

The role of the breast care nurse during treatment for early breast cancer: The patient's perspective

ABSTRACT

INTRODUCTION: Women who are diagnosed with breast cancer require the support of a range of people during their treatment. Although the role of the breast care nurse in providing support has recently been investigated in several Australian studies the patients' perspective on the role of the breast care nurse in Australian hospitals has not previously been described in detail. The aim of this paper is to explore patients' perspectives on the role of the breast care nurse. *METHODS:* In-depth interviews were conducted with 18 women who had completed treatment for early breast cancer. The women were asked to describe their experiences from the time of diagnosis through to treatment completion. Thematic analysis was used to analyse the data. *FINDINGS:* Breast cancer patients repeatedly emphasised the importance of the role of their breast care nurses throughout their experience of breast cancer. The support that breast care nurses provided incorporated the following components: communication, rapport and an awareness of the women's needs, availability, reassurance and practical information. *CONCLUSION:* This study provides an understanding of women's perspectives on the role of breast care nurses and confirms that breast care nurses play an important support role during the experience of early breast cancer. Oncology clinics should focus on ensuring that all women who are diagnosed with breast cancer have adequate access to the support that breast care nurses are able to provide.

KEY WORDS

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INTRODUCTION

Women who are diagnosed with breast cancer may receive support from many people including health professionals and medical practitioners who are involved in providing their treatment, family members, friends and fellow cancer sufferers. The National Breast Cancer Centre (NBCC) guidelines for early breast cancer (iSource National Breast Cancer Centre 2001) recommend that, in addition to the support provided by these people, women living in Australia also have access to support provided by breast care nurses. The importance of the role that breast care nurses play is still being established in Australia. While some hospitals in Australia have three or four breast care nurses working with breast cancer patients on a routine basis, the provision of breast care nurses is not coordinated on a national basis (Campbell et al. 2006; Williams et al. 2003) and a number of hospitals are yet to implement this role. Many Australian women therefore still do not receive information and support from breast care nurses. This paper provides an understanding of the patients' perspective of the role that breast care nurses play from the time of diagnosis until after treatment is completed and reiterates that all women should be provided access to breast care nurses.

BACKGROUND

Newly diagnosed breast cancer patients experience feelings of shock, fear, anxiety, and disbelief (Thibodeau & MacRae 1997; van der Molen 2000). Before receiving a cancer diagnosis peo-

ple often take their bodies and their lives for granted (Janoff-Bulman 1992). However, unexpected and shocking life events, such as breast cancer, can make women feel that their bodies have betrayed them and cause them to lose trust in themselves and in the world in general (Janoff-Bulman 1992; Underwood 2000). The experience of receiving a breast cancer diagnosis leaves women feeling vulnerable and insecure. After a diagnosis has been made many procedures need to occur and women not only need to make decisions about treatment, they also need to make decisions about their relationships and their lives (Halkett 2005; Halkett et al. 2005). Women who participated in a study by Halkett (2005) identified breast cancer as a challenge to their existence, their sense of self, their future goals and their values.

During the breast cancer experience, women need support to work through the range of emotions that they are experiencing and the decisions that they need to make. Family members and friends, fellow cancer sufferers, medical practitioners and health professionals provide invaluable support, helping women to deal with many aspects of the disease and difficult treatment regimes (Bottomley & Jones 1997; Halkett 2005; Landmark, Strandmark & Wahl 2002). Social support has been found to improve psychological wellbeing, mental health, adjustment, and recovery from illnesses such as cancer (Halldorsdottir & Hamrin 1996; Janoff-Bulman 1992).

The social support that breast cancer patients receive varies. Landmark et al. (2002) reported

that the support that people provide consists of emotional, practical and informative dimensions. Emotional support involves relationships that provide love, friendship and solidarity. Practical support consists of physical nearness and practical assistance, and informative support involves providing information, advice and counselling (Landmark et al. 2002). In comparison, Lugton (1997) reported that the types of support that patients received included emotional support, companionship, practical support, opportunities for confiding, experiential support and sexual identity support. While some patients receive all of the support that they require from family and friends, others have little support and benefit from the support and knowledge that breast care nurses are able to provide (iSource National Breast Cancer Centre 2001).

