THE CONNECTION BETWEEN QUALITY AND SELF-ESTEEM IN PATIENTS WITH BREAST CANCER

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ABSTRACT

Greater insight into patient's quality of life can help researchers and clinicians to use quality of life as a measure for treatment outcomes.

Breast cancer is a stressful and causes extremely difficult physical, emotional and social challenges. In addition to concerns about whether breast cancer will metastaize and the impact of treatment side effects on daily life, breast cancer patients are more likely to experience depression than patients with other types of cancer. Surgery, chemotherapy, radiation therapy, and other forms of treatment can cause changes in a patient's physical apperance, leading to anxiety, pain, depression, and low self-esteem.

Self-esteem is determined by positive or negative feelings as well assatisfaction and confidence in oneself. It also refers to the belief that one is capable of coping with life's challenges and is worthy of happiness. One study found that self-esteem is a key factor in the growth and return to normal life in breast cancer patients. Low self-esteem has been found to be strongly associated with depression and other psychological problems.

The diagnosis and treatment of breast cancer encompasses a critical period in a woman's life during which she suffers from anxiety of the cancer spreading to other parts of the body, uncertainty about the future, anxiety and depression, anger, frustration, pain, changes in self-image, fear of losing femininity and changed confidence. Advances in the diagnosis and treatment of breast cancer, pathological differences between this disease and other chronic diseases, changes in self-esteem, the development of negative emotions, the experience of everyday problems at work and in interpersonal relationships, and the development of anxiety can lead to changes in the quality of life of patients with breast cancer.

The objective of this study is to explain the connection between the quality of life and self-esteem of breast cancer patients.

Keywords: connection, quality of life, self-esteem, cancer, breast

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INTRODUCTION

Breast cancer is the most commom neoplasm in women worldwide, and is a considered a global public health problem. Among women with breast cancer, some of the most common psychological symptoms in adjusting to the disease are decreased self – esteem and distored body image. Althought there are numerous studies aimed at promoting different psychological variables, quality of life, body image and self-esteem are often considered separately despite their connection and importance for the disease process. The choice of treatment method for breast cancer depends on the stage of the disease (extent of the disase), characteristics of the tumor (pathohistological findings) and the general condition of the patient. The spread of breast cancer, or the stage of the disease, is determined by the size of the primary tumor, involvement of regional lymph nodes and the presence of distant metastases. Breast cancer is most often treated with different combinations of several types of treatment. Certain treatments are carried out simultaneously, and some are carried out sequentially, one after the other. It is also important to emphasize that the treatment plan may change depending on how successful it is. The decision on the best method of treatment will be made by the oncologist in agreement with the patients.

The objective is to explain the connection between the quality of life and self- esteem of breast cancer patients.

QUALITY OF LIFE

Quality of life has become a major topic in mental health care. This is related to a number of fundamental changes in mental health care in the 1990s. The focus in mental health has shifed from institutionalizing the patient to community care (1).

The patient's own perspective and patient-centered care have become much more important, and improving general well-being is now considered as importantas the absence of disease symptoms. Finally, improvement in quality of life is considered an important outcome of treatment (2). Overall, these changes have led to more attention being paid to the impact of psychiatric disorders on daily functioning, well- being, and environmental resources. Althought there is no universal definition of quality of life, it is generally accepted that it contains objective as well as subjective dimensions (3).

Objective dimensions of quality of life refer circumstances such as living situation or finances. The subjective dimensions of

quality of life refer to the feeling of well-being and satisfaction. Previous research has focused on discovering the relationship between objective and subjective quality of life, which appears to be weak to moderate (4).

Narvez et al. (5) found that the correlation between objective and subjective quality of life is low. Pribea et al. (6) showed higher subjective quality of life scores in older patients, those with paid work and patients with lower symptom scores. However, the of factors other than age differed between diagnostic groups. They also found a consistent association between psychiatric symptoms and lower subjective quality of life. Numerous objective and subjective factors play a role in the quality of life of patients. Counterintuive findings about subjective and objective quality of life make it difficult to understand the relationship between these dimensions. There are two reasons why a better understanding of this relationship is important. First, insight into this relationship and other factors that might affect quality of life is useful for directing treatment toward improving subjective quality of life. Second, greater insight may help researchers and clinicians use quality of life as a mesure of treatment outcome.

