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OPINION OF NURSES IN LITHUANIA ON COMPETENCIES IN CARING FOR BREAST CANCER PATIENTS

OPINIÃO DE ENFERMEIRAS DA LITUÂNIA SOBRE COMPETÊNCIAS NO CUIDADO DE DOENTES COM CANCRO DA MAMA

OPINIÓN DE LAS ENFERMERAS DE LITUANIA SOBRE LAS COMPETENCIAS EN EL CUIDADO DE PACIENTES CON CÁNCER DE MAMA

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ABSTRACT

Introduction: Persons that have been diagnosed with breast cancer face with a variety of new and incomprehensible phenomena that cause confusion and anxiety. The aim of this study was to analyze nurses' opinion on competencies in caring for persons with oncological breast disease.

Methods: A qualitative research was performed in September-October 2019, based on the Grounded Theory methodology. Research tool: unstructured interview. Two inpatient and one outpatient healthcare facilities were selected for the study. Interviews were done with 19 general practice nurses.

Results: The main needs of breast cancer patients, according to the nurses surveyed, cover emotional, informational, and psychological support. In addition, nurses provide physical (instrumental) help by performing nursing interventions. The nurses working in palliative care tend to mention spiritual needs as well.

Conclusion: The Grounded Theory methodology has been applied for the research accomplished with the opportunity obtained to both cover specific research area and analyse it in different aspects. This implies freedom starting from the choice of topics, the formulation of questions and finishing with the interpretation of data. By applying the Grounded Theory, communication has become the central category and the axis of nurses' communication with patients as well as with other personnel.

Keywords: Breast Neoplasms; Communication; Emotions; Grounded Theory; Medical Oncology; Nursing.

RESUMO

Introdução: Pessoas diagnosticadas com cancro da mama enfrentam uma variedade de fenómenos novos e incompreensíveis que causam confusão e ansiedade.

Objetivo: Analisar a opinião dos enfermeiros generalistas sobre as competências para o cuidado à pessoa com doença oncológica da mama.

Métodos: Pesquisa qualitativa realizada no período de setembro a outubro de 2019, com metodologia *Grounded Theory*. Como instrumento de recolha de dados aplicou-se uma entrevista não estruturada. Duas unidades de internamento e um ambulatório foram os locais selecionadas para recolha de dados. Participaram 19 enfermeiras generalistas.

Resultados: As principais necessidades das doentes com cancro da mama, na perspetiva das enfermeiras, são o apoio emocional e psicológico e a informação. Além disso, as enfer-

meiras fornecem ajuda física (instrumental), realizando intervenções de enfermagem. Os enfermeiros que exercem em cuidados paliativos tendem a mencionar também as necessidades espirituais.

Conclusão: Aplicou-se a metodologia *Grounded Theory* existindo a oportunidade de abranger tanto uma área específica de pesquisa, como a análise de diferentes aspetos. Ocorreu emergência dos temas, a partir da formulação das questões, finalizando-se com a interpretação dos dados. Ao aplicar a *Grounded Theory*, a comunicação, revelou-se a categoria central e o eixo da relação dos enfermeiros com os doentes, bem como com outras pessoas.

Palavras-chave: Comunicação; Emoções; Enfermagem; *Grounded Theory*; Oncologia; Neoplasias da Mama.

RESUMEN

Introducción: Las personas a las que se les ha diagnosticado cáncer de mama se enfrentan a una variedad de fenómenos nuevos e incomprensibles que causan confusión y ansiedad.

Objetivo: Analizar la opinión de la enfermería sobre las competencias en el cuidado de personas con cáncer de mama.

Métodos: Investigación cualitativa realizada de septiembre a octubre de 2019, con metodología *Grounded Theory*. Como instrumento de investigación se aplicó una entrevista no estructurada. Para la recopilación de datos se seleccionaron dos unidades de hospitalización y una clínica de pacientes ambulatorios. Participaron diecinueve enfermeras generalistas.

Resultados: Las principales necesidades de las pacientes con cáncer de mama, desde la perspectiva de las enfermeras, incluyen el apoyo emocional, informativo y psicológico. Además, las enfermeras brindan ayuda física (instrumental), realizando intervenciones de enfermería. Las enfermeras que trabajan en cuidados paliativos tienden a mencionar también las necesidades espirituales.