A breast care nurse is defined in Australia as 'a nurse who specialises in breast cancer and gives information and support to women throughout diagnosis, treatment and follow-up' (Williams et al. 2003: 51). The Australian National Breast Cancer Centre's Specialist Breast Nurse Project Team (2003: 91) further explained that the breast care nurse 'works collaboratively with the treatment team to ensure that women are fully informed, to coordinate care, to offer counseling and support, to facilitate liaison with and referral to other health professionals, and to act as a resource for the other members of the treatment team'. However, not all Australian women currently have full access to the different services that breast care nurses provide (Campbell et al. 2006). The systematic model of breast care suggests that women should see the breast care nurse on at least three occasions: preoperatively, postoperatively and at follow up. While slightly more than half of the sample (57%) of 544 Australian women that Campbell et al. (2006) surveyed reported that they saw a breast care nurse at some stage during their treatment, only 16% of these women saw the nurse on the recommended three or more occa-

sions and were able to benefit from the ongoing support that breast care nurses are able to provide. In comparison 20% of these women saw the breast care nurse once and 12% of the women saw the breast care nurse twice. Campbell et al. (2006) reported that in contrast to women who did not see a breast care nurse at all, women who saw the breast care nurse on an ongoing basis were more likely to have received adequate information about side effects, follow-up care and clinical trials and to have been provided with sufficient support. Wilkes et al. (1999) reported that breast care nurses provide support relating to informational, physical, social and emotional needs.

Additional publications focus on defining the role of the breast care nurse and exploring the roles that breast care nurses feel they are playing (Liebert et al. 2001; National Breast Cancer Centre's Specialist Breast Nurse Project Team 2003; National Breast Cancer Centre & National Cancer Control Initiative 2003). These reports demonstrate that breast care nurses play important roles in discussing treatment options and reinforcing information provided by health professionals, communicating with the treatment team and ensuring that patients have access to any additional support that they might require. Additionally, the study by the National Breast Cancer Centre's Specialist Breast Nurse Project Team (2003) reported that many breast cancer patients accessed support from breast care nurses during pre-scheduled consultations. Furthermore, 67% of the women requested additional consultations with the breast care nurse during their experience of breast cancer.

Women's perspectives on the support provided by breast care nurses have been quantitatively analysed in several Australian studies. For example, Szwajcer et al. (2004) conducted a retrospective survey with 63 breast cancer patients to determine when women accessed support from breast care nurses, what other sources of support they had access to and the usefulness of written information provided by breast care

nurses. Results of the study showed that women were pleased to receive support from breast care nurses and accessed their support to varying extents and at different times during their experience of breast cancer. The majority of participants found the written and verbal information that breast care nurses provided useful or very useful (Szwajcer et al. 2004).

Liebert and Furber (2004) conducted a much larger study with 240 breast cancer patients to determine how women felt about the role that the breast care nurse played during their experience of breast cancer, using self-administered questionnaires. Women stated that breast care nurses assisted them in coordinating the different types of care that they received from health professionals. Ninety seven percent of the women were pleased that they had ongoing contact with the breast care nurse and felt that the breast care nurse adequately conveyed their needs to their medical practitioners. Women were pleased with the amount of information that breast care nurses provided on some issues (treatment issues and support networks), however some participants felt that they would have liked more information about other issues such as radiotherapy, results of surgery, breast reconstruction, discharge and treatment planning and practical support. Participants also felt that their breast care nurses played a role in providing support that met their emotional, cultural and spiritual needs (Liebert & Furber 2004).

