

# Psychosocial Care for Breast Cancer: Physicians' Perspective

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## Abstract

**Background:** Many literatures have documented that psychosocial care can improve health outcomes and reduce morbidity in women with breast cancer. The aim of this study was to evaluate the opinion of the breast cancer professional team members on integration of psychosocial care in regular management of breast cancer.

**Methods:** A cross sectional sample of 313 physicians involving in diagnosis, treatment and supportive care for breast cancer patients were interviewed using a questionnaire.

**Results:** The majority of participants (52.7%) declared that psychosocial care is necessary for all patients with breast complaints. All except one of the respondents irrespective to their age and job believed that providing the patients with psychosocial supportive care definitively have some positive points for the patients with breast cancer. Of all respondents, 29.6% thought it should be offered as soon as suspicion is raised toward breast cancer, 54.7% preferred to provide such care after the diagnosis of malignancy is confirmed, 11.3% thought it should be prescribed before surgery and 4.4% believed that care should be provided before adjuvant therapy.

**Conclusions:** The necessity of providing psychosocial care for breast cancer patients was mentioned by the majority of respondents; however there are some major differences among the team members of breast cancer care in regard to psychosocial supportive care. The results of this study highlight the insufficient collaboration among medical team members and the necessity of multidisciplinary approach to all aspects of the important disease through programmed sessions and provide the patients with an integrated comprehensive care.

**Keywords:** Breast, Neoplasm, Physicians, Psychology, Psychosocial Care

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## Introduction

Breast cancer is the most common cancer and the most common cause of cancer death in women worldwide [1-3]. Like many parts of the globe, breast malignancy is one of the most frequent cancers among women in Iran. The prevalence of breast cancer in Iranian women is 120 per 100,000 [4]. In addition to high prevalence of the disease most of the patients with breast cancer, and their families, experience significant emotional, social and psychological sequels of breast cancer diagnosis and treatment [5]. It is well documented in the medical literature that psychosocial care can improve outcomes and reduce morbidity and health care costs in women with breast cancer [6, 7]. Some studies demonstrated that psychosocial care can vastly improve patients' quality of life in different stages of breast cancer [8-11]. In this regard; lack of knowledge among the physicians and health system

members to consider psychosocial care in patients with breast cancer would be an important challenge. Up to now no study has been designed to investigate the personal attitudes of Iranian physicians towards supportive psychosocial interventions in patients with breast cancers.

This study has been carried out to explore and evaluate the attitude and the practice of Iranian breast cancer professionals on different aspects of psychosocial supportive cares in management of breast cancer patients.

## Materials and Methods

A total number of 313 physicians in different specialties involved in diagnosis, treatment and supportive care for breast cancer patients, including surgeons, radiologists, medical and radio-therapeutic oncologists and psychiatrics has been enrolled in this study.

Since there were no complete list of physicians involved in diagnosis, treatment and rehabilitation of breast cancer and impossibility of carrying out a rigorous random sampling strategy, we decided to select the participants from the surgeons and physicians working in great medical centers and hospitals affiliated by three medical universities in Tehran ("Tehran", "Iran" and "Shahid Beheshti" Universities of Medical Sciences and Health Services). These medical centers were the main referral centers in the capital city of Tehran and most of the breast cancer patients referred to these centers for diagnosis and treatment and rehabilitation of breast cancer. Since it was not possible to cover all small medical centers and private offices in this territory, some of them were selected according to recommendation of an expert panel (contained of physicians and executive managers of the three universities).

Data were gathered by a trained Interviewer using a semi-structured questionnaire, from November 2000 to September 2002. The interviewers were fully trained to fill in the semi-structured questionnaire.

The questionnaire was validated by 5 expert researchers. The revised questionnaire was validated in a pilot study by a sample collection comprised of 10 physicians. Based on the results of the pilot study, minor changes were made to the content and format of the questionnaire. There were twelve multiple choice questions that were divided into two sections. The initial part of the questionnaire consisted of demographics variables such as age, gender, job and the duration of work experience. In the second part, respondents were asked to answer questions about necessity of psychosocial supportive care for patients with breast cancer related complaints, providing psychosocial care for those whose diagnosis of breast cancer is confirmed, responsibility for providing psychosocial supports, the best time to

provide psychosocial supportive care, the most proper discipline for managing the psychosocial care and the gender of care provider. The study protocol was approved by Research Ethic Committee of Tehran University of Medical Sciences.