BREAST CANCER

Breast cancer is one of the most common neoplasms in women, accounting for 16 % of all cancers in women and with more than 1.2 million case diagnosed every year in the world, it is considered a global public health problem. Due to improvements in diagnosis and treatment of the disease, breast cancer has a survival rate of 90 % at 5 years, and about 80 % at 10 years, although survivors face multiple mental and physical health challenges (7).

Therefore, health professionals are concerned about the quality of life of female survivors, including the physical, emotional, psychological, and social aspects associated with trauma and adjustement to breast cancer (8).

It is common that systematic treatment of women with breast cancer, such as chemotherapy, hormonal treatment and radiotherapy, harms the quality of life of patients. These harmful effects are physical (eg pain, vomiting and sleep disturbances) and psychological (bad perception of self-image, depression, anxiety, etc.). These problems may persist for a long time after treatment is completed. For example, when women with breast cancer start chemotherapy, they face aspects such as hair loss, eyelash loss, weight loss, etc. These physical losses and changes produce cognitive, behaviral and emotional

changes, which affect women's well-being, and self-esteem. The reason for this is that for many women, self-confidence is based solely on the perception of their own body, so a bad perception of it can lead to a drop in self-esteem and at the same time negatively affect a person's daily life (9).

Maligant disease is usually associated with concepts such as pain, fear, hopelessness, and death. The patient feels fear of death, fear of dependence of family, spouse and doctor, fear of changes in physical apperance, which is often associated with sexual dysfunction, fear of not being able to perform tasks at work, school or in free time, fear of breaking interpersonal relationships, and ulimately, the fear of pain in later stages of the disease. In this vortex of fears and emotions, different reactions devolp in the patient. Psychological reactions to the knowledge of the disease are most often expressed in the form of depression and anxiety (10).

Among women with breast cancer, the most common psychological problems in adjusting to the disease include mood disorders, increased levels of distress, distored body image, and reduced self-esteem. In this sense, body image (BI) relates to the perception, evaluation and derived feelings about body appearance and physical functioning, considering it a part of selfconcept (11).

SELF - ESTEEM

Self-esteem is related to self-concept, and refers to attitudes or feelings of self-satisfaction, based on an assessment of one's own characteristics (12).

Self-esteem is determined by positive or negative feelongs as well as satisfaction and confidence in oneself. It also refers to the belief that one is capable of coping with life's challenges and is worthy of happiness (13).

Self-esteem reflects what people feel about themselves and is a multifaceted construct related to other psychological constructs such as self-image, self- concept, self-perception, self-confidence, self-acceptance, self-esteem and self-worth. Research suggests that self-esteem is related to physical well-being and psychological problems (14).

Healthy self-esteem is described as holdnig a balanced view of oneself in which one recognizes and accepts weaknesses and appreciates own strengths and good qualities. Small but significant gender differences were found, with lower levels of self-esteem in women (15).

Findings from prospective studies suggest that self-esteem is relatively stable throughout life. It is widely believed that there are many benefits to embracing a self-view. High self-esteem appears to predict success and well- being in various

areas of life such as relationships, work, and health (16).

Low self-esteem in adolescence, on the other hand, is associated with a higher risk of mental health problems, substance dependence, and lower levels of life and relationship satisfaction in adulthood. However, the relationship between self-esteem and relative outcomes (eg. performance, interpesonal functioning, lifestyle, and happiness) is not always straight-forward (17).

The association between low self-esteem and psychiatric disorders indicates that low self-esteem is in important transdiagnostic construct. The association between low self-esteem and symptoms of mental disorders may be bitercional. A meta-analysis by Sowislo and Orth (16) found that lack of self-confidence predicted depression, while the direction was unclear for anxiety disorders. Self-esteem can represent a vulnerability to problems or disorders such as depression, social anxiety, eating disorders and substance use, but it can also be a product of psychiatric disorders. Symptoms of depression, for example, can reduce self-esteem in people with mental disorders (18).