Although these studies outline some of the roles of breast care nurses and demonstrate that the majority of surveyed women who received support from breast care nurses were satisfied with the various types of support provided, the complexity of women's experiences with breast care nurses is not understood. The aim of this paper is to explore patients' perspectives of the role of the breast care nurse. This paper presents results from a larger study that was conducted to gain an understanding of the phenomenon of making decisions during the experience of early breast cancer.

METHODS

Hermeneutic phenomenology provided the theoretical perspective used to inform understanding of the women's experiences of making treatment decisions for early breast cancer. Van Manen (1990) described hermeneutic phenomenology as both a descriptive and interpretive practice and stated that 'phenomenology aims at gaining a deeper understanding of the nature or meaning of our everyday experiences' (p. 9). Cohen, Kahn and Steeves (2000: 72) further described hermeneutic phenomenology as an interpretive practice that: 'Captures and communicates the meaning of the lived experience from the informants being studied.'

Ethics approval was obtained from the Human Research Ethics Committees at the University of South Australia and a major public hospital in South Australia that assisted with recruiting patients. Written informed consent was obtained from all participants prior to their interviews. Pseudonyms were assigned to each of the participants so that it was not possible for others to identify them.

Participants were recruited from one of the major hospitals in South Australia. Women were included in the study if they had been diagnosed with early breast cancer, completed a planned course of treatment within the last year and spoke English as a first language. Inclusion of early breast cancer patients was based on the 2001 National Breast Cancer Centre Guidelines which state that early breast cancer includes: 'tumours of not more than five centimetres diameter, with either impalpable or palpable but not fixed lymph nodes and with no evidence of distant metastases. This corresponds to tumours that are T1-2, N0-1, M0' (iSource National Breast Cancer Centre 2001: 1).

All data collection occurred in 2003. In-depth interviews were conducted with 18 women who had received treatment for early breast cancer within the previous year. Women were asked to describe their experiences during

the time from when they were diagnosed until treatment completion.

Interviews were tape-recorded and transcribed verbatim. The following approaches were used to analyse the data: 'a wholistic [sic] or sententious approach, a selective or highlighting approach and a detailed or line-by-line approach' (van Manen 1990: 92–93). The 'wholistic or sententious approach' was used to provide an initial understanding of the whole phenomenon. The individual transcripts were read and sentences or phrases that appeared to be representative of the experience as a whole were identified (van Manen 1990). The 'selective or highlighting approach' involved reading through the transcripts, highlighting sections that were important and identifying emerging themes. A 'line by line approach' was used as a final step in the analysis of the transcripts. Each line was read before reflecting on its significance in relation to the whole. This process of reflection was used to identify the more essential themes that occurred as commonalities or possible commonalities (van Manen 1990). After this process of analysis was completed a search for the word 'nurse' was conducted on each transcript to directly highlight each reference women made to breast care nurses.

FINDINGS

Eighteen women participated in this study. All women lived in South Australia and were patients of a major hospital in South Australia. The women were aged between 39 and 77 years with the median age being 59 years. Thirteen women were married. Many of the participants emphasised that their breast care nurse was an important source of support and described the many different roles that the nurse played during their experience of breast cancer. In addition, family members, friends, breast cancer survivors, members of support groups, fellow breast cancer patients, health professionals and medical practitioners provided support.

Support provided by breast care nurses

Although support was provided by a wide variety of health professionals – medical practitioners, counsellors, ward nurses, radiation therapists, physiotherapists – the women identified that breast care nurses were particularly important, providing continuity of support from the time of diagnosis until after treatment was complete. For example, study participant Vanessa described the range of support that her breast care nurse provided:

She gave me a lot of information and emotional support and practical support.

Vanessa's breast care nurse helped her to manage her way through the experience of breast cancer and enabled her to base her decisions on reliable information that was tailored to her individual situation.

During the research interviews breast care nurses were continually identified as an important source of support, providing communication, rapport and an awareness of the women's needs, availability, reassurance and practical information.

Communication, rapport and an awareness of the women's needs

Breast care nurses communicated effectively and developed rapport with the women during their breast cancer experience. The women felt that they could talk with their breast cancer nurses comfortably and easily.