The data was analyzed using Chi-square test and T-test and p-value less than 0.05 was considered statistically significant.

## Results

Overall, 313 questionnaires were filled in up to the end of the September 2002. Two hundred and sixty one interviews were filled in the first round and the remained 52 questionnaires were fulfilled in the second round. Nobody refused to participate in the interview sessions. The respondents consisted of 113 surgeons, 63 radiologists, 21 oncologists, 50 pathologists and 66 psychiatrists. The mean age of the participants was  $44.4 \pm 11.8$  years and the mean duration of participants' work experience was  $13.5 \pm 10.8$  years. Sixty eight percent of them were male while 32% were female.

### a) Opinion on necessity of supportive care for patients with breast symptoms

A total of number of 165 (52.7%) participants declared that psychosocial care is necessary for patients referred to specialists with one of breast complaints while 37 respondents (11.8%) reported it as non-mandatory and 110(35.1%) believed that providing psychosocial care is a good idea but not essential for patients who have symptoms of breast cancer. There was no statistically significant difference between opinions of people with different specialties. Although there were a significant relationship between, age, job experience and the mentioned variable in the univariate analysis ( $P < 0.001$  and  $P = 0.026$ , respectively), logistic regression failed to show a single variable an independent predictor.

**Table 1.** Respondents' opinion on necessity of supportive care for patients with breast cancer

Job	Number (percent) believing that supportive care is necessary	Number (percent) believing that supportive care is a good idea	Number (percent) believing that supportive care is not essential
Surgeons	99 (88.4)	12 (10.7)	1 (0.9)
Oncologists	19 (90.5)	2 (9.5)	0
Psychiatrists	60 (90.9)	6 (9.1)	0
Radiologist	58 (92.1)	5 (7.9)	0
Pathologist	29 (87.9)	4 (12.1)	0
Others	14 (87.5)	2 (12.5)	0

**Table 2.** Respondents' opinion toward the main responsible person for providing psychosocial care

	Surgeon (%)	Social supporter (%)	Psychologist/ psychiatrist (%)	Others (%)
Surgeons	75(69.4)	11(10.2)	14(13.0)	8(7.4)
Radiologists	16(28.1)	10(17.5)	26(45.6)	5(8.8)
Oncologists	4(25)	4(25)	4(25)	4(25)
Psychiatrists	10(17.5)	2(3.5)	42(73.7)	3(5.3)
Others	7(46.7)	1(6.7)	4(26.7)	3(20.0)

### b) Opinion on necessity of supportive care for patients with confirmed breast cancer

The majority of respondents (89.1%) regarded provision of support for this target group as essential, while 10.2% reported it as helpful but not essential. Neither the job of the respondents nor their age or gender was associated with this variable as independent predictors (Table 1).

### c) Who should provide care?

Of 304 respondents to this question, 12.5% suggested that, psychiatrists should provide psychosocial supportive care and thus patients should be referred to a psychiatrist after completion of the medical treatment. Ironically, 39 physicians (24%) thought that providing such care is the responsibility of surgical or medical management team. The rest of the respondents (63.5%) believed that both the psychiatrist and the surgical management team should provide such supportive care. As demonstrated in table 2, psychiatrists more frequently than other specialists believed that supportive care should be provided by their colleagues and not by the surgical or medical management team (26% vs. 8.5%,  $P < 0.001$ ).

### d) The appropriate stage/time to introduce support

Of 300 responders to this question, 29.6% thought the care should be offered as soon as suspicion is raised toward breast cancer, 54.7% preferred to postpone supportive care after the diagnosis of malignancy is confirmed, 11.3% thought that it should be prescribed before surgery and 4.4% believed that it should be provided before adjuvant therapy.

### e) The support team coordinator

When the study subjects were asked to determine the most proper specialist for managing the psychosocial team, the frequency of positive answers about surgeons, nurses, psychiatrists, social workers, psychologists and radiologists were 43%, 4.3%, 23.8%, 13.4%, 14.8%, and 0.7% respectively. In

contrast to all other physicians who recognized "surgeons" as the proper director for support teams (57.9%), psychiatrists named themselves as more appropriate (52.5%,  $P < 0.0001$ ). In addition, there is a tendency to declare "surgeons" to be most appropriate for supportive team coordination with increasing age of respondents ( $P < 0.001$ ). Logistic regression showed that after adjusting for sex and job, increasing age was still associated with declaring surgeons as the suitable team managers ( $P = 0.013$ ). Reporting surgeons as appropriate coordinators was also more common among surgeons themselves (OR = 5.9, 95% CI).

