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**Caring with difficulty: Brazilian nurses experiences of gynecological surgery care**

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## **Abstract**

This study was made by a qualitative approach based on Symbolic Interactionism and Grounded Theory. The subject was defined as what mutilation means for nurses who take care of women submitted to gynaecological surgery. The aim was to identify the interaction relationship of nurses as female with the phenomenon of mutilation in gynaecological surgeries and how it affects their relationship with female patients in this situation. Data were obtained by interviews with 16 nurses who work in gynaecology units. The findings present two core categories: speaking as a professional and speaking as female. When they spoke as professional nurses, they defined mutilation technically. As females, they verbalized their conflict and difficulty in working with mutilation and redefined it as being the loss of something very important for themselves. We conclude that female nurses when confronting female surgery distances themselves behind the professional nurse and performs nursing care as a daily routine. It means that these nurses live a personal conflict, which influences directly on how they supply care. They care for but do not care about, the ethos of biomedicine leads carers on to a technical path from which it is difficult to get off.

**Key words:** Grounded theory; gynaecological cancer; nursing care; mutilation; woman's health

## INTRODUCTION

The World Health Organization latest estimate shows more than 1.050.000 new cases of breast cancer and more than 470.000 new cases of cervical cancer worldwide annually.<sup>1</sup> These facts make nurses more concerned with women's issues, as shown in a Brazilian study about the woman's experiences of breast cancer and mastectomy.<sup>2</sup> Several other studies are focusing on breast cancer, mastectomy, gynaecological surgeries and the woman's reactions in this situation.<sup>3-7</sup> In these studies the mutilation is noticed as one of the effects faced by women, but there is no attention to it. Studies about breast cancer and breast conserving procedures show less disabling physically and psychologically than a mastectomy; the procedure is aiming to preserve the integrity of women's body image.<sup>5,7,8</sup> Mastectomy could be seen as mutilation and a reason why women seek reconstruction; aiming to "feel whole" again and to strengthen self-esteem<sup>5,7,9</sup>. The breast is a symbol of the feminine form, and seen as an important factor in personal relationships, sexuality and social life.<sup>10-12</sup> Its removal could mean mutilation since removing this feminine symbol.<sup>5</sup>

When focusing on gynaecological surgeries, with removal of uterus and/or ovaries, the concern is centred mainly in the pre- and postoperative care and psychosocial aspects are not so often taken into consideration. Mutilation is defined as to deprive of an essential part or to make imperfect by cutting or alteration.<sup>13</sup> Not feeling womanly after surgery where removal of reproductive organs appeared were feelings experienced by women.<sup>14-16</sup> A study about effects of treatment of gynaecological malignancies shows that there are significant impact on a negative body image and feelings about reduced general fitness and functioning of the body.<sup>5,17</sup> Amputation/mutilation affects body image and the key for caring activities is to recognize all the factors that will impact each person. This is why nurses need to be holistic when assessing needs and adapting caring plan for each individual.<sup>18</sup>

Looking at mutilation in the context of women's health or gender perspective the "definition" that comes out is the female genital mutilation practices, mostly in African cultures. These include the excision of the clitoris and external genitalia as carried out in many sub-Saharan countries. This was the finding in the literature search. The definition of mutilation was related to traditional conceptions, including the surgical removal of body parts irrespective of the reason.

Women undergoing gynaecological surgery as mastectomy or a hysterectomy, often describe themselves as feeling 'mutilated'. Health should be seen as a social product and all the consequences feeling mutilated bring forth; being mutilated is not only to have a part of their body taken off, there is an experience of something taken off in their lives. These experiences determine women's health.<sup>19</sup> Specialist nurses, such as gynaecological nurses, breast care nurses etc. are introduced to help women overcome the emotional and social consequences of such surgical interventions.