Rebecca explained that her breast care nurse had an awareness of the support that she required and was there for her:

I had the breast care nurse who was absolutely wonderful; she didn't come on too strong because I think I would have pushed her away. She sort of just tackled things that she saw in me; that was just right for me.

Women felt that they could discuss their treatment options and concerns with their breast

care nurse when they needed to. Breast care nurses showed a genuine interest in the women's individual lives and were concerned about their well-being. The supportive relationship that breast care nurses formed with the women enabled the nurses to assist the women to tailor their choices as individuals. For example, after identifying that Rebecca was struggling to deal with her diagnosis and discuss it with her son, Rebecca's breast care nurse helped her to make decisions about the way that she would inform her son and provide him with support while still looking after herself.

Availability

Women required support at different times during their illness experiences. While some women initially struggled to deal with their diagnosis and the many decisions they needed to make, other women required support when they were making decisions about when to have their surgery or radiation therapy treatment. Many of the women felt that their breast care nurse was available for them throughout their breast cancer experience and felt comfortable discussing their feelings and emotions with them. The breast care nurse generally informed the woman that she was able to provide flexible support and was available if they wanted to make an appointment or if they preferred they could ring her.

Women met with their assigned breast care nurse following their first consultation with the surgeon and on other occasions during their treatment. Michelle explained how important it was for her to meet with her breast care nurse after her initial visit with the surgeon:

Then you go and sit and talk, sit all day with the breast care nurse and she was very knowledgeable, she was very relaxed. She was very good. If she wasn't there it would be very difficult because you can only spend so much time with the surgeon and then you are out the door. Who would you turn to then apart

from the cancer support groups, to be able to move from the surgeon to the breast care nurse there at the centre, excellent, absolutely wonderful. And for the breast care nurse to come up in to the ward after you have had surgery, each day she called in to see me. It was wonderful, wonderful support.

Michelle realised that she needed extra support, particularly at the time of diagnosis and after her surgery. When she received her diagnosis she felt shocked and was initially unable to take in all of the information that her surgeon provided. She was pleased that she had the opportunity to continue to discuss the meaning of her diagnosis and the required treatment with the breast care nurse after the appointment with her surgeon. Her breast care nurse was 'there for her' and was able to provide her with the emotional support that she required. Not only did the breast care nurse provide emotional support, she also made things easier for Michelle by openly discussing the challenges that she was likely to be facing and the decisions that she needed to make.

Jasmine explained that her breast care nurse provided her with support and was always available:

She was there in the support situation. She was filling out forms for the trial and she continued her support while I was in hospital, she came to visit to see how I was feeling ... then she phoned up after that, when I had finished at the hospital. I think she is a very busy person, she phoned up to see if I needed anything. I felt that she was there if I needed her.

Jasmine's breast care nurse simplified things for her and shared the responsibility of ensuring that Jasmine was prepared and that all of the necessary steps were being taken before each stage of her treatment. Jasmine was able to relax and focus on herself and her recovery because she knew that the breast care nurse

would provide her with any information that she required and be there if she needed to talk to someone.

The women were made aware that although the breast care nurses were busy they would always make time available if the women wanted to have a chat about something, share their concerns or required more information.

Catherine believed that her breast care nurse had more time available than the surgeons and therefore felt more relaxed and comfortable to sit and talk with her:

She was great, probably because she had more time than he had, she gave me more information than what he did sometimes.

Women appreciated when their breast care nurse made time to contact them and discuss how they were feeling. Jill's breast care nurse cared for her, was personal and made her feel like an individual:

I think the person (who) really asked most after my welfare was the breast care nurse, she was very good and rang me up at home each time and came to see me while I was in hospital a couple times. She was very good. The doctor came and did her rounds, she looks at you, but it is not quite as personal as the one to one with the breast care nurse ... She follows up when you get home from hospital, rings you and see how you are. She said anytime I need to ask any questions just to ring her. Even that last visit when I don't have to go back for several months, she said 'Don't hesitate to come in and see me if you need to' ...