THE RELATIONSHIP OF QUALITY OF LIFE AND SELF-ESTEEM IN BREAST CARCINOMA

In psychological research, the quality of life is investigated as a complex subjective experience of a person that depends on the objective circumstances in which they lives (social, material, work, environmental, etc.), their personality, interpretation and experience of the real situation, and the system of values and expectations. The quality of life in medicine is most often determined according to the degree of preserved functions of the patient (19).

Quality of life is multidimensional, depending on general health, psychological status, degree of independence in performing daily activities, social relationships, environment and the possibility of realizing personal goals. Health status is only a fraction of what is included in the category of quality of life, describing only the physical and psychological (emotional) aspect. One study showed that self-esteem is a key factor in the growth and return to normal life in breast cancer patients (20). Low self-esteem has been found to be strongly associated with depression and other psychological problems (21).

Mental adaptation to cancer is a psychological response to coping with cancer that involves adopting strategies to cope with life-threatening situations. This

adjustment can be maladaptive or adaptive and is influenced by the patient's age, personality traits, religious attitudes, family support, social contexts, and the attitudes of their family and health care providers (22).

Studies show that maladaptive mental adjustment such as helplessness-hopelessness is negatively related to physical, emotional, and functional well-being, increases with anxiety and depression, and affects quality of life (23).

The scientific literature highlights the relationship between ST and KD: its chronic nature, its epidemiological importance and the significant psychological and social connotations it has for women due to the importance of the breast to them. Part of this importance lies in the association between female breasts and the idea of femininity dictated by social and cultural systems, which emphasize the ideal of beauty for women (i.e. health, youth and symmetry). For most women, breasts are one of the elements that define them, and losing them would mean losing their femininity. Moreover, female breasts are associated with the sphere of sexuality, physical attractiveness, motherhood and breastfeeding. Therefore, for many women suffering from this disease, may mean that they give up their desire to be mothers (24).

It has also been scientifically proven that the type of surgical intervention used is a relevant factor for ST in women suffering from this disease. When the treatment involves a masectomy, the situation becomes more difficult, because the woman has to face a significant loss of body. In this regard, women with KD who have had a mastectomy may show emotional instability, a reduced perception of physical attractiveness, a decrease in self-esteem, and disturbances in partner relationships (25).

It was also found that women preparing for late reconstruction were more dissatisfied with their physical appearance than those with immediate reconstruction. Both mastectomy and breast reconstruction or implant patients reported lower satisfaction with their breasts, ST, and sexual functioning than those who underwent breast conservation therapy or autologous breast reconstruction (26).

In addition to these influences and their consequences, these women also have to start a completely different life by adjusting to other routines and activities. Therefore, it is necessary to promote the intended actions in order to achieve adequate adaptation to the changes that will be experienced. In this sense, it is important to work on the self-esteem and physical appearance of female patients due to the negative impact of KD on ST and

female self-esteem, as well as its importance in the disease process (27).

Group interventions are a powerful therapeutic tool that promotes personal interactions, an important element of psychological development. They are effective in providing emotional support and motivation and in reducing anxiety and depression by offering the opportunity to learn how other people have successfully managed the problems caused by cancer. However, there are numerous interventions aimed at promoting ST and self-esteem independently, but not together (28).

The most recent studies focused on improving self-esteem with other outcome variables are: (I) Group therapies: self-esteem/social skills therapy and cognitive-behavioral therapy and a randomized educational trial (29,30);

(II) Physical activity therapies: Physical activity intervention, exercise program interventions and self-controlled moderate-intensity walking intervention at home (31),

(III) Spiritual interventions: mindfulness-based program (32),mind-body Qigong exercises and RIME intervention (relaxation, mental imagery, spirituality) (33).

At our university, other studies have been organized that connect the quality of life and cancer patients.