Conclusión: Se aplicó la metodología *Grounded Theory*, brindando así la oportunidad de cubrir un área específica de investigación y análisis en diferentes aspectos. Los temas surgieron de la formulación de las preguntas, finalizando con la interpretación de los datos. Al aplicar la teoría fundamentada, la comunicación resultó ser la categoría central y el eje de comunicación entre enfermeras y pacientes, así como con otras personas.

Descriptores: Comunicación; Emociones; Enfermería; Oncología Médica; Neoplasias de la Mama; Teoría Fundamentada.

INTRODUCTION

Breast cancer is among most vastly spread cancer types in women worldwide with 2.1 million people affected annually. Breast cancer falls into the most frequent cancer-related causes of female death. In 2018 breast cancer caused 627 000 female deaths equalling to about 15% out of all cancer-related female deaths. Annually, the number of breast cancer cases diagnosed has been increasing worldwide[1].

Those with breast cancer face plenty of new and incomprehensible issues. The news on disease causes the whole range of pshicological reactions both to a patient and one's relatives. A person after getting cancer diagnosis as well as one's relatives experience the emotions similar to the ones when losing a close person. A lot of negative psichological reactions are caused to women when losing a breast. Major body changes after mastectomy broaden the gap between real and ideal consciouness; therefore, it provokes emotional distress and changed social interactions. Also, the reactions of loss depend on social context that, in its turn, dictates the things that a woman loses when losing a breast. Women in USA tend to relate losing a breast with changes in their sexuality and loss of sexual relations. Australian women suffer from the symmetry of their bodies lost that means the absence of cultural beauty. In Brazil a woman when losing a breast experiences social shaming due to reduced working capacity. Women's breasts mean femininity as well as these are the symbol of a woman-mother capable of carrying and nurturing new life. Women after losing a breast face the changes in femininity and feminine identity[2]. Patients with breast cancer experience both the difficulties caused by the very disease and the complications caused by its treatment[3]. The changes in mental state of a patient while treating breast cancer could be related to the chemotherapy that alters daily life. Uncertaintty due to tratment resuts could affect the feelings of patients and their families as well. The presence of physical symptoms could frequently have negative impact on psychological well-being of a person. Body changes related to weight loss, hair loss, skin texture, changes in nails, exhaustion experienced, stroma formation as well as the loss of a body part could cause psychological problems with self-consciousness of a person changed when it becomes necessary to accept a new self[4].

A nurse is a person met by a patient on all stages starting from prevention, diagnosing, treatment, and finishing with further follow-up or palliative care. Each stage becomes a new challenge for those with breast cancer demanding a lot of time and energy as well as encouraging to search for new information and diverse support. The aim of a nurse is to notice, evaluate and help to overcome each problem of a patient.

Breast care nurses should be accessible throughout all the way of a patient from diagnosing to treatment and further steps in order to provide help by practical advice, emotional support, explaning the plan of ruther treatment and giving the information on possible side effects of treatment. Breast care nurses should be accessible when diagnosis is introduced and in case of relapse or progression of the disease. Nurses should take part in medical multidisciplinary team commissions as well as remain accessible throughout further clinics. The Great Britain has been the first state with the roles of breast cancer nurse (BCN) defined. Sweden, Netherlands, The USA, and Australia have followed this example[5]. Breast cancer nurses are supposed to participate in both report preparation and the arrangement of information material for patients[6].

Therefore, a nurse is the person who takes care of patient's basic needs and makes decisions on problems occuring. The needs of patients with breast cancer require specific knowledge, understanding and the abilities necessary for their solving. Medical organizations in The USA and Europe have provided the guidelines for the training of breast cancer nurses (breast care nurses). However, in the majority of countries general practice nurses take care of patients with breast cancer as there is no breast cancer nurse specialisation. The aim of this research is to find out how nurses themselves evaluate their professional situation, what needs of breast cancer patients they distinguish or think they have enough competencies to solve the problems occuring.

METHODS

Qualitative research with the methodology of Grounded Theory has been applied. Following the methodology of the Grounded Theory, the data was collected to reveal the experiences and opinions of research participants without any prejudice. In this research the structured Strauss and Corbin[7] and constructivist Charmaz[8] versions of Grounded Theory have been applied. Purposive theoretical sampling method is used in the Grounded Theory, i.e. sampling is based on the demand for new empirical data. A researcher after each interview analyses the data collected and codes it. One also fulfills memo-writing task. All the data is constantly compared with the concepts (categories) formed on the basis of it. Sampling is accomplished throughout all the research considering which data is lacking until full saturation of data is reached. Theoretical saturation means that there is no additional data found by means of which a researcher could develop other qualities of a perticular category. Although various data collection strategies are applied (interview, observation, letters, diaries etc.), the data collected has to ground the teory formulated, i.e. data has to be detailed and describe the researched process well[9].

