

## Social role performance and self-identity among breast cancer patients in Lagos, Nigeria

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### Abstract

**Introduction:** Aim of this study was to explore the impact of breast cancer diagnosis and treatment on perceived self-identity and family, social and occupational roles performance of women in Nigeria.

**Methods:** A qualitative method was adopted by face-to-face, semi-structured interviews administered to a sample of 15 women. The population study comprised of women who were diagnosed with breast cancer, had undergone surgery, and were currently or recently receiving chemotherapy and/or radiotherapy at private hospitals in Ikeja, capital of Lagos State, Nigeria, from December 2015 to March 2016.

**Results and Discussion:** A total of 15 women with breast cancer, between 30 and 60 years of age ( $M = 42.3$ ), participated in this study. All the respondents were married, had children and were working before the cancer diagnosis. Our findings showed that breast cancer diagnosis and treatment may alter role performance of women in their families, workplaces and community in which they live, and may affect negatively their self-identity, due to negative self-image and self-perception, and due to fear to be socially stigmatised by neighbours. However, women with such diagnosis may find support within their religious circles, as spirituality might be an important coping mechanism for this patient population.

**Conclusion:** In Nigeria, policy makers should support women diagnosed with breast cancer through economic investments to set up socio-occupational support networks at national and local levels.

**KEY WORDS:** Breast cancer; family role performance; Nigeria; occupational role performance; quality of life; social role performance; social functioning; spirituality.

## Riassunto

**Introduzione:** L'obiettivo di questo studio è stato quello di indagare come la diagnosi ed il trattamento del carcinoma mammario influenzano il senso di identità personale e le performance delle donne nigeriane con riferimento al loro ruolo familiare, sociale e lavorativo.

**Metodi:** È stato adottato un disegno di studio qualitativo attraverso interviste semi-strutturate somministrate di persona ad un campione di 15 donne. La popolazione di studio comprendeva donne a cui era stato diagnosticato il carcinoma mammario, che si erano sottoposte ad intervento chirurgico e che erano state sottoposte recentemente o durante il periodo dello studio a chemioterapia e/o radioterapia presso ospedali privati della città di Ikeja, capitale dello Stato di Lagos in Nigeria, dal dicembre 2015 al marzo 2016.

**Risultati:** Un totale di 15 donne con carcinoma mammario tra i 30 ed i 60 anni ( $M = 42.3$ ), hanno partecipato a questo studio. Tutte le partecipanti erano sposate, avevano bambini e lavoravano prima della diagnosi di carcinoma. I nostri risultati hanno evidenziato che la diagnosi e la terapia del carcinoma mammario possono alterare le performance di ruolo nella famiglia, nei luoghi di lavoro e nelle comunità in cui le donne vivono e possono influenzare negativamente la loro identità, a causa dell'autopercezione e dell'immagine di sé e della paura di essere socialmente stigmatizzate dai vicini. Tuttavia, le donne con tale diagnosi possono ricevere supporto all'interno dei loro circoli religiosi, dal momento che la spiritualità potrebbe rappresentare un importante meccanismo di coping per questo tipo di pazienti.

**Conclusioni:** In Nigeria, i responsabili politici dovrebbero sostenere le donne a cui viene diagnosticato il carcinoma mammario con investimenti economici per realizzare reti di supporto socio-occupazionale a livello nazionale e locale.

### TAKE-HOME MESSAGE

*Breast cancer diagnosis and treatment affect negatively family, social and occupational roles performance of Nigerian women. Therefore, policy makers should support women diagnosed with breast cancer through economic investments to set up socio-occupational support networks at national and local levels.*

