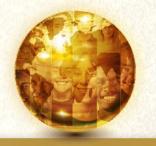




Harnessing Mindfulness Based Interventions for Reducing Anxiety among Postoperative Breast Cancer Women

Prepared by

Rama Ahmed Abd-El Naby







Introduction:-

Breast cancer is a disease in which cells in the breast grow out of control.

Breast cancer women have physical, psychological, and social concerns.

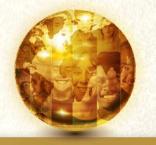
The most prevalent psychological symptoms are stress, anxiety, and depression as well as physical symptoms such as pain, sleep disturbances and fatigue which can trigger fear of death, recurrence, altered body image, and diminished well-being, among others (Vogel, 2023).





Cont., Introduction:

Many women with breast cancer turn to *Complementary Therapies* to deal with the symptoms of the disease. *Meditation* is one of complementary alternatives that positively influences the rehabilitation by reducing pain, stress, anxiety, depression, fatigue, and even the side effects caused by drug treatments (**Eijsbouts, 2021**).







Cont., Introduction:

Mindfulness focuses on self-regulation of attention and a state of consciousness that is associated with non-judgmental moment-to-moment awareness. The most commonly used Mindfulness-Based Interventions (MBI) which consist of :

- 1-Mindfulness-Based Stress Reduction (MBSR)
- 2-Mindfulness-Based Cognitive Therapy (MBCT). (Whitfield, 2022).







Significant of the study

Anxiety is a major sign with breast cancer and can be the major cause of relapsing or mastitis. MBIs are particularly helpful in dealing with common experiences related to cancer diagnosis and treatment including loss of control and fears of recurrence, as well as a range of physical and psychological symptoms, including depression, anxiety, insomnia, and fatigue.





The aim of the study is to evaluate the effectiveness of mindfulness-based intervention for reducing anxiety among post-operative breast cancer women through:

- 1- Assessing the anxiety level among post-operative breast cancer women for pre, post, and follow up the MBIs program.
- 2- Assessing the mindfulness among post-operative breast cancer women for pre, post, and follow up the MBIs program.
- 3- Applying the Mindfulness Based-Interventions program for post-operative breast cancer women.
- 4- Evaluating the effect of Mindfulness Based-Interventions program on post-operative breast cancer women post, and follow up the MBIs program.





Study Setting

This study was conducted at Nasser Institute for oncology

including outpatient units.









Study Sample

Subject/ Sampling:

All post-operative breast cancer women.

Type of the sample:

Convenience sampling was used in the current study included 30 post-operative breast cancer women.

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 Freiburg Mindfulness Inventory (FMI). (Wallach H et al., 2006)

 Hamilton Anxiety Rating Scale (HAM-A), (Hamilton, 1959)









Table (1): Socio-demographic Characteristics of the studied sample

| Socio-demographic data | No. | % |
|------------------------|-----|-------|
| Age (years) | | |
| 38 - < 46 years | 10 | 33.3 |
| > 46 years | 20 | 66.7 |
| Mean±SD 48.33±7.25 | | |
| Mitral status | | |
| Married | 30 | 100.0 |
| | | |
| Address | | |
| In-Cairo | 22 | 73.3 |
| Out-Cairo | 8 | 26.7 |
| Occupation | 10 | 33.3 |
| Worker | 20 | |
| House-wife | 20 | 66.7 |







Figure (1): Percentage distribution of the studied women according to if they have children .