We have to reflect upon these issues, about mutilation, while recognizing how many women worldwide, at this moment, experiencing feelings of being mutilated because of a gynaecological surgery for breast or uterine cancer. Many nurses or health care professionals have the responsibility of caring for or about them, despite being women themselves. The aim of this study is to identify the interaction relationship of nurses as female with the phenomenon of mutilation in gynaecological surgeries and how it affects their relationship with female patients in this situation.

## **METHODOLOGY**

The qualitative approach Grounded Theory was chosen, since this is a study based on the Symbolic Interactionism and shedding light on shared meanings.<sup>20, 21</sup>

The theoretical framework is grounded in that this is a study about the relationship among individuals starting from their own ways to act and to react in a special situation – the one of mutilation in gynaecological surgeries. Interaction is understood as a reciprocal process in which each person is confronted with task of contracting actions by interpreting and defining the actions of others. Social interaction is a process that forms human behaviour instead of just being an expression of these hence human beings are acting creatures interpreting this stimuli.<sup>22-24</sup>

The symbolic interactionism considers fundamental the sense that things has for human behaviour. In this relationship the individual must be able to take over the other person's role in this interplay.<sup>24, 25</sup> The thinking is a silent conversation inside the individual and is a continuing assumption of a role.<sup>22, 26</sup>

Nurse's everyday interactions with patients are usually goal-directed<sup>23</sup>, including social goals, such as conveying or obtaining information, personality or emotional state, changing attitudes, or supervising the activities of another.<sup>27</sup> In this sense, the nurse-patient interaction could be looked upon as the fundamental task of nursing.

Grounded Theory consists of the discovery and development of theories starting from the obtaining and analysis of information in a systematic and comparative constant way, where behaviour and not people are categorized.<sup>28</sup>

### **Participants and setting**

The informants were in total 16 female nurses working in gynaecology units, in four different governmental hospitals in Rio de Janeiro, Brazil, taking care of women in pre- or postoperative gynaecological surgeries. This was the only criteria for inclusion. We did not take under consideration an analysis of the characteristics of the nurses since it is not the focus of the method. The nurses agreed participating and gave their informed consent, in attendance to the extolled by the Resolution 196/96 of the Brazilian National Council of Health.

### **Data collection**

Data were obtained by tape-recorded interviews, a central question presented was - *what is mutilation meaning to you?* The interviews were transcribed verbatim. Data registration was also done by memos, which consist of free registration by the researcher on personal impressions, doubts, and interpretations, observed or felt curiosities.<sup>29</sup> Codes or categories formulated from the analysis of previous interviews were introduced to the next interview. All the interviews were obtained by the Brazilian researcher who is a male nurse-midwife.

### **Data analysis**

The transcribed interviews were analysed one at a time, line by line, and coded according to Glaser's scheme of open coding to generate substantive codes related to the research question.<sup>20</sup> The next step was the temporary categorization; codes from one interview were constantly compared to all others and conceptualized to categories with each one of the interviews and later with all of them, following the steps of constant comparison. Core categories were identified by developing integrative hypotheses about the relations between the categories.<sup>28</sup> From this point the selection of new possible informers was also proceeded and new categories were included in the interviews, i.e. theoretical sampling.<sup>20,30</sup> All informants were included one by one, when the first analyses of previous interviews were concluded. We stopped interviewing after these 16 interviews, since we got saturation of information fulfilling the categories.

## FINDINGS

Two core categories were identified during the analysis; *Speaking as professional* and *Speaking as female*. The content of these core categories expresses the conflict experienced by nurses when they placed themselves in the place of the patient-as a woman.

### **Speaking as professional**

Speaking as a professional; means that the nurses are describing technically the mutilation and presents caring as a routine. The expression *describing technically* express the professional nurse's relationship with the phenomenon of mutilation. It includes a *technical definition of mutilation*, the *routines of nursing care*, and the surgical procedures, which are common, the *advantages and disadvantages* of surgeries for women in general, not seeing each woman as unique and in the end the idea of *caring as comforting* women in their suffering (Figure 1).