**Competing interests** - none declared.

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## INTRODUCTION

Cancer is one of the most life-threatening illnesses that may come into anyone's life at any time and is usually viewed in African context as a *'death sentence'*. Breast cancer is the most common cancer in women worldwide [1]. As breasts are significant to women's self-image and are a symbol of femininity and sexuality [2], several reviews showed that breast cancer determine important alterations in the body image and self-image of the women, which could affect their experience of sexuality and marital relationship. Above all, breast cancer treatment causes important physical, social and psycho-emotional changes, with a subsequent decrease in the women's quality of life [3]. Therefore, this disease can negatively impact on how woman performs her role of wife, mother and individual in the community [4], affecting her socio-occupational functioning. The 'role' is strictly associated with the social functioning of the woman and was described as the key to the approach to defining the person and social environments [5]. Women with breast cancer often may experience a feeling of disability due to their inability to manage daily activities such as housekeeping and parental care [6]. According to Preston, women have social functioning roles that may change after breast cancer diagnosis. This change occurs at various levels and affects family and self-care, as well as social, community and occupational activities [7]. Appearance-related issues of breast cancer treatment can be devastating for most women, due to social changes that may be potentially disrupting [7]. Indeed, breast cancer diagnosis and treatment can lead to a loss of identity that can disrupt women's career, professional and family life. Research has confirmed a strict relationship between breast cancer diagnosis and treatment and women's social functioning. It has been highlighted that breast cancer treatment may cause adverse effects that sometimes cannot be avoided. According to Watters et al, role and social functioning can diminish especially when patients receive breast cancer treatments [8]. More specifically, chemotherapy can generate psychosocial

and quality of life issues, with problematic interactions with others [9]. However, some studies have shown that many women survivors experience minimal disruption to activities and roles during survivorship, whereas others report that they are unable to complete functional activities and participate in roles in a satisfactory manner [10, 11]. Self-concept is the way people think about themselves. This mental image of oneself influences a person's identity, self-esteem, body image, and role in society [12]. Cancer patients undergoing chemotherapy often suffer from loss of self-esteem because of change in physical appearance, the difficulty of managing the treatment and side effects, and re-adaptation after treatment [13]. In most of the cancer patients there may be a feeling of significant devaluation of self-esteem and social inferiority and guilt of social invalidity [12]. A positive self-concept is important in order to tackle psycho-social issues in cancer patients. In this way, the potential social stigma of patients affected by cancer may depend largely on whether a patient's identity is threatened by the diagnosis [14]. Therefore, this study aimed to explore both the role performance and self-identity among breast cancer patients in Lagos, Nigeria. Particularly, we explored the impact of breast cancer diagnosis and treatment on perceived self-identity and family, social, occupational roles performance of women within their context of daily life.

## METHODS

This study used a qualitative research design. The population comprised of women who were diagnosed with breast cancer and were receiving treatment at private hospitals in Ikeja, capital of Lagos State, Nigeria, from December 2015 to March 2016. Non-probability purposive sampling was used in order to meet the specific criteria of the study. The sampling criteria for the selection of participants were as follows: 1) women aged 30-60 years; 1) women diagnosed with breast cancer by at least six months; 2) women who had undergone breast surgery in combination with radiation or chemotherapy treatment; 4) wo-

men living in Lagos city. Respondents were interviewed during clinic visits, where the researchers explained the study and obtained their informed consent before the oral interview. Participants were informed that the research was voluntary and that they were free to terminate the interview at any time during the research process. Face-to-face, semi-structured interviews were used to collect data from the participants. Data collections focused on themes about performance roles and self-identity of participants. The questions were aimed at exploring the respondents' role performance within the context of the family, workplace and religious circles, their relationships within the community and their personal self-identity because of their condition. Open-ended questions were designed to account for such flexibility in line with the focus of the study. This method was employed to generate a conversation between researchers and the respondents in order to explore the phenomena in detail. Each interview took about 20 to 30 minutes. The interviews were voice recorded with the permissions of the participants and were transcribed verbatim except where translations were imperative. Interviews were conducted in three languages: Yoruba, Pidgin English and English. Interviews were transcribed, carefully read and double-checked for accuracy by the researchers who were expert in all three languages. Themes were identified and data were analysed. Analysis was based on content analysis, which involved organising and categorising emergent concepts systematically under the identified specific themes. The data were manually content analysed. Theoretical framework of this research was based on the role theory. Role theory examines how roles affect the behaviour, attitudes, cognition and social interactions of a person occupying one or more role [15]. This framework was already used in past research about social functioning in women with breast cancer [14].

## RESULTS

### *Respondents' demographic characteristics*

A total of 15 women with breast cancer, between 30 and 60 years of age ( $M = 42.3$ ), participated in this study. As shown in Table 1, all the respondents were married, had children and were working before the cancer diagnosis. At the time of the interview, out of two women who were employed full-time in the public sector, one was on extended leave, the other one was retired; the remaining 13 were employed in the private sector as traders or businesswomen, whereas two of them were self-employed. However, none of women were able to attend to their job, as a consequence of symptoms or side-effects of cancer treatment. Indeed, they complained symptoms such as pain, fatigue, tiredness, and numbness and dizziness.