Two hospitals in Lithuania have been chosen for this research to be fulfilled with patients receiving the services related to breast cancer from diagnosing, surgical and systemic treatment to long-term follow-up or palliative care. Research participants have included nurses working in outpatient, chemotherapy, day care chemotherapy, surgical, radiotherapy, palliative care departments. In the process of research while accomplishing theoretical sampling the demand to survey the nurses working in the primary healthcare chain has appeared. The institution providing primary healthcare services has been included. Twenty nurses have been surveyed. One research participant has been eliminated from the research due to the details given while having a conversation that could possibly reveal one's identity. In this research work the data collected while having a conversation with 19 research participants has been provided. All research participants meet sample requirements: they work as nurses and they work with breast cancer patients. Depending on the specific characteristics of a department, research participants have indicated that breast cancer patients equal to 5%-100% of all their patients. In order to guarantee confidentiality and anonymity of research participants their names have been coded by using N1 for nurse 1, N2 for nurse 2, etc. The permission for this research has been acquired from The Ethics Committee of the Faculty of Health Sciences in Klaipeda University (No. 46Sv-SL-4).

Research data has been collected: 1) by applying unstructured interview with the subject "Who is a breast cancer nurse?" by directing research participants towards the topics of patients' needs, nurses' competencies, and new specialisation; 2) by the analysis of e-mails in case research participants would like to share the ideas arising later, after the research is completed.

This research covers the attitude of a nurse towards the needs of breast cancer patients, the competencies of nurses related to those patients, professional development opportunities as well as their opinion on the demand and significance of the new specialisation introduced.

RESULTS

The opinion of nurses on the needs of breast cancer patients

Within the conversations fulfilled with nurses it has been asked to answer to the questions on which part of all their patients is taken by the patients with breast cancer, provide the description of special characteristics of this patient group as well as the special needs of them. Furthemore, it has been asked to provide details on the questions they get from breast cancer patients, what kind of information is provided to them, what problems are being solved, and which means and specialists are included for patient needs to be met.

Straightforward and understandible question "What are the needs of your patients?" has been unacceptible for nurses. They have tried to get more specific question, asked again, asked to clarify the essence of this question as well as expressed their fair of giving an incorrect answer. Later, with the research progressed, it has been noticed that not straightforward but laconic questions produce richer answers as they are met in a more positive manner by conversation participants. It takes more efforts to create a laconic question but it appears naturally when a researcher accomplishes more surveys, gains more freedom with one's language becoming more open and everyday. If a suitable laconic question is found there are no difficulties in getting an answer as a person starts speaking himself/herself.

"What kind of people are your patients?", here is the question that encourages to answer even without additional thinking: *"They are exeptional, they are the best, the most sincere people. These are such people... Already touched by a bad ilness so the are already disadvantaged"* (N1). *"Patients are young and strong, comparatively"* (N2). *"Frequently, they are young women with children"* (N3). Also, nurses have described physical, visible features of the desease and side effects: *"Often after chemotherapy no hair, no beautiful nails. cracked skin. That's how we see them. Exhausted, weakly"* (N4). *"Sometimes they have lymphedema"* (N5). *"After chemotherapy they already come with short haircut"* (N5). *"With their hair lost. Weakly body. They are more fragile. Vulnerable physically..."* (N6).

Nurses when describing the experiences of their patients emphasise their emotional state very successfully. Nurses have indicated that it takes a lot of time for patients to realise they are sick. Frequently, after realising they are sick they become very angry. Nurses have described some situations when patients are very angry. It is difficult to communicate with them then. When losing health, hair they envy those who have it. Moreover, according to the nurses surveyed, chemotherapy is that moment when a patient becomes calmer, starts resigning to the fact that one is ill, a person starts living with the existing

situation. The majority of those with breast cancer get chemotherapy in daycare centers, whereas it is necessary only those in very weak condition to stay in hospital. The latter ones have been described by nurses as depressed and experiencing inadequacy. As the nurses from the palliative department say, their patients don't get to know their diagnosis even when dying. Or maybe they just refuse to accept the disease till the last breath?