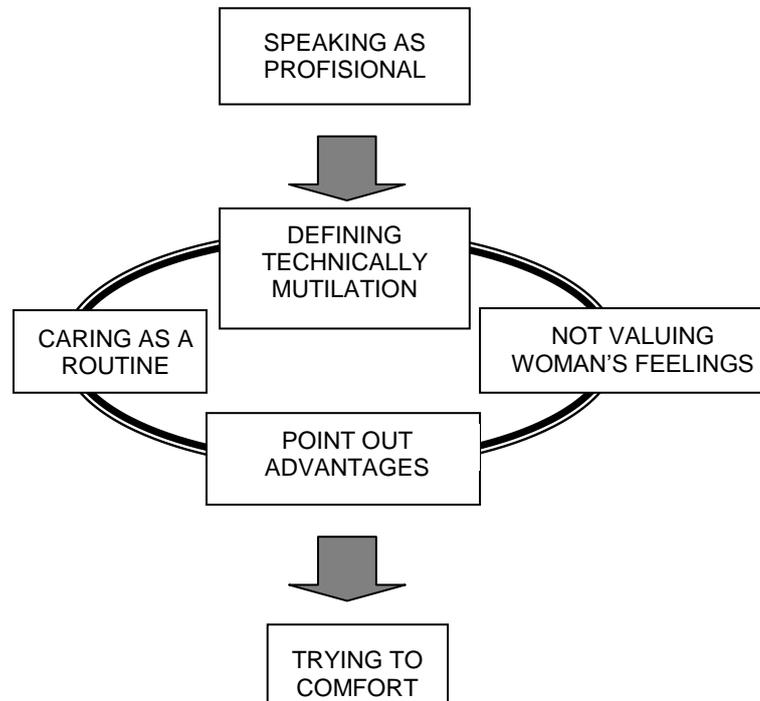
Following the sense of a biological meaning to the woman's body, nurses define mutilation technically, as in summaries and dictionaries: the removal of an organ or a part of the body. In the area of gynaecological surgeries, it means that the breast- or uterus removal is mutilation. Taking care of these women is for the nurses a daily routine.

"Mutilation is the loss of an organ... it is... necessary for the good operation of the organism. ...[...]... When that organ suffers some kind of aggression and must be removed, then it happens, the mutilation" (Int. #3).

"For us... in relation to the work that those surgeries... do, I work... they are routine surgeries for us, aren't they?, It isn't complicated..." (Int. #5).

Professional nurses do not consider women's feelings. In opposite, nurses try to convince women that the only way of preserving women's lives is a mutilating surgery. The nurses' strategy is trying to comfort women by pointing out advantages of

**Figure 1. The nurse as professional and interacting within the context of gynaecological care.**



treatment to convince patients to accept the surgeries. They do it from their own point of view and do not take in concern the woman's feelings.

"...the breast or... the uterus... it is not so important. When a more important organ, a heart, a liver, a lung, would be worse to them..." (Int. #9).

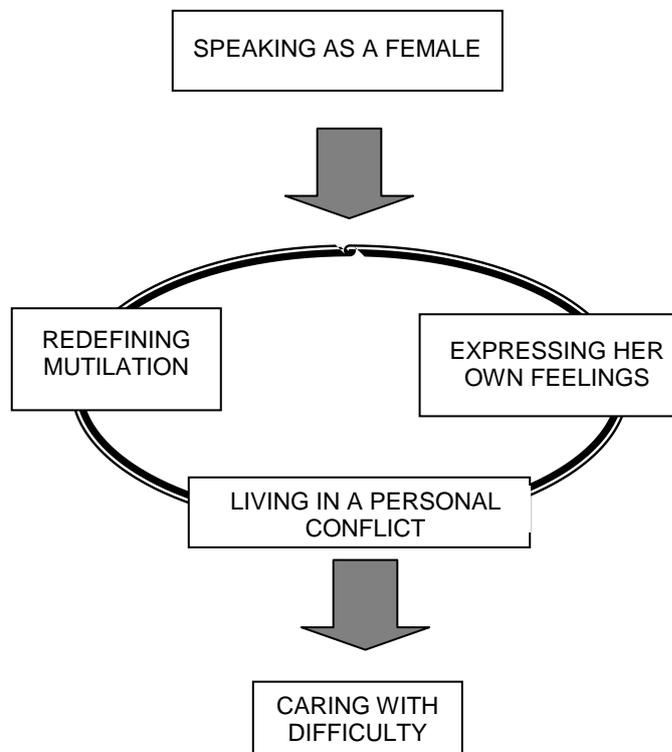
"I explain to them that the uterus... it is not in the uterus that there is pleasure... [...]... She will be now more open, free, for a relationship because she is sure that she won't become pregnant... and she is going there calmer..." (Int. #16).

