

## SUMMARY

### **Acceptance of cancer and life satisfaction of women with a diagnosis of breast cancer considering demographic, social and medical factors**

**Introduction.** Breast cancer is the most common malignancy in women. Most cases occur in those between the ages of 50 and 69, but increasingly the cancer is being diagnosed in younger women. The diagnosis of breast cancer represents a difficult situation for the patient and her family. In professional care including diagnosis, treatment and rehabilitation, it is important to pay special attention to acceptance of the disease and satisfaction with life. Determining the determinants of both acceptance of the disease and satisfaction with life, as well as their interaction, can provide a basis for improving the functioning of women with breast cancer in everyday life.

**The purpose of the study** was to assess the degree of acceptance of the disease and the level of satisfaction with life, and to identify demographic, social and medical factors relevant to acceptance of the disease and satisfaction with life for women with breast cancer.

**Material and methods.** The study was carried out from April 2021 to September 2022 among 483 women with a clinically confirmed diagnosis of breast cancer, treated at the Ks. Bronislaw Markiewicz Subcarpathian Oncology Center in Brzozow. 465 correctly completed survey instruments were included in the analysis. The mean age of the respondents was  $M=55.62$  years ( $SD=13.32$ ). 51.8% lived in the city, and 48.2% of the respondents lived in rural areas. Most – 31.6% of the women had secondary education, and 28.6% had higher education. Most – 58.7% of the women were married, and 61.7% of the women were mothers, of which the most common – 24.9% were mothers of two children. Currently, 30.5% of the respondents were working, while more than one-third of the respondents declared a full-time job as their main source of income, and almost one in four women declared a pension. The financial situation of most women was good or satisfactory. The study was conducted by a diagnostic survey method, using a survey technique. The Author's Survey Questionnaire, the Acceptance of Illness Scale (AIS) and the Satisfaction with Life Scale (SWLS) were used as research tools. The IBM SPSS v. 26.0 package was used for statistical analysis, and a value of  $p \leq 0.05$  was taken as statistically significant.

**Results.** The stage of breast cancer was most often defined as T1 or T2. Surgical treatment has been used in 64.3% of the respondents so far, with breast reconstruction performed in 39.8% of the women treated surgically, and 90.8% of the respondents were satisfied with this treatment. Other most commonly used treatments in the study group were chemotherapy, followed by radiation therapy, and the use of hormone replacement therapy was declared by 32.5% of women. Nearly half of the respondents had had breast cancer for 2 to 5 years. Metastases affected 29.0% of the women surveyed and were most often located in regional lymph nodes. A group of 43.0% of respondents confirmed a family history of breast cancer. At the current

stage of the disease, the most intense complaints were general fatigue, pain, excessive nervousness and irritability, and weakness. Receiving support was declared by 81.7% of the respondents, of which 28.4% of the women received support from a psychologist/psycho-oncologist. Physically active daily and often were 43.5% of the subjects. Systematically, 11.6% of respondents smoked cigarettes, and 2.6% of women admitted to frequent alcohol consumption. The vast majority of respondents – 91.4% were fully or moderately satisfied with the information provided by professionals about the disease. 90.5% of the female respondents were satisfied with their treatment to date, and the level of care at the cancer center was rated as very good or good by 91.6% of the respondents. The largest group – 60.6% of respondents rated their health as good, 29.2% as sufficient, 6.4% as bad or very bad, and only 3.7% of respondents rated their health as very good. The majority-54.6%-of the women surveyed had a high degree of acceptance of the disease, 38.7% had a moderate degree, and 6.7% had a low degree of acceptance of the disease. The average value of the degree of acceptance of the disease was  $M=29.95$ . The level of life satisfaction was high in 40.7% of the female respondents, average in 34.8%, and low in 24.5%. The average value of the overall life satisfaction index in the group of female respondents was  $M=21.59$ . The higher the degree of acceptance of the disease, the higher the level of life satisfaction. The degree of acceptance of the disease depended on: age, education, number of children born, financial situation, support received, presence of complaints, stage of the cancer, duration of the disease, presence of breast cancer in the family, satisfaction with breast reconstruction, absence of metastasis, self-assessment of health status, evaluation of the level of health care and medical services, and selected elements of lifestyle. In contrast, life satisfaction was statistically significantly affected by financial situation, support received, use of a psychologist/psycho-oncologist, presence of ailments, use of hormone replacement therapy and self-assessment of health status.

**Conclusions.** Research should continue to identify factors important for the degree of acceptance of the disease and the level of life satisfaction of women with breast cancer. Identification of such factors will allow planning and implementation of targeted interventions that can strengthen acceptance of the disease and improve life satisfaction for women. Patients at risk of low acceptance of the disease and low life satisfaction already at the stage of breast cancer diagnosis should receive special care from the Breast Cancer Unit and oncological prehabilitation. Such an action should improve women's mental and physical condition even before the start of treatment, which can significantly contribute to improving the effectiveness of therapeutic management and women's functioning in the family and society. For this reason, the establishment of an oncology prehabilitation clinic at each cancer center should be pursued.

**Key words:** breast cancer, disease acceptance, life satisfaction.