative catalyst for the health status of its members. Given the influence that the family can exert, the importance of its assessment, guidance, and empowerment as a client and care partner is clear.

Faced with the incapacity of one of its members, associated with the loss of autonomy, it is the family, in most cases, that acts as an agent of self-care. The needs felt in this process of transition from health to illness are to restore the health and improve the quality of life of the affected member, as well as to redesign the dynamics of the family so that it can continue to function (Figueiredo, 2012) .

In this sense, within the various subsystems of the family, there is an urgent need to reorganize tasks and roles in order to maintain family functioning.

From the point of view of the marital subsystem, and in addition to the changes already discussed in relation to the woman's losses, there is a change in roles, as the husband often feels the need to take on a new role as caregiver. Thus, according to Macedo (2022), the partner no longer has a romantic role in the relationship, transforming him into a caregiver. However, the same study points out that the participants did not feel any changes in physical contact with their husbands associated with the cancer process.

According to Silva et al. (2023), there is a tendency for them to maintain an image of strength and support, sometimes hiding their feelings in order to protect their wife, who is weakened by the disease. In addition to the role of caregiver, there may also be domestic, management, and financial tasks depending on the stage of the life cycle in which the family finds itself.

Although social and family networks are considered in studies to be a facilitating factor in the transition process, in the early stages there may be difficulty in talking about the disease due to the stigma it represents (Figueiredo, 2023).

In turn, there is a direct relationship between the severity of the dis-

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ease and the role played by the family support network. In other words, due to this stigmatization, the support network may show the family an exaggerated zeal, an exacerbated behavior of unusual sympathy, which, associated with the feelings and emotions experienced, can lead to the isolation of the family (Figueiredo, 2023; Silva et al., 2023).

As a result of the impact on the family of the news of cancer in one of its members, Silva et al. (2023) note that the family may, on the one hand, distance itself from its members or, on the other hand, strengthen bonds between them, with a growing emotional closeness and greater participation and support for the woman. Figueiredo (2023) reinforces this idea by stating that the adaptation of the family system to the disease can lead to increased family cohesion or, in situations of ambiguity of roles and rules, generate conflicts between family members.

The family nurse's follow-up and interaction with the family is fundamental to empowering them to face cancer. Through family assessment and joint identification of the family's strengths, the family's empowerment in its role as caregiver is cemented (Gottlieb, 2016).

The course of each disease is unique, due to the many different dimensions associated with it, and there are key moments in the face of cancer: diagnosis, prognosis, treatments to be carried out or not, the imminence of recurrence or death, constitute challenges in life and challenges in communication patterns (Malta et al., 2023) .

Given the ambivalence of emotions presented, it becomes evident that dealing with them can be a demanding process, both individually and within the family. While there is a need to express one's feelings, there may also be a kind of "conspiracy of silence" among friends and family, especially when family dynamics are marked by strict rules and closed emotional bonds (Figueiredo, 2023; Cotrim, 2023).

Although the role of family support and external support networks, particularly friends, is undeniable, families find it somewhat difficult to ask for this support. This may be associated with the stereotype and consequences of cancer, where the family tends to isolate itself socially, reducing its range of social relationships (Ribeiro et al., 2020; Cotrim & Figueiredo, 2023).

One of the difficulties that can also be felt in the transition process concerns the financial component within the family: surgical and/or subsequent treatments and recurrent visits to hospitals can prevent women from performing their work activities, impacting family dynamics (Cotrim & Figueiredo, 2023).

In summary, throughout the entire process of supporting the family, it is essential to work in partnership with them to identify needs and listen to fears and/or concerns that arise during the transition.

METHODOLOGY

Given the central role of the family as the focus of care for family health nurses, the impact of the disease, as well as its often long duration, and in order to guide this research, the following **research question** is posed: *What are the implications for the family dynamics of people with breast cancer?*

The **objective** is to understand the implications for the family dynamics of people with breast cancer.

The purpose of the study was to facilitate the family transition process for people with breast cancer and to provide changes/innovation in family health nursing care, using a qualitative, exploratory-descriptive study.

For the selection of the population and study, the following inclusion criteria were defined : families with members (women) diagnosed with breast cancer in 2023; of legal age; registered at the USF where the internship took place and who were willing to participate in the study. Families who did not speak Portuguese, single-person families, families whose members had cognitive deficits that prevented them from responding to the data collection instruments, and finally, families who were experiencing another type of cancer were excluded. Seven families from a community in Alto Minho participated.

A semi-structured interview was used, along with a brief sociodemographic overview of the families, followed by six open-ended questions. The interviews took place between December 2023 and January 2024.

All seven interviews with family members were transcribed in full, corresponding to approximately 210 minutes of data, with an average of 30 minutes per participant.

Data processing and analysis were carried out using content analysis, according to the assumptions of Bardin (Bardin, 2016) , divided into three stages: pre-analysis, exploration of the material, and processing and interpretation of the results obtained. After the full transcription of the interview content, duly coded, the analysis was carried out in accordance with the process of explanation, systematization, and expression of messages.