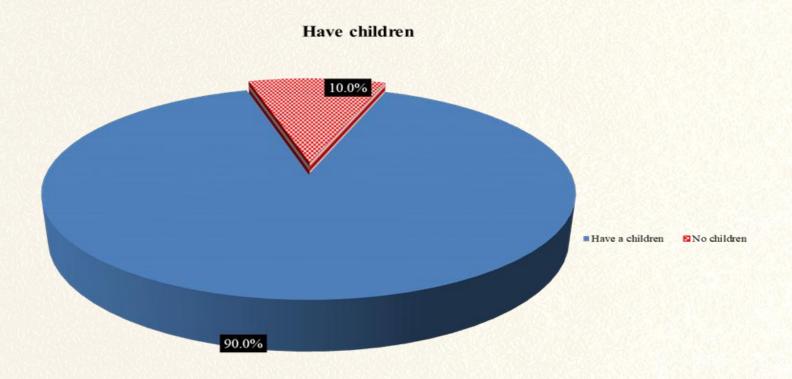








Table (2): Medical History of the studied sample

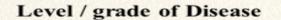
| Item | No. | % | | | | | | | |
|--|-----|------|--|--|--|--|--|--|--|
| Number of relapsing | | | | | | | | | |
| 1st time of disease | 30 | 100 | | | | | | | |
| Type of current treatment | | | | | | | | | |
| Chemotherapy treatment | 30 | 100 | | | | | | | |
| Do you have heredity with the disease? | | | | | | | | | |
| Yes | 10 | 33.3 | | | | | | | |
| No | 20 | 66.7 | | | | | | | |
| | | | | | | | | | |
| Yes, Mothers have breast cancer | 10 | 33.3 | | | | | | | |
| Nodules in breast) | 22 | 73.3 | | | | | | | |
| Pain in breast | 5 | 16.7 | | | | | | | |
| Breast self-examination | 3 | 10.0 | | | | | | | |







Figure (2): Percentage distribution of the studied women according to their level/ grade of disease.



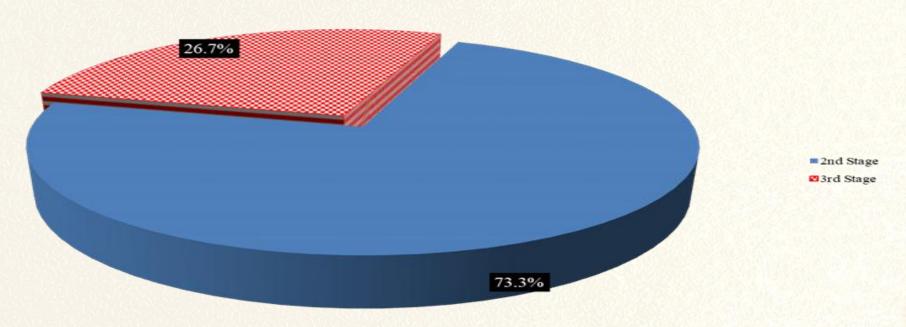








Table (3): Knowledge Assessment about Breast Cancer

| Knowledge | | Pre gram | Post Program | | Follow UP Program | | Pre-Post | | Pre-FU | | | |
|----------------------------|------|-------------|-----------------|-------|-------------------------|-----------|----------|-------------|--------|-------------|--|--|
| | No. | % | No. | % | No | % | x^2 | p- value | x^2 | p- value | | |
| Satisfactory >60% (4-6) | 14 | 46.7 | 26 | 86.7 | 24 | 80.00 | | | | | | |
| Unsatisfactory <60% (0-3) | 16 | 53.3 | 4 | 13.3 | 6 | 20.00 | | | | | | |
| Total | 30 | 100.0 | 30 | 100.0 | 30 | 100.0 | | | | | | |
| Mean score ±SD | 2.38 | 3±1.04 | 4.38 | ±1.27 | 3.97 | 3.97±1.18 | | 0.003* | 8.919 | 0.015* | | |
| Range | 1 | 1-4 | 3 | 3-6 | | 2-5 | | | | | | |
| %Percentage of change | | | 84. | 03% | 79% | | | | | | | |