Šimić et al. thus investigated the resolution and quality of life in oncology patients, and stated that various factors such as diagnosis, process and side effects of treatment, psychological and social difficulties can significantly impair the quality of life. Due to reduced quality and satisfaction of life, affected persons have difficulties in objective and subjective well-being, making decisions important for treatment, maintaining social roles, coping with malignant disease and daily functioning (34).

Subjects treated with radiotherapy achieved statistically significantly higher results on the subscales of quality of life: mental health, social relations and environment. No statistically significant correlations were found between the level of resistance and results in the domains of quality of life (35).

Korda-Vidić et al. have investigated the influence of the relationship between breast cancer in women and stresscaused by traumatic experiences during the war in BiH. They found that women with breast cancer had statistically significantly more traumatic war experiences and thus more stress than women in the control group. The following conclusions are also noteworthy: 39% of the women in the study group were younger than 50 years old when they were diagnosed with breast cancer. Only one woman received

psychosocial care as part of breast cancer treatment. High mean age of physiological menstrual loss (≥50), longer fertile period, as well as smoking habit are statistically more present risk factors for breast cancer (36).

CONCLUSION

Self-esteem is positively correlated with mental adjustment in breast cancer patients. Older people with religious beliefs, were employed, had a lower stage of cancer and fewer symptoms of distress showed more effective mental adjustment. Patients' self-confidence, cancer stage, performance status, and pain symptoms were found to directly influence mental adjustment.

A disturbed body image, the presence of depressive and anxiety symptoms, a lower level of self-esteem and inadequate social support from a partner are associated with a lower quality of life. Interventions are crucial for self-esteem of women with cancer and can significantly contribute to their recovery.

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POVEZANOST KVALITETE ŽIVOTA I SAMOPOŠTOVANJA KOD OBOLJELIH OD RAKA DOJKE

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SAŽETAK

Veći uvid u kvalitetu života oboljelih može pomoći istraživačima i kliničarima da koriste kvalitetu života kao mjeru ishoda liječenja.

Karcinom dojke je stresan događaj koji uzrokuje iznimno teške fizičke, emocionalne i socijalne izazove. Osim zabrinutosti oko toga hoće li rak dojke uzrokovati metastaze i utjecaja nuspojava liječenja na svakodnevni život, bolesnice s rakom dojke imaju veću vjerojatnost da će doživjeti depresiju od pacijenata s drugim vrstama raka. Osim toga, operacija, kemoterapija, terapija zračenjem i drugi oblici liječenja mogu uzrokovati promjene u fizičkom izgledu pacijenta, što dovodi do tjeskobe, boli, depresije i niskog samopoštovanja.

Samopoštovanje je određeno pozitivnim ili negativnim osjećajima kao i zadovoljstvom i povjerenjem u sebe. Također se odnosi na uvjerenje da je netko sposoban nositi se s izazovima u životu i vrijedan je sreće. Jedna je studija pokazala da je samopoštovanje ključni čimbenik u rastu i povratku normalnom životu kod pacijenata s rakom dojke. Utvrđeno je da je nisko samopouzdanje snažno povezano s depresijom i drugim psihičkim tegobama.

Dijagnoza i liječenje raka dojke obuhvaćaju kritično razdoblje u životu žene tijekom kojeg ona pati od zabrinutosti oko širenja raka na druge dijelove tijela, neizvjesnosti u pogledu budućnosti, tjeskobe i depresije, ljutnje, frustracije, boli, promjene sebe -image, strah od gubitka ženstvenosti i promijenjeno samopouzdanje. Napredak u dijagnostici i liječenju karcinoma dojke, patološke razlike između ove bolesti i drugih kroničnih bolesti, promjene u samopouzdanju, razvoj negativnih emocija, doživljaj svakodnevnih problema na poslu i u međuljudskim odnosima te razvoj anksioznosti može dovesti do promjena u kvaliteti života pacijentica s karcinomom dojke.

Cilj ovog rada je objasniti povezanost kvalitete života i samopoštovanja u oboljelih od karcinoma dojke.

Ključne riječi: povezanost, kvaliteta života, samopoštovanje, karcinom, dojka

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