All respondents had undergone mastectomy to remove the tumour, including biopsy and lymph node removal. There are many forms of mastectomy; more specifically mastectomy may be partial or total, unilateral or bilateral. For those with early-stage breast cancer, breast-conserving surgery (lumpectomy), in which only the tumour is removed from the breast, may be a good option. Deciding between a mastectomy and lumpectomy can be difficult. Both procedures are equally effective for preventing a recurrence of breast cancer. But a lumpectomy isn't an option for everyone with breast cancer, and others prefer to undergo a mastectomy. In our study, all the respondents had undergone mastectomy. Moreover, 14 women received also chemotherapy and/or radiotherapy, in combination with mastectomy at the time of the study.

### *Occupational role performance*

For women who were self-employed, breast cancer and subsequent limitations led to a radical change of their role as workers to the point that they were obliged to stop their activity and shut down their businesses. They were forced to give up their businesses or to ask others for help to sustain them. Respon-

**Table 1.** Socio-demographic profile of study participants ( $n = 15$ ).

Participants	Age (years)	Marital status	Children	Schooling	Profession/Occupation	Religion
1	37	Married	2	Secondary school education	Trader	Christianity
2	44	Married	3	Secondary school education	Trader	Christianity
3	38	Married	3	Tertiary education	Teacher	Christianity
4	32	Married	2	Secondary education	Trader	Christianity
5	39	Married	2	Tertiary education	Civil servant	Islam
6	37	Married	3	Secondary education	Trader	Christianity
7	50	Married	4	Secondary education	Retired	Islam
8	36	Married	3	Primary education	Trader	Christianity
9	39	Married	3	Primary education	Trader	Christianity
10	37	Married	2	Primary	Trader	Christianity
11	56	Widow	3	Tertiary education	Businesswoman	Christianity
12	30	Married	1	Tertiary education	Teacher	Christianity
13	60	Married	4	Tertiary education	Trader	Christianity
14	45	Married	3	No formal education	Trader	Islam
15	55	Married	3	Tertiary education	Trader	Christianity

dents were asked whether and to what extent the cancer diagnosis and treatment had impacted their role performance at workplace.

A respondent explained that:

*“Most of the time I cannot work much, because I must undergo radiotherapy. I leave my house in the morning and come back at night. Cancer is affecting many things of my life, including the small business I started some time ago. I am not as active as I used to, because of this health threat”.*

(Female; 44 years old; diagnosed in 2014, receiving radiotherapy)<sup>2</sup>

Another respondent talked about her ordeal in this manner:

*“Since the breast was surgically removed, I don’t go to work at market anymore. All the work that I was making, I cannot do it anymore. I don’t care my family; actually, my children and my young sister are taking care of me”.*

(Female; 45 years old; diagnosed in 2014, receiving radiotherapy)<sup>14</sup>

Similarly, another respondent stated that:

*“I cannot go to the market like I used to do before surgery. I cannot bend anything with my arms, and you know that it is absolutely needed for doing my job well. Medical doctors advised me not to do it before one year”.*

(Female; 39 years old; diagnosed in 2014, re-

ceiving radiotherapy)<sup>5</sup>

In addition, another participant who was working in the public sector said:

*“In my current condition, I can’t work. I can’t go to workplace, because my disease has become public knowledge. However, I am on extended leave to hold my job and I can receive financial support from my colleagues”.*

(Female; 37 years old; diagnosed in 2015, receiving chemotherapy)<sup>5</sup>

Another woman stated that the side-effects of the treatment were so severe that she had no option but to stop working:

*“Firstly, I used to work occasionally. After surgery, I could not bend down and breathe, so I stopped working. Now, as there are some tasks I cannot perform, I am paying an employee to help me manage my shop”.*

(Female; 55 years old; diagnosed in 2014, receiving radiotherapy)<sup>15</sup>

### ***Social role performance at religious circles level***

Before receiving diagnosis of breast cancer, most women were active in their religious circles. After diagnosis, they stopped coming to the meetings and seeing friends at religious circles. However, women were continuing

to receive help and solace from members of their religious group. Respondents were asked questions on how cancer disease has affected or is affecting their roles within the religious community.

A respondent narrated that:

*"I was very active in my local church community. Now, I'm going scarcely to the church. I am not active like as I used to be before disease diagnosis. Now, I sit down in the back of the church"*.