Even when nurses are explaining to the women about the treatment, they talk about adaptation to the situation. When the nurses are trying to comfort, they use the approach of a technical teaching procedure, without addressing emotional comfort for the woman.

## Speaking as female

Speaking as female, expresses the nurse's relationship with the phenomenon of mutilation when they place themselves on the place of patients. These sensitive ideas began with a *redefinition of mutilation* and continue with nurses *verbalizing their own feelings, considering*, they show their *difficulty on caring* about women in this situation (Figure 2).

**Figure 2. The nurse as female and interacting within the context of gynaecological mutilation**



When asked about their own feelings when caring for these women, nurses took on another point of view. The nurse redefines mutilation from this perspective giving the phenomenon the same dimension attributed as the woman who defines mutilation as the loss a piece of herself, including emotions.

"mutilation is the removal of something very important to you...[...] ... And I don't speak in physical terms, but also emotional...." (Int. #2).

Seeing herself as susceptible to woman's condition to experience mutilation, the female nurse said that she felt shocked. The fear strikes her since there was an awareness of that this could happen her as well, as woman.

"I did see people without legs, without arms, without a hand... [...]... Then, that didn't shock me. The fact of seeing very young women, in my age group ...So that was what shocked me more!..." (Int. #14).

After role taking, nurses recognize and value these women's feelings because they are also their feelings. Recognizing these feelings within themselves, nurses' express their own doubts and personal conflict.

"What reactions do we introduce in that situation? And the one that I observe most of the time is that the patient feels very attacked... " (Int. #2).

"...there is some women that when they know that will be a hysterectomy they are very afflicted, they cry a lot " (Int. #7).

In this situation, the nurse demonstrated two attitudes that reveal the conflict she experiences. As a professional, she would naturally accept to be mutilated. However, as woman, she did not admit and not imagines herself in that situation.

"To me as a person... I think we have the tendency... [...]...you can't get to imagine... yourself, a woman ... with a mutilation like that..." (Int. #11).

This contradiction in reasoning characterizes the personal conflict, which is presented when nurses experience duality caused by their professional cognitive "book knowledge" and on the other side their own perception as females about the experiences of the women they are giving care. The nurses expressed difficulties when caring for and caring about these patients because of this personal conflict. It could be identified as being a woman living with the same threats as the patients, and being a professional keeping a professional attitude.

"To take care of mastectomized patient... ah! Is it difficult... It is very difficult..." (Int. #6).

"I always had difficulty in working with that...with those mutilation things... Mainly now when I see young women... like this...." (Int. #10).

As female, even when conscious of her conflict and of her difficulty, the meaning of mutilation should be a fundamental element in the process of caring.

## **DISCUSSION**

The interactionistic interpretation of human action and meanings of human behaviour<sup>24</sup> leads us to that nurses' act and change their way of interacting with women in the situation of mutilation of gynaecological surgeries by two main ways: the technocratic one and the humanistic one.