In order to address the ethical and legal considerations of the study, authorization to conduct the research was requested from higher authorities, namely the on-site service (service coordinator and head nurse) and the institution's Health Ethics Committee, which issued a favorable opinion (opinion no. 89/2023). Following this opinion, the families eligible to par-

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ticipate in the study were identified by the researcher and contacted by their respective family nurses. In order to conduct the interviews, all participants were given detailed information about the study and signed a free and informed consent form.

RESULTS

Seven families participated in the study, of which four were nuclear families, two were reconstituted families, and one was an extended family.

Regarding the family life cycle stage, most were in the stage of children leaving home (n=4), one was in the stage of forming a couple, one had teenage children, and one had young children.

After evaluating Graffar's family social classification, it was found that most families were in the upper-middle class (n=5), one in the upper class, and another in the upper-middle class.

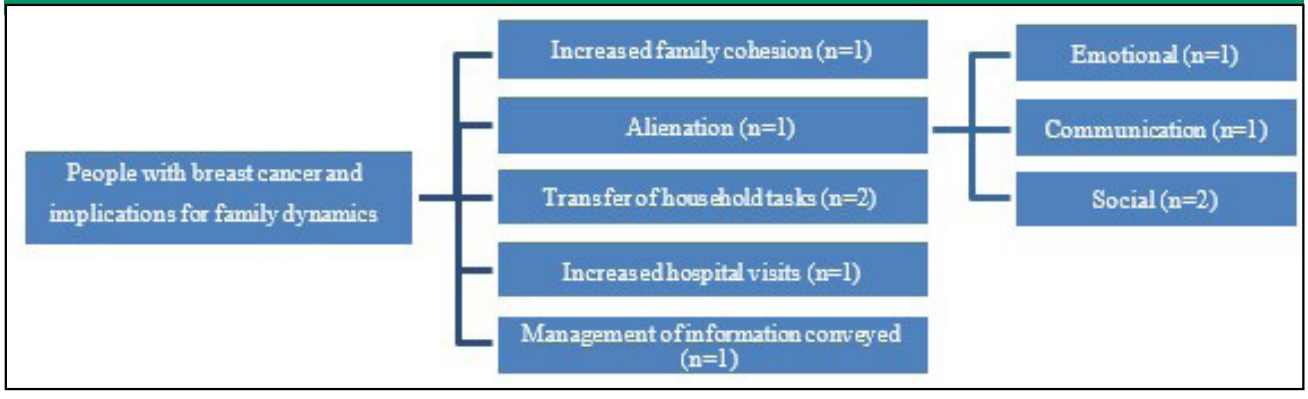
There was some dispersion in the age range of family members affected by cancer, with three cases between 40 and 50 years of age, and one case each in the 30-40, 50-60, 60-70, and over 80 age groups, respectively.

Presentation and discussion of results

In order to understand the impact of the disease on family dynamics, the question "What do you think you have lost or may lose with this disease?" was asked, which gave rise to the thematic area - People with breast cancer and the implications for family dynamics.

Based on the content analysis of the data collected, the following categories were identified: **increased family cohesion; distancing; transfer of domestic tasks; increased hospital visits;** and **management of information conveyed** (Diagram 1).

Diagram 5 - Person with breast cancer and implications for family dynamics.



The category "increased family cohesion" was mentioned by one of the participants:

- EF1 - *"(...) at the family level, I think it made us more cohesive, right? Because the three of us ended up experiencing the disease alone. It was a time when you were there, you understand (...)".*

With regard to the category "distancing," three subcategories emerged from the content analysis, namely: **emotional, communicational, and social**.

Emotional distancing was mentioned by one participant, who stated: *"(...) she has a way of being that is a bit complicated, because she doesn't show any kind of emotion, neither fear, nor... she doesn't like it, she closes herself off a lot (...)"* (EF1).

"(...) My parents, it's a bit problematic, avoided talking, no, they didn't avoid it... They knew what was going on (...)" (EF1). This was how one of the participants addressed communicational distancing. "Social distancing" emerged through two participants: *"(...) When my hair started falling out and all that stuff, you walk down the street and everyone stares at you. It's not intentional, but it's normal. I understand that this is normal (...), I went through that phase, between home and the IPO and home and the IPO (...)"* (EF1); *"(...) For us, there were several situations and that was it, because we are well-known people and I didn't want (...) this to get out of hand and for everyone to come to me... Oh, how about that? I wanted some peace and quiet (...) because maybe to manage and organize among ourselves, smaller, not so widespread among friends and family (...)".*

Regarding the **"transfer of domestic tasks,"** two participants reported the following:

- EF3 – *"(...) Now I cook, I didn't cook before, I gained that ability to cook (...);*
- EF7 – *"(...) She started doing a lot more things. In terms of... Even at home and in relation to the kids. Because, at least one of the things that happens to me is that... well, I had to*

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ask for help (...) I had to learn to delegate and ask for help, essentially, to get things done (...)".