(Female; 50 years old; diagnosed in 2014, receiving radiotherapy)<sup>7</sup>

Another respondent answered to have cancelled all her activities, which before she carried out for the church:

*"No, I cannot do anymore for my church group, now"*.

(Female; 37 years old; diagnosed in 2014, receiving radiotherapy)<sup>1</sup>

One respondent highlighted her religious circles was still supportive:

*"Well, I told my pastor: you know when this kind of things happens, we start asking people to pray for us; thus, I told him and I told my husband and some friends to pray for me... Then, they came to see me and pray for me. Moreover, they used to call me for saying they are praying for me"*.

(Female; 32 years old; diagnosed in 2014, receiving radiotherapy)<sup>4</sup>

One woman reported that her mosque members have been helping her:

*"Members of my mosque know my misfortune; therefore, they are trying to help me in every possible way"*.

(Female; 56 years old; diagnosed in 2014, receiving radiotherapy)<sup>11</sup>

Religious circles were supportive of members with breast cancer, although one respondent was apprehensive of some spiteful members, as one respondent explained:

*"In some religious circles, when you disclose your trouble, somebody (religious leader) starts to cry, to judge you, using you for the sermon"*.

(Female; 36 years old; diagnosed in 2014, receiving radiotherapy)<sup>8</sup>

### *Social role performance at the neighbourhood level*

In terms of the impact of breast cancer diagnosis and treatment on women's participation in social roles at level of neighbourhood communities, many women declared that breast cancer treatment had affected their participation in neighbourhood activities. Only one woman stated that she had no choice but to inform her neighbours about her health condition, as a means of preventing shame and ill-feeling. As a result, this did not help her mood and prevented her from going out to talk with her neighbours.

One of respondents stated that:

*"Before now, on Saturdays I used to come down for sanitation; now, I don't do that anymore"*.

(Female; 44 years old; diagnosed in 2014, receiving radiotherapy)<sup>2</sup>

Similarly, another respondent showed that she was unable to participate in routine environmental sanitation exercises:

*"They make me feel so bad, because before we used to go out together and do many things, as doing the environmental sanitation exercises; now, I don't go more outside for sanitation"*.

(Female; 36 years old; diagnosed in 2014, receiving radiotherapy)<sup>8</sup>

Some of the women opted not to inform their neighbours. For two women roles in their local community did not really change in terms of the kind of activities they participate in and relationship with people in their neighbourhood. Some mentioned that their roles and relationships with people were indifferent prior to their illness and, therefore, things just continued in the same manner. As explained by one respondent:

*"Before now, I didn't do anything with them (neighbours), but they were not my enemies; actually, I used to just wake up early in the morning for doing my job"*.

(Female; 37 years old; diagnosed in 2015, receiving chemotherapy)<sup>6</sup>

One woman mentioned that she used to belong to community organisation, but her participation in the organisation had stopped because of her illness. This is one of the significant changes that breast cancer has caused on her role performance. As she has explained: *“Yes, I used to be a very active member in my local community. However, since cancer affected me, I have not been able to go out... I had a great group of friends... we used to help people with different types of problems... however, now I am not even comfortable doing that”*.

(Female; 44 years old; diagnosed in 2014, receiving radiotherapy)<sup>2</sup>

One common feeling among interviewed women was that they did not want their community (neighbours) to know they were affected by cancer, because their behaviours would be changed.

According to the statement of one respondent:

*“I don’t want them (neighbours) to know my disease, because I would be ashamed, because people would probably laugh at me”*.

(Female; 37 years old; diagnosed in 2014, receiving radiotherapy)<sup>1</sup>

Another woman stated that neighbours know that she was sick, but they did not know what type of disease she was suffering:

*“No, they just know that I am sick, but they don’t know what exactly is happening to me”*.

(Female; 50 years old; diagnosed in 2014, receiving radiotherapy)<sup>7</sup>

### ***Role performance at household level***

Most of the respondents expressed that performance in their families has decreased due to some types of restrictions. Respondents felt unhappy because of their inability to carry out their domestic tasks. Nigerian society gives a lot of meaning to women’s domestic role performance. In our study, women affected by breast cancer interpreted their inability to carry out their activities at household level as damage to their self-identity.

A participant responded as follows:

*“I cannot even cook anymore in my own home. I cannot longer feed my family. It is dramatic for me”*.