Jill found that her breast care nurse checked up on her and was there for her when she needed it. The breast care nurse treated her as an individual and provided her with emotional, informative and practical support.

The support provided by breast care nurses extended beyond the support provided by others because breast care nurses were familiar with the women's individual situation and the

procedures that needed to occur. Breast care nurses were there for them and assisted them to deal with the emotions that they were experiencing and the challenges that presented.

Reassurance

The women regularly met with their breast care nurse to discuss the decisions that they were about to make or that they had already made. The breast care nurses listened to their concerns; provided them with advice and reassured them that they had made or were making suitable decisions.

Michelle explained how she felt about her breast care nurse:

Very good, very reassuring and very much a friendly face ...

Janice was comforted by the reassuring touch that her breast care nurse provided:

I noticed there and in hospital if the breast care nurses touched you it meant 'I care', to feel some humanity, it helped.

The reassuring touch that the breast care nurse provided was very important to Janice. The experience of receiving a breast cancer diagnosis was distressing for her and she needed people to reassure her and tell her that everything was going to be okay. She was particularly pleased with the support provided by the breast care nurse because she found that other health professionals did not provide her with the same reassurance and care.

Catherine emphasised that her breast care nurse allowed her to check information with her and provided her with reassurance and understanding:

Most of the time I rang the breast nurse, if I was worried about anything, anything that I sort of read about, and I thought 'Oh that doesn't sound good' I would ring the breast care nurse. Everyday I was on the phone to her, she was great, she was fabulous.

Catherine needed ongoing reassurance and support from the breast care nurse. Although she had support from her children she needed a health professional to provide her with ongoing advice and to answer her questions about the information that she had been reading.

The women needed to prepare themselves for the events that were likely to follow their diagnosis. However, they found it difficult to prepare themselves for something that was unfamiliar, something that they knew little about. Although they had the ability to make many of the decisions that they were faced with, they had lost confidence in themselves “and they knew that they could no longer take their health and their lives for granted. Breast care nurses were able to provide the women with reassurance, confirm that the women had made appropriate decisions and build up their confidence because they had a sound knowledge of the events that were likely to follow their diagnosis, the treatment that would be necessary and the women’s individual situations. Realising that the women needed reassurance, breast care nurses took the time to find out what was bothering the women and did their best to resolve any concerns they had. Women who received reassurance from their breast care nurse started to feel more optimistic about their situation and felt more able to deal with the challenges facing them.

Practical information

Women found it useful to meet with their breast care nurses to discuss their treatment options, the procedures that would be involved and the side effects that they might experience. Breast care nurses provided them with information and ensured that they had an understanding of what to expect.

Gabrielle felt that her breast care nurse helped her to understand the different procedures and prepare her for treatment:

I actually met with the breast care nurse after that first appointment and she showed me a

few of diagrams of women that had mastectomies and went through explaining the process. Before I went in to surgery I knew everything that was going to happen and I understood everything that was going to happen.

Gabrielle was concerned about having a mastectomy because she believed that this type of surgery would have an impact on her body image and who she was as a person. However, these fears were reduced when her breast care nurse focused on explaining the surgical procedures and prepared Gabrielle by showing her diagrams of what the surgery was likely to look like.

Michelle felt that her breast care nurse was able to provide her with the information that she required:

Anything I asked, any question or worry I had she knew, she was very knowledgeable.

The breast care nurse was able to identify that Michelle required support and information during her breast cancer experience. She therefore made herself available and answered any questions that Michelle had. Michelle was satisfied with this care and felt that the nurse was able to provide her with the information she required.

Rebecca explained that her breast care nurse provided her with information and ensured that she understood what was going to happen:

Information was good, checking up and clarifying was good and that made me feel that I understood what was happening, I was informed and that was important to me.

Rebecca felt that the information and support the breast care nurse provided enabled her to feel well informed and confident about the decisions she had made and the treatment that she was receiving.