In the course of the research, the nurses have revealed the questions asked by their patients most frequently with the needs in getting information, emotional and psychological support as well as social and spiritual help.

The opinion of nurses on their competency

When the research was started it was thought that this research part was the most important. It was aimed to cover all the areas a nurse could face from prevention and diagnostics to treatment, the control of side effects, the problems related to metastatic cancer, psychological outcomes... How much and what kind of knowledge and skills in that area is necessary for the nurses working in a particular department?

It was noticed in the first conversation that it was more difficult to get concentrated for an interviewed person when the topic of competencies was touched. The attempt to answer to a lot of oral questions caused tiredness and boredom. Moreover, it took a lot of time, whereas the benefit of such answers caused doubts. This conversation part became closed with no encouragement for speaking. It has been realised that in order to receive concise answers to concise questions they should be presented in another, most probably, quantitative format instead of using qualitative research. It has been recognised that by using concise questions a researcher at once tries to test one's own preformulated (even though it has not been written down anywhere) hypothesis that "nurses have to know well the procedures fulfilled in their department as well as have the broader understanding of what happens with their patient on the next stages of treatment".

In the subsequent interviews it was tried to encourage an interviewer to indicate which competencies are necessary for the nurses working in their exact department. The questions inviting for easier interpretation and development were created. "If I came to your department, what should I know and learn?" or "If a new nurse came after finishing studies, what should she know and learn in order to work with you?", it was asked. Usually, the words *know* and *learn* were understood by nurses as competencies but it was far easier to answer to the question that was presented this way.

The majority of nurses, first of all, have identified the personal characteristics necessary for a nurse planning to work in their department (even without asking!). Nurses have stated that the nurses who work with breast cancer patients need the following characteristics: *"honesty, empathy, diligence, sympathy"* (N7); *"a nurse has to be compassionate"* (N8). Nurses have also indicated that it is very important *"to behave ethically, communication with patient should be without insults with positive contact with a person maintained. No room for being lost or looking lost. You should accept person as one is with everything that one has. You should give you heart and, at the same time, you shouldn't lose respect for a person throughout all the period one stays in your department"* (N6). One of the interviewed nurses has stated that at this work it is important to have humility and tolerance and added: *"when young nurses come you have to say that they need to change their tone a little bit. People choose, they ask what nurse will work"* (N1). One of the interviewed nurses said that *"a nurse has to love this work increadibly and love these people increadibly as they need a lot of attention. You give a lot of yourself to others. If you don't give yourself there is no reason to stay here. There is no point in working automatically. You should see patient's eyes and look inside"* (N9). It has been noticed that at this work *"you need a lot of patience"* (N3), *"you have to know how to control yourself as there are different people. You should have in mind that not always people come feeling positive. Sometimes people come here to share their negative emotions. Still, you have to control yourself, you have to give a normal and mild answer. For a patient to be calmed down and for you not to be overwhelmed with those emotions"* (N10).

Medical manipulations are not overestimated by nurses: *"Practically, any nurse after higher school could start working. You need all the basics as at any other departments. Later, in the process, you learn everything very quickly as you do not work one by one, it is teamwork"* (N2). *"If you are a professional nurse, you already have a lot of knowledge. You just have to develop as a professional by taking part in professional development courses annually"* (N11).

The opinion of nurses on the specialisation of breast cancer nurses

In organising the methodological section of this research it was planned to start from the question on the specialisation of breast cancer nurses. While arranging the timing for the first conversation uncertainty of nurses was noticed as well as their timidity regarding the fact whether they are capable of answering the questions or whether they are going to be useful. It was realised that when a conversation was started from the topic that was possibly unknown for a research participant, a person begins showing even more self--doubt. In these cases a conversation is not going to develop with a lot of uncomfortability for both a researcher and an interviewed one present. Therefore, it has been decided to leave a possibly unknown topic for the end of a conversation. This strategy has proven to be right with a load of different opinions and insights on the topic of the specialisation of breast cancer nurses.

"Who is a breast cancer nurse? Have you ever heard of them?" Those hearing the term of "a breast cancer nurse" for the first time haven't even tried to guess. "*I don't know. It's not known to me. We don't have such ones. I haven't heard of it*". These are the most popular answers with puzzled face expression following. The research participants have been provided with the short introduction on the specialisation of breast cancer nurses (breast care nurses) as well as their roles and competencies.