When asked the meaning of mutilation, nurses immediately presented a technical definition, as in summaries and dictionaries, as being the removal of an organ or a part of the body; a kind of "book knowledge."<sup>31</sup> As professionals, they think that they truly know what women are experiencing and they feel powerful enough to continue an educational role because "they know" what women need.<sup>32</sup>

This is a way of acting in agreement to the technocratic model<sup>33</sup>, in which the human body is a machine, there is a separation between mind and body, the central idea is the pathology and the principal agent is the professional. It is notable, in our study the nurses initially referred mainly to the surgery or procedure, and not to the woman. Logically, if mutilation is just something technically, taking care of these women also occurs in a technical way. It seems to be a daily routine, which could be a hinder or obstacle for supplying individualized care.<sup>10, 32</sup>

Personal feelings were put aside, when caring in this way.

Not valuing woman's feelings was another prominent aspect in this relationship among nurse and female patient. The nurse wanted the woman to understand the advantages of the surgery. The interviewed nurses expressed that vital organs are significant in the technical conception and in the routine of taking care, and breast and uterus are not vital organs. That means that these nurses/women as care providers, act as caring is to cure

illness and preserve health using potent drugs, surgical operations and complex technologies.<sup>34</sup>

When pointing out advantages, the nurses seem to use two strategies; distancing, when working with mutilation while caring for the woman, and comforting the woman. Personal feelings are not involved but as a professional there should be sympathy, almost empathy. This way of caring represents a meaning based on the technical conception of mutilation, and this is confirmed in a study,<sup>35</sup> which stands that nurses sometimes develop distancing manoeuvres, like focusing on tasks, routines and “doing to”, as a way of managing their stress and keep personal feelings and emotions away. That means that nurses use to focus their activities upon processes of care including, assessment, planning and care delivery, even though interpersonal aspects should be a natural part of nursing practice.<sup>36</sup>

Our findings highlights that nurses are ‘trapped’: they are working in surgical wards where the ethos of medicine lead on a technical path. It is difficult to make something else. The more humanistic perspective could be observed if the patients are women about the same age of themselves. In these situations, a kind of self identification is present and may act as a conflict factor for the nurses.

It is important to notice that after certain moment nurses saw themselves in the patients’ place. The nurses start acting in another way to interact with the woman and with the phenomenon of mutilation, when they admit their own difficulty in caring for and about the woman, which is confirmed in another study.<sup>37</sup> One important aspect in the interactionistic perspective is the individual's role taking; trying to understand the situation from the perspective of the other.<sup>24</sup> Here, the nurses see the process of caring in another dimension and redefines it. At this point it is important that the nurses are caring about and not caring for the women. It means that nurses must establish a confident relationship, leading to positive outcome for the patient.<sup>18</sup> It also means that these nurses recognized that emotional support is good for people’s bodies as well as their minds.<sup>38</sup>

Nurses and health care professionals must become more attentive to their own feelings and reactions in relation to patients, and also become more attentive to the patient’s lived experiences and needs.<sup>39</sup> To facilitate this attention, the nurses and health care professionals could be in need of supervision or regular dialogue groups to get negative

feelings come to the fore and be processed. This may be the way to promote from duality to unity, minimizing the personal conflict and reducing caring with difficulty.

### **Limitations**

This study has some limitations that need attention. First, this is a qualitative study with a few participants that make the ability to generalize our findings limited. However, the findings can be transferred to similar situations. Second, the interviews were conducted on one occasion only. However, the information provided and the quality of data was considered enough to ensure saturation.

### **CONCLUSION**

The two core categories presented; *Speaking as professional* and *Speaking as female* contribute for nurses and nursing with important aspects about how we can define action strategies in caring for and about women when facing mutilation. The importance of recognizing our own limitations, conflicts and difficulties when working with women in the mutilation situation are high lighted. There is a need to go in search of new strategies to perform care in a different way than we do as a daily routine. Those interviewed nurses live a personal conflict, which affects how they supply care. It is important to reinforce that we do not want to 'blame' nurses for unsympathetic practice, but we want to highlight the problems nurses are facing. Nurses need help to preserve a positive attitude in their approaches to patients. It is important to find a way of caring, which preserve them and, at the same time, make them feel strong to care about these women.

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