Jill felt that her breast care nurse provided her with more information than other health professionals who were involved in her care:

The breast care nurse at the hospital has been very good. She has been absolutely marvellous. She has probably told me more and explained more than anybody else.

Jill's breast care nurse was able to provide her with the information and support that she required because she was involved in Jill's experience of breast cancer from the beginning. In comparison, other health professionals were unable to provide Jill with all of the information that she required because they were only managing a focused component of her care and were not necessarily aware of her individual situation at the same level as her breast care nurse.

Breast care nurses not only provided ongoing support, they also played a role in providing information, explaining the processes that women may experience and ensuring that the women understood what was going to happen during treatment. When breast care nurses found that they were unable to provide the women with the reassurance and information that they required, they referred the women to other support networks that were available.

Negative experiences with the breast care nurse

Of the 18 participants in this study, only one woman described her experiences with the breast care nurse negatively and was unsure of the role that the breast care nurse was meant to play. Paula said about the breast care nurse:

I don't know what the arrangement is supposed to be with that person. She is my contact person, that is all she was. I can't understand the function of her. She was always present with me when the surgeon was examining me; I guess that is part of it now, protection of the doctor from the patient's evil intentions.

At the time of receiving her diagnosis, Paula experienced a sense of 'horror' and 'terror' and suggested that she felt like her body had been

'inhabited by a monster'. She needed time and support to work through her emotions and come to terms with her diagnosis. Paula decided to gain support from a counsellor that she already knew because she did not realise that the breast care nurse may have been able to provide her with some of the support that she required.

DISCUSSION

Women who are diagnosed with breast cancer are faced with many ongoing challenges and require support from a range of people. The National Breast Cancer Centre's Specialist Breast Nurse Project Team (2003) reported that 98% of women who participated in their study would base their choice of hospital on whether there was a breast care nurse available. In support of this, the current study demonstrated that the majority of women who participated highly valued the support that breast care nurses provided and described the role in a favourable way. The current study builds on the knowledge that most women appreciate the support that breast care nurses provide and provides insight into how women actually feel about the different roles that the breast care nurse takes on. Implementation of breast care nurses in additional Australian hospitals is warranted because breast cancer patients require their support and, as this study shows, benefit from the range of support that they are able to provide.

One of the participants in this study expressed that she was unsure of the role that the breast care nurse plays. It is important that when hospitals implement breast care nurse positions they ensure that both the breast care nurses and other health professionals are aware of the roles that the breast care nurse will play. Furthermore, when patients present at the clinic the breast care nurse needs to ensure that the patient is aware of the different roles that they are able to play and advise the patient that they can provide them with access to a number of services later on during their treatment. Patients

may benefit further if the breast care nurse routinely discusses the different roles that they are able to take at subsequent appointments and inquire into whether the patient requires any additional support.

Wilkes et al. (1999) stated that breast care nurses provide practical, emotional and informative support. A review of the literature on the role of breast care nurses by Carnwell and Baker (2003: 19–20) concluded that breast care nurses play a role in ‘psychosocial support, provision of information, involving women in treatment decisions and providing follow-up care’. The current study expands on the work of Wilkes et al. (1999), Carnwell and Baker (2003), Liebert and Fuber (2004) and Szwajcer et al. (2004) to demonstrate that breast care nurses provide a range of support and are available when women feel they need this support. This study shows that breast care nurses have many roles to play and are able to intuitively take on these roles because they are aware of the women’s individual situations and are able to spend time with them on an ongoing basis. The support that the breast care nurses provided enabled them to make decisions, further develop their understanding of breast cancer, receive treatment, redevelop their sense of self and move on with their lives.

