

Women Undergoing Breast Diagnostics: The Lived Experience of Spirituality

Jo Logan, RN, PhD, Rebekah Hackbusch-Pinto, MA, and Catherine E. De Grasse, RN, MScN

Purpose/Objectives: To explore perceptions of spirituality in women who had undergone a breast diagnostic experience.

Research Approach: Qualitative, phenomenologic study using Giorgi's approach.

Setting: An outpatient comprehensive breast assessment center.

Participants: 20 Caucasian women, aged 30–89, who had just completed the diagnostic process, including definitive diagnosis, regarding a breast abnormality.

Methodologic Approach: In-depth, semistructured, tape-recorded, and transcribed interviews analyzed using the Giorgi method of coding, transforming, and synthesizing data.

Main Research Variables: Descriptions of spirituality, spiritual needs, and supporting spirituality.

Findings: Two themes emerged: creating a focused isolation and seeking connections. Women created a private mental world in which to concentrate on the stressful diagnostic process. Within the isolation, women explored their personal strength and their connection to God or their spiritual beliefs. When the stress began to overwhelm, they sought out loved ones for support and diversion. Women found the center's staff to be supportive; however, many did not wish to speak to an agency chaplain during the uncertain period.

Conclusions: Women needed to handle the stress alone, with reliance on spirituality and God that was balanced with a need for specific connections to family members or close friends.

Interpretation: Nurses can support women's need to focus and can assist family members to understand their role during the diagnostic period. The diagnostic period can be used to talk with women about their spiritual beliefs, their needs, and possible referral to a chaplain.

Breast cancer is the most common cancer among women, excluding nonmelanoma skin cancers, and more than 275,000 new cases occurred in 2004 in the United States (American Cancer Society, 2004). In Canada, breast cancer is the second leading cause of cancer death in women, exceeded only by lung cancer (National Cancer Institute of Canada, 2004). Women have reported that a diagnostic work-up for a breast abnormality is extremely distressing (Halstead & Hull, 2001; Heckman et al., 2004). Moreover, women have found themselves lacking the support and care they require during this phase of the disease continuum (De Grasse & Hugo, 1996), and they have expressed a need for spiritual support when undergoing diagnosis (De Grasse, Hugo, & Plotnikoff, 1997; Highfield, 1997). However, little is known about the spirituality of women during the diagnostic process for a breast abnormality. Knowledge of women's perceptions of their spirituality and spiritual needs may help nurses provide support during this stressful time in the cancer continuum. The current study explored the lived

Key Points . . .

- ▶ Women undergoing breast abnormality diagnostics rely on their spirituality to support them during the period of uncertainty.
- ▶ During the diagnostic process, women create a focused, reflective isolation that is balanced with specific close relationships.
- ▶ Staff can help support women by establishing a warm, open environment and initiating dialogue on the role of spirituality in their lives.

experience of spirituality for women who had undergone a breast diagnostic experience.

Literature Review

Interest has increased in the spiritual and religious aspects of health and positive outcomes (McSherry & Ross, 2002; Miller & Thoresen, 2003; Zinnbauer et al., 1997), yet various interpretations of spirituality exist in the literature without consensus (Tanyi, 2002). Tanyi found through concept analysis that "spirituality is an inherent component of being human, and is subjective, intangible, and multidimensional" (p. 500). Spirituality includes a person's search for existential meaning in life (King, Speck, & Thomas, 1994). In an attempt to bring more clarity to the issue, McSherry and Cash (2004) provided an emerging taxonomy of the language of spirituality and a caution that if the concept takes on too broad a meaning, any real significance may be lost. Spiritual beliefs narrowly reduced to denominational affiliation or frequency of religious observance undermine the strength and value of a personal belief system that may not be rooted in a particular religion yet may contribute to an individual's response to a diagnosis (King et al., 1995).

Jo Logan, RN, PhD, is an associate professor in the Faculty of Health Sciences at the University of Ottawa, Rebekah Hackbusch-Pinto, MA, is a chaplain and site coordinator for spiritual care services at SCO Health Service, and, at the time of the study, Catherine E. De Grasse, RN, MScN, was an advanced practice nurse in Breast Health/Breast Cancer of the Ottawa Regional Women's Breast Health Centre at The Ottawa Hospital, all in Ottawa, Canada. (Submitted December 2004. Accepted for publication May 24, 2005.)

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