Table (4): Number And Percentage of Studied Sample according to their level of Mindfulness Awareness

| Level of total FMI Tool | | Pro | Pre gram =30) | | rogram =30) | | ow Up =30) | Pre | -Post | Pre-FU | |
|-------------------------|----------------------------|------|---------------------|-------|----------------|------|---------------|-----------------------|----------|--------|-------------|
| | to Measure MBIs | No. | % | No. | % | No. | % | <i>x</i> ² | p-value | x^2 | p- value |
| | Low awareness (14-19) | 20 | 66.7 | 0 | 0.0 | 1 | 3.3 | | | | |
| | Moderate awareness (20-37) | 10 | 33.3 | 5 | 16.7 | 7 | 23.3 | | | | |
| | High awareness (38-56) | 0 | 0.0 | 25 | 83.3 | 22 | 73.4 | 56.143 | <0.001** | 8.571 | 0.016* |
| | Mean score ±SD | 19.6 | 7±3.15 | 35.33 | 3±4.68 | 33.6 | 3±3.55 | | | | |
| | Range | 17 | 7-23 | 26 | 5-43 | 19 | 9-41 | | | | |
| | %Percentage of change | Р | | 79. | 61% | 70 | .97% | | | | |





Table (5): Number And Percentage of Studied Sample according to their level of Anxiety

| Level of HARS tool | Pro | Pre gram = <i>30)</i> | Pro | ost gram =30) | | ow Up =30) | Pre-Post | | Pre-FU | |
|----------------------------|-----|-----------------------------|------|---------------------|-------|---------------|----------|----------|---------|-------------|
| to measure Anxiety | No. | % | No. | % | No. | % | x^2 | p-value | x^2 | p- value |
| Normal anxiety (0-14) | 0 | 0.0 | 11 | 36.7 | 7 | 23.3 | | | * 7.430 | 0.020* |
| Mild Anxiety (15-28) | 4 | 13.3 | 16 | 53.3 | 16 | 53.3 | | <0.001** | | |
| Moderate Anxiety (29-42) | 21 | 70.0 | 3 | 10.0 | 6 | 20.0 | | | | |
| Severe Anxiety (43- 56) | 5 | 16.7 | 0 | 0.0 | 1 | 3.3 | 24.178 | | | |
| Mean score ±SD | | 3±3.3 6 | 15.9 | 3±2.1 3 | 17.23 | 3±3.13 | | | | |
| Range | 21 | 21-47 | | 6-36 | | 10-43 | | | | |
| % of change | | | 59 | .1% | 55.7% | | | | | |





Table (6): Correlation between total score of knowledge about breast cancer and total score of Freiburg Mindfulness Inventory (FMI) and total score of HARS tool

| | | Total score of knowledge | | | Tota | ıl score of I | FMI | Total score of Anxiety | | | |
|---------------------------|---------|--------------------------|--------|--------|-------|---------------|--------|------------------------|----------|--------|--|
| | 5765 | Pre | Post | FU | Pre | Post | FU | Pre | Post | FU | |
| Total score of knowledge | r | | | | 0.162 | 0.395 | 0.375 | 0.209 | 0.423 | 0.402 | |
| | p-value | | | | 0.878 | 0.025* | 0.029* | 0.657 | 0.024* | 0.028* | |
| Total score of FMI | r | 0.162 | 0.395 | 0.375 | | | | 0.236 | 0.552 | 0.430 | |
| | p-value | 0.878 | 0.025* | 0.029* | | | | 0.562 | <0.001** | 0.027* | |
| Total score of Anxiety | r | 0.209 | 0.423 | 0.402 | 0.236 | 0.552 | 0.430 | | | | |
| | p-value | 0.657 | 0.024* | 0.028* | 0.562 | <0.001** | 0.027* | | | | |





Conclusion

Based on the results of the current study, it was concluded that the program of mindfulness-based interventions had statistically significant effect on reducing anxiety among post-operative breast cancer women and increasing the mindful awareness among them.





Recommendations

In the light of the result of the current study, the following recommendations are suggested:

1) Education:

Mindfulness strategies should be added into the nursing curriculum to train future nurses to apply the strategy with cancer patients to manage anxiety with them during treatment process.





Cont., Recommendations

sample size to generalize findings.

2) Community:

> MBIs program should be included in the protocol of treatment as a psychological support for reducing anxiety among breast cancer women.

3) Research:

Further researches and similar studies should be conducted for breast cancer and other types of cancer in different settings and with a larger

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