The support that breast care nurses provide differs from the support that other health professionals provide, because where most health professionals are responsible for a specific aspect of the women’s treatment, breast care nurses are in a position where they can provide a range of support and have opportunities to negotiate, liaise, find the necessary information that women require and follow up on women’s individual needs. Breast care nurses are able to play this important role when they network with health professionals in other departments and take on a coordinating role (Amir, Scully & Borrill 2004). Breast care nurses were valued so much by the women who participated in the current study because they provided a continu-

um of care throughout the women’s experience of breast cancer and provided support that met women’s immediate and extended needs.

The current study can be used to inform other health professionals of women’s perspectives of the role of the breast care nurse. The care that all health professionals provide needs to be designed in such a way that it complements and adds to the support and care that the breast care nurses has been shown to provide. Likewise the breast care nurse needs to continually ensure that the care that she provides is consistent with and complementary to the care that other health professionals provide. Health professionals should feel confident and able to refer breast cancer patients back to the breast care nurses after they have finished providing the treatment that they are responsible for because they are unable to provide breast cancer patients with all of the support that they require.

All of the women who participated in the current study were diagnosed with early stage breast cancer, spoke English as a first language, lived in the metropolitan area of Adelaide and were referred to the same hospital for treatment. These factors affected the support that women required and the roles that breast care nurses played. It is likely that women who are diagnosed with advanced breast cancer and/or come from different backgrounds or situations and/or geographical locations might require breast care nurses to take on different roles and provide additional support in other areas.

CONCLUSION

This study found that the support of breast care nurses was highly valued by women diagnosed with early breast cancer. Most of the women who participated in this study described the different roles breast care nurses played during their experience of having breast cancer in positive ways. Breast care nurses provided sustained support of various kinds including communication, rapport and awareness of the women’s needs, availability, reassurance and practical

information. Given the support provided to women by breast care nurses, further attempts should be made to provide all women diagnosed with early breast cancer in Australia with access to these health professionals. Additional research should be used to gain further understanding of the roles that breast care nurses may take on when patients are diagnosed with advanced breast cancer and/or come from different cultural backgrounds and/or rural locations.

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References

- Amir Z, Scully J and Borrill C (2004) The professional role of breast cancer nurses in multidisciplinary breast cancer care teams. *European Oncology Nursing Society* 8: 306–314.
- Bottomley A and Jones L (1997) Breast cancer care: women's experience. *European Journal of Cancer Care* 6(2): 124–132.
- Campbell D, Asaduzzaman K, Rankin N, Williams P and Redman S (2006) Are specialist breast nurses available to Australian women with breast cancer. *Cancer Nursing* 29(1): 43–48.
- Carnwell R and Baker S (2003) A patient-focused evaluation of breast care nursing specialist services in North Wales. *Clinical Effectiveness in Nursing* 7: 18–29.
- Halkett G (2005) The phenomenon of making decisions during the experience of early breast cancer. Unpublished PhD thesis, University of South Australia, Adelaide.
- Halkett G, Arbon P, Scutter S and Borg M (2005) The breast cancer patient's experience of making radiation therapy treatment decisions. *The Radiographer* 52(1): 17–21.
- Halldorsdottir S and Hamrin E (1996) Experiencing existential changes: the lived experience of having cancer. *Cancer Nursing* 19(1): 29–36.
- iSource National Breast Cancer Centre (2001) *Clinical practice guidelines: management of early breast cancer*. Canberra: NHMRC.
- Janoff-Bulman R (1992) *Shattered assumptions: towards a new psychology of trauma*. New York: The Free Press.
- Landmark B, Strandmark M and Wahl A (2002) Breast cancer and experiences of social support. In-depth interviews of 10 women with newly diagnosed breast cancer. *Scandinavian Journal of Caring Science* 16(3): 216–223.
- Liebert B and Furber S (2004) Australian women's perceptions of a specialist breast nurse model. *Australian Health Review* 27(2): 88–93.
- Liebert B, Parle M, White K and Rodger A (2001) Establishing an evidence base for the specialist breast nurse: a model for Australian breast cancer care. *Australian Health Review* 24(1): 192–199.
- Lugton J (1997) The nature of social support as experienced by women treated for breast cancer. *Journal of Advanced Nursing* 25(6): 1184–1191.
- National Breast Cancer Centre's Specialist Breast Nurse Project Team (2003) An evidence-based specialist breast nurse role in practice: a multicentre implementation study. *European Journal of Cancer Care* 12(1): 91–97.
- National Breast Cancer Centre and National Cancer Control Initiative (2003) *Clinical practice guidelines for the psychosocial care of adults with cancer*. Camperdown, New South Wales: National Breast Cancer Centre.
- Szwajcer A, Hannan R, Donoghue J and Mitten-Lewis S (2004) Evaluating key dimensions of the breast care nurse role in Australia. *Cancer Nursing* 27(1): 79–84.
- Thibodeau J and MacRae J (1997) Breast cancer survival: a phenomenological inquiry. *Advances in Nursing Science* 19(4): 65–74.
- Underwood S (2000) Touchstone: finding a lump in the breast. Retrieved 29 November 2002, from <http://phenomenologyonline.com/articles/templates.cfm?ID=320>.
- van der Molen B (2000) Relating information needs to the cancer experience. 2. Themes from six cancer narratives. *European Journal of Cancer Care* 9(1): 48–54.
- van Manen M (1990) *Researching lived experience*. New York: State University of New York Press.