One of the changes in family dynamics felt by one of the participants gave rise to the category "increased trips to the hospital":

- EF6 – *"(...) suddenly there were trips to the hospital, which wouldn't have been necessary if there hadn't been cancer. The medication changes the routine... At my mother's birthday party, there was that complication, so they had to go there... All these things create a crisis in the sense that we have to take action to overcome them. It's not all straightforward, all calm. This shakes up the family. And we even end up seeing life in a different way (...)".*

Finally, the "management of the information conveyed" was identified in the voice of one participant, *who stated: "(...) We accommodated the information. And we gave it out as the good news came in. The good part, because in the midst of all this, when a person receives information, they have to filter it, and so in C.'s case, as the process developed in the best possible way (...), we gave the news as the good things were happening (...).*

DISCUSSION OF RESULTS

The process of loss in the family transition reported by the person with breast cancer and their family, as determined from the interview responses, focused mainly on the losses felt by the woman and her spouse.

The onset of breast cancer in the family unit and the subsequent adaptation process cause several changes, especially in family structure and dynamics. In the present study, the thematic area **"person with breast cancer and implications for family dynamics"** emerged, where participants highlighted: increased family cohesion, the need for distance (emotional, communicational, and social), transfer of domestic tasks, increased trips to the hospital, and the management of information transmitted.

Faced with the transition from health to illness of one of its members, the family unit acts as an agent of self-care, a catalyst for resources aimed at restoring family balance, with family cohesion being an essential variable in this adaptation process (Figueiredo, 2023; Silva et al., 2023). This cohesion is especially important since, during the first year of treatment, there is greater vulnerability and incidence of internal conflicts, as pointed out by Katz et al. (2018). Although the importance of family support and a network of friends is evident, Figueiredo (2023) and Cotrim (2023) emphasize that the stigma associated with cancer, especially breast cancer, can make it difficult to open up and share the disease, leading to social isolation and nonverbalization of the disease, or difficulties in communicating about it.

The predominance of the role of caregivers being attributed to women, due to cultural traditions and historical patterns, intensifies this transition process, especially with the transfer of domestic tasks, as observed by Coppetti et al. (2024). According to this author, caregivers face additional difficulties, partly due to the negative connotation associated with the disease and insufficient preparation, as reported by some study participants.

The increase in hospital visits alters family and individual dynamics, leading to impacts on professional performance and increased treatment-related costs, including financial expenses, time off work, and travel (Cotrim & Figueiredo, 2023; Silva et al., 2023; Santos et al., 2021). According to studies by Figueiredo (2012) and Kaakinen et al. (2018), social class influences the organization of access to health services. In this study, where most participants belonged to the upper-middle social class (according to the Graffar scale), no significant change in the demand for care was observed, although the need for early return to work due to financial issues was a recurring theme.

The communication of bad news, as well as the way information is conveyed to families, must be handled with caution by health professionals, as these actions can have lasting effects on the individual and the family (Malta et al., 2023). Although the participants did not mention specific traumatic experiences when receiving news, they highlighted how the family accommodated the information provided by health professionals.

STUDY CONCLUSIONS

The experience of a health-illness transition process, particularly in the case of breast cancer, disrupts the family without being desired or planned. It is an experience that imposes itself and requires both the person and their family system to adopt adaptation mechanisms and coping strategies in order to restore balance within the family. From this perspective, and keeping the focus on the purpose of the study, the most relevant conclusions are presented below:

The family nurse has the shared responsibility of assessing families, jointly identifying their strengths, weaknesses, potential, and needs, in order to co-create an intervention plan guided by a holistic and humanized approach to care;

The process of loss experienced by the family of a person with breast cancer is multidimensional and has an impact on a personal level and on the various family subsystems.

The emotions, feelings, and reactions observed in each family are unique, resulting from multiple factors, including sociodemographic characteristics, relational dynamics,

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the stage of the disease, and prognosis, as well as individual and family aspects.

With regard to family dynamics, an increase in cohesion was observed, accompanied by the need to improve communication and readjust the management of family tasks. These implications translate into needs reported by families throughout this transitional process, highlighting the importance of follow-up by the family nurse and the support of significant others.

It proved essential to adapt communication to the needs of the individual and the family, at the right time and using appropriate language.

This study highlights significant implications for clinical practice, training, and research in Family Health Nursing, recognizing the family as a unit and partner in care. The research allowed for a deeper reflective practice regarding the assessment and monitoring of families facing a breast cancer diagnosis.

As a suggestion, it is considered pertinent to expand the research to other geographical contexts, analyzing families in similar stages of the disease. Conducting longitudinal studies, following families from diagnosis to the post-treatment period, would be an added value for understanding the entire transition process.

Among the limitations identified, it is noteworthy that only families diagnosed with breast cancer in 2023 were included, with no distinction made regarding the stage of treatment or type of therapeutic approach.

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