### f) Gender of supportive care provider

From 306 respondents, 14.8% believed that it is essential for the provider to be of the same sex as the patient, while 42.5% thought that gender of the care provider does not affect the efficacy of the provided care. In all, 42.7% said that although men can also provide these services, female care providers are preferred. Multivariate analysis showed that there is a significant relationship between age of respondents and their attitude regarding unimportance - of providers' gender. The gender and job of the respondents were not significantly associated with this variable.

## Discussion

In present study the necessity of providing psychosocial care for breast cancer patients was emphasized by 52% of respondents. This results shows that the participating physicians might not have enough information about the role and effect of psychosocial supportive care in regular management of breast cancer patients.

Based on our knowledge, there were no comparable studies in the literature regarding the physicians' opinion on including psychosocial supportive care in regular management of breast cancer. Similar studies were conducted in other countries, in which the methods of psychosocial care,

with the basic assumption that psychosocial care is necessary, were taken into consideration.

Our results demonstrated that psychiatrists believed that they were the most appropriate people for managing the psychosocial support team while 58% of the other physicians recognized "surgeons" as the proper director for such a support team. With our current settings in Iran, psychiatrists are not essential members of the breast cancer professional team, which might have an effect on the above mentioned different points of view. We believe such disagreement between members of specialists of breast cancer medical team can lead to patient's confusion about diagnosis, management plans and prognosis of their disease.

Our data suggested that female physicians are thought to be more appropriate for providing the psychosocial supportive care than male physicians. This may be explained by two reasons: first, some studies reported depression; anxiety and sexual problems as the most common psychological complications of breast cancer diagnosis and treatment [12, 13] and some studies showed that the female patients who referred to a female physician were satisfied more with the provided care [14] especially in counseling. Secondly, the results might have been impressed by the respondent's awareness about the religious and culture of their patients. However, these results did not focus on the gender of treatment team members, and according to a qualitative research most of female patients in Iran prefer to be operated on by a male surgeon [15].

The time for providing the patients' psychosocial care seems to be an important and debating issue. In our study 29.6% of responders said that psychosocial care should be offered as soon as suspicion is raised toward breast cancer and 4.4% believed that the care should be provided as late as just before starting the adjuvant therapy. These findings are similar to the evidence emphasizing the need of breast cancer patients to the psychosocial supportive care immediately after diagnosis [16]. Furthermore providing the supportive care as soon as clinical suspicion to breast cancer may lead to better coping to the disease and improve quality of life which could even bestow a longer disease free survival to the patient [17].

Nevertheless, results of the current survey did not evaluate the physicians and nurses ability to provide important supportive care for women with breast cancer. Obviously in a health care context where special supportive care services are often unavailable or difficult to access (e.g. help from dietitians, psychologists and social workers),

supportive care remains largely a responsibility of medical and nursing professionals.

This study has a number of limitations that must be acknowledged. First, acquisition of data with questionnaire is not the best way to get the information from health care professionals in such a complex subject. Second, population in this study has the mean of 14.4 years experiences and cannot present the attitude of younger members of treatment team which might have more information on the impact of this topic on the quality of life and consequently the outcome of the patients suffering from breast cancer. Third, our study cannot present enough information about the context of the culture of women in our society and there is a critical need for further survey to evaluate the on the patients' perceptions of psychosocial supportive care.

To sum up the findings of this study shows that the necessity of providing psychosocial supportive care for breast cancer patients was mentioned by the majority of respondents, however there are some major differences among the team members of breast cancer care in regard to psychosocial supportive care. The results of this study highlight the insufficient collaboration among medical team members and the necessity of multidisciplinary approach to all aspects of the important disease from the beginning through programmed sessions and provide the patients with an integrated comprehensive care.

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## Conflicts of Interest

The authors have no conflicts of interest in this article.

## Author's Contributions

EM, MK, MN and AME participated in the design of study, acquisition of data and interpretation of data. KA participated in the design of study, acquisition of data, interpretation of data and drafting the article. YM and SHB participated in analysis, interpretation of data and drafting the article. All authors read and approved the final manuscript.

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