Wilkes L, Beale B, Cole R and Tracy S (1999)
Supportive care for women with breast cancer:
Australian nurses' perspective. *Nursing and
Health Sciences* 1(1): 71–76.

Williams P, Rankin N, Redman S, Davis C,
Armstrong B, Malycha P and Girgis A (2003)
*National consumer survey of the perceptions of care of
women with breast cancer*. Camperdown: National
Breast Cancer Centre.

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SYMPOSIUM ON WOMEN'S HEALTH: BREAST HEALTH AND SYMPOSIUM ON AGEING

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Lynne Hunt and Beverly McNamara have brought together six articles that are challenging, thoughtful, and delightful accounts of the life, death, work and role of breasts in contemporary western culture; these articles also raise useful questions and challenges about research methodologies. Likewise, Eileen Clark has brought together three articles on health and ageing that break new ground in the way they explore the reality of the lived experience of ageing combining new policy directions and cultural ideas with old age. Editorial – Eileen Willis and Jane Shoebridge

Symposium on women's health: breast health

Breasts are heavily invested with social significance. They feed babies, inspire lovers and artists, get cancer, cause body-image anxieties, and contribute to personal identities that must be reconstituted following mastectomy. In the symposium of papers presented here we see revealed the interrelationship between culture, breasts, life stories and health care. The journey is both informative and emotionally engaging. It offers interpretive respect for women's words while explicating the social world of breast experience. Guest Editorial – Lynne Hunt and Beverly McNamara

- Breast sharing: cross-feeding among Australian women – *Debbi Long*
- Lifetimes of limitation: breast health and human finitude – *Bethne Hart*
- 'You'll never hear them say "you're cured"': the language of tragedy in cancer care – *Katrina Breden*
- Bad news: a narrative account of the subjective experience of mastectomy – *Lekkie Hopkins*
- Reconstructing the self: breast cancer and the post-surgical body – *Samantha Crompvoets*
- Troublesome breasts: older women living in the liminal state of being 'at risk' of breast cancer – *Yoni Luxford*

Symposium on the sociology of health and ageing

While there is no denying that old bodies may be less robust, old people may not see themselves as ill as a result. However, most of the discourses on ageing come from a biomedical perspective that sees old age as a period of illness, decline and dependency with a major impact on national economic wellbeing. The papers in this symposium challenge these stereotypes by focusing on wellness in old age. Guest editorial – Eileen Clark

- Imagining the third age: symbolic exchange and old age – *Chris King*
- Social capital: one source of wellness in older adults? – *Eileen Clark and Terence McCann*
- Becoming a wise old woman: resilience and wellness in later life – *Suzy Gattuso*

This issue is available for separate sale. For abstracts and selected full text see:
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