Five out of 19 nurses surveyed have confirmed having heard of this specialisation. They had their own opinion and thoughts on this topic. While speaking on this specialisation the category of "tied hands" appeared meaning that it is difficult to introduce a new thing due to limited competences. "*If hands were untied then yes*" (N4), the interviewed nurse expressed her opinion on the possibility of psychological work with patients. "*Untied hands would also let* nurses *write prescriptions for nursing equipment on prescription, dressing, analgesics, independent implementation of seroma punctuation, coordinating functions accomplishment, and the takeover of long-term follow-up*" (N6). The main functions of breast cancer nurse are: "*information providing on all tratment stages; independent wound care (including seroma punctuation); patient and nurse training*" (N4). Another nurse interviewed shared her thoughts on the possibility for breast cancer nurse "*to take responsibility for the prevention of those from higher risk groups as well as patient transfer to primary care nad palliative care chains. Furthemore, such a nurse could implement the process of patient socialisation and psychology*" (N7). A breast cancer nurse has been even "awarded" with one's "soft skill competencies": "*one has to show interest in one's area, possess logical thinking, know how to work independently. One has to organise one's own work*" (N6). A breast cancer nurse is treated as the consultant in breast cancer care; especially in those departments where the number of breast cancer patients is not so high. "*In case of a problem, especially within postoperative period, we also would like to get her help and advice*" (N1). "*Patients would have such kind of support and core. They could rely on her and feel better*" (N1). It is considered that a breast cancer nurse needs the basic education in general practice nursing and specialisation courses or master degree. "*Both a nurse and a manager*" (N1). They tend to agree that specialisation is necessary and see the possibilities for cooperation present. "*After getting mammogram results one calls a breast cancer nurse directly and gets detailed information with no need to wander about*" (N10).

DISCUSSION

The main needs of breast cancer patients, according to the nurses surveyed, cover emotional, informational, and psychological support. Also, nurses provide physical (instrumental) help by performing medical manipulations as well as nursing interventions. The nurses working in palliative care tend to mention spiritual needs as well. In Israel, the research from the perspective of patients has been accomplished with three main need groups of breast cancer patients identified: instrumental, cognitive (knowing, informational), and emotional[10]. After the analysis of 125 thank-you letters from patients collected for 10 years, the authors have fulfilled content analysis. Different data sources, different methods, different countries but remarkably similar results reached. Although people tend to see some things in a little bit different light, for instance, losing a breast[2] still, the needs of these patients are similar. In Brazil, in the research based on grounded theory methodology has been accomplished, with both nurses and patients taking part in it, the first positions have been taken by emotional support and communication provided by nurses. The significance of a first meeting has been emphasised as the starting point for mutual trust to start growing. Moreover, attention has been paid to the usefulness of asking a patient about the information one has already got[11].

Nurses are those who notice and take care of their patients' emotions. Let's think of the stages of grief. Those are experienced after strong negative emotions present when people lose a close one or when a person gets a serious desease or one's relatives. It is the natural process leading towards the acceptance of the situation changed. The nurses that have taken part in this research have described successfully the patient that is denying, angry, depressed, and the one who is accepting. According to the map of emotions, constructed according to the evidence provided by nurses, it is difficult to identify the stage of bargaining. This is the period, when a patient tries to deal with one's disease, change oneself, and take care of one's health in a better way. Is it really possible to state which stage of grief is experienced by our patient? Let's think about all those losses that are experienced by patients. Firstly, they are introduced with the fact that they are ill (loss of health); after, due to chemotherapy, they lose hair (loss of beauty, stigma); after surgery they wake up without a breast (loss of beauty, sexuality, and femininity). It becomes more complicated to do housework and work due to hand swelling. If health state becomes worse, one loses job. Finally, if it's necessary again to go through chemotherapy, hair is once again lost, nails become cracking, polyneuropathy occurs, etc.

What is the extent of help possible to be received from a person who is close? A nurse frequently becomes the one who is the closest one. Is a general practice nurse capable of providing psichological and emotional support to such a patient? Both psychological help and emotional support are left unregulated in the Lithuanian Medical Norm for general nursing practice. There are no oncopsychology topics in the courses organised by Centre of Excellence of the Healthcare and Pharmacy Specialists. There are the courses in palliative care realities organised that should cover spiritual help and grief as well; also, there are two courses that should cover the topic of death in oncology. However, there are no trainings that would teach how to help a patient who has just heard cancer diagnosis; what emotional help could be provided to both that person and one's relatives; how to protect oneself from great emotional burden.

The research accomplished in Brazil has shown great emotional involvement of nurses working in palliative care. "Even for nurses with long years of experience it is difficult to bear palliative care. A lot of them suffer from seeing young patients. Emphatic reaction to each patient's situation could cause the feeling of sadness. It is horrible! It is sad to arrive to hospital in such progressed stage, sometimes they are so young, even younger than me and with children. It looks sad when we look at the eyes of death. Currently, the young are of women is that feature noticed by nurses that causes the sense of vulnerability as well as makes emotional impact. These days the age of women with breast cancer tends to be younger. Today we see young women who are not married, no children or those with small children. Thus, when speaking about the palliative problem, there is great shock as we know it is irreversible"[11].

The nurses have emphasised that personal characteristics for the nurses working in cancer area are especially significant. The personal characteristics required for general practice nurses are not included in Lithuanian Medical Norm. Professional competency that includes "knowledge, abilities, and skills" acquired while studying and when improving qualification has been discussed[12]. The concept of general competency has been presented in The Law on Education of The Republic of Lithuania together with the valuable provisions included. Fukada indicates that the competency in nursing usually covers complex knowledge integration including professional evaluation, skills, values, and attitude[13]. The factor, that is necessary for nurses apart from knowledge and skills, could be called soft competencies. Soft competencies are defined as the ways of our thinking and behaviour covering personal characteristics, provisions, aptitudes, communicative style, etc. As personality develops in childhood and adolescence, while being influenced by education and environment, whereas the particular way of behaviour becomes the part of personality, it is very difficult to change it or get rid of it[14].

The survey participants, when indicating what kind of personal provisions and characteristics are required for nurses working in the area of cancer treatment, have introduced themselves as very empathic and extremely shy ones during the research. Is not it true that excessive shyness and underestimation of one's own input tends to become the condition for other to underestimate us? While accomplishing the research the question on the prestige of nursing profession has been raised. Despite generally good relations between nurses and doctors, nurses indicate that there are some doctors with inadequate attitude. Not all but some of them. According to nurses, one of the expressions of disrespectful communication is the situation when they are still called "mid-level personnel". The phrase "mid-level personnel" said by doctors means for nurses their willingness to show that a nurse is not a colleague but stands on a lower step. What does "mid-level personnel" mean? Nurses had been called sisters of mercy until The World War II. During The World War II they were started to be called as medical sisters. Although in The Soviet Era the term "mid-level personnel" was used, it was actually introduced far earlier; it could be proven with the heading in *Medicina* journal published in 1922 inviting "assistant medical personnel" to join the courses for midwives and sisters of mercy. Nurses together with paramedics, midwives, dental technicians, and pharmacists used to be categorised as mid-level medical personnel[15].

Even in 1991 nurses were called mid-level medical personnel in The Decree on Lithuanian National Health Concept and Its Implementation issued by The Supreme Council of The Republic of Lithuania. In 1999, by the order of The Ministry of Health, nurses and other mid-level medical personnel were renamed the specialists in particular areas. Finally, medical sisters have become the specialists in nursing. Although 20 years have passed, nurses are still called "mid-level personnel". When hearing this, nurses feel humiliated.

In Lithuania the prestige of nursing profession in Lithuania is still average as well as the independence provided to nurses; it is necessary to get the formal participation of a doctor in a lot of situations; one should provide permission to accomplish tasks independently. Nurses are limited even in information delivering as well. The description of breast cancer nurses provided by patients from Israel sounds utopian: highly respected by doctors, nurses, and secretaries. One person said that "*she is a queen and, due to the skills in management present, she can deal even with the strictest doctors. The impact on treatment is positive; her professional attitude motivates employees to respond to requests and act on time in the atmosphere of goodwill*". The instrumental aspect of this activity has been emphasised when coordinating the actions among institutional officials, facilitating processes, mediating between patients and medical system as well as providing practical and constant help throughout treatment. The role of breast cancer nurses adds to the succession in treatment, the reduction of delays and difficulties, and the legitimation of needs in women with breast cancer[10].

CONCLUSION

The Grounded Theory methodology has been applied for the research accomplished with the opportunity obtained to both cover specific research area and analyse it in different aspects. This implies freedom starting from the choice of topics, the formulation of questions and finishing with the interperetation of data. By applying the Grounded Theory, communication has become the central category and the axis of nurses' communication with patients as well as with other personnel.

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