(Female; 50 years old; diagnosed in 2013, receiving radiotherapy)<sup>7</sup>

Another respondent felt that having cancer gave her very sadness due to inability to have sexual relations with her husband:

*“As wife of my husband, we cannot play together, we cannot have any sexual relationship, we can’t have a little bit of fun together, we can’t do anything, because I am sick and I am not happy”*.

(Female; 32 years old; diagnosed in 2014, receiving radiotherapy)<sup>4</sup>

A respondent expressed how cancer stopped her from attending family activities:

*“Breast cancer affected my daily life, because I cannot do anything at home and I am sleeping all the time. I am unhappy”*.

(Female; 56 years old; diagnosed in 2014, receiving radiotherapy)<sup>11</sup>

Even through the pain, some women tried to carry out their domestic activities. This was because they placed much value to their performances at home as wife and mother. One woman stated that:

*“Despite the pain, I am trying to be a good wife and a good mother. Therefore, I try to do everything I used to do before cancer treatment as, for example, cooking and taking care of my home, while my children are at school”*.

(Female; 45 years old; diagnosed in 2014, receiving radiotherapy)<sup>14</sup>

Another woman stated that prior to receiving radiotherapy the pain was more severe, but now she may do many things by herself:

*“Before radiotherapy, I was in a lot of breast pain. I could not move my arms or resting and sleeping. In those moments, my kids took care of me. Now, I can do much more things for them than before”*.

(Female; 50 years old; diagnosed in 2013, receiving radiotherapy)<sup>7</sup>

A participant stated that her family compelled her to stop her domestic activities, despite

her willingness:

*"I am a housewife. I try to read my bible and take the children to school; I used to do so many little domestic chores at home, but they (husband and sons) are forcing me to stop doing these chores".*

(Female; 38 years old; diagnosed in 2014, receiving radiotherapy)<sup>3</sup>

In Nigeria, housework is traditionally ascribed to women. The impaired role of women at household family may, therefore, have serious repercussions on their self-image and self-identity, also causing a negative impact on their psycho-physical well-being.

### ***Relationship between self-identity and spirituality as a coping mechanism***

The 15 women we surveyed reported to be affected by a wide range of negative emotional responses after confirmation of their breast cancer diagnosis, such as emotional trauma, anger, sadness, fear, unhappiness, worry and helplessness. However, all women adopted a spiritual approach to accommodate the impact of the breast cancer diagnosis; through their strong spirituality, which they used as a coping mechanism, women were enabled to transfer their self-identity to God, accepting their illness and psycho-physical pain.

One respondent felt uneasy, as if her world got turned upside-down:

*"Well, it is not easy; it was like my world turned upside-down. It is a terrible feeling... everything has changed. It is changed the way I see things of the world, but starting afresh is difficult".*

(Female; 44 years old; diagnosed in 2014, receiving radiotherapy)<sup>2</sup>

Another respondent expressed gratitude to God:

*"I can't do what I normally did before. I don't really feel good about myself. However, I thank God".*

(Female; 36 years old; diagnosed in 2014, receiving radiotherapy)<sup>8</sup>

In addition, another woman stated that she was sad because of the change that her body is suffering:

*"At any time, I look at my body and I feel bad. However, I still may thank God, because a lot of people who are not affected by cancer may lose their lives, at any moment, for example because of a trivial accident. God's will is written across the heavens. I believe I will not die from cancer".*

(Female; 38 years old; diagnosed in 2014, receiving radiotherapy)<sup>3</sup>

Although respondents felt inhibited and insecure, because they were affected by cancer and were facing the side-effects of treatment, some of them had positive attitudes toward God, because they had survived and received support by positive people from their religious circles. In times of crisis, several women drew from their faith comfort and meaning. Spirituality was a prominent coping mechanism for ten patients. Talking and asking for prayer to priests, as well as praying God enabled respondents to feel calmer about their situation. One woman said:

*"Whatever challenges a man must face in this life, if he/she has trust in God, everything will be well".*

(Female; 56 years old; diagnosed in 2014, receiving radiotherapy)<sup>11</sup>

Furthermore, one participant stated that, although having breast cancer had prevented her from mingling with people for fear of being stigmatised, her faith in God and support from her husband helped her:

*"You know, I can't go out, because I don't like people asking for information about my state of health, so I am staying at my house. I don't want to mingle with that curious people. However, I thank God because my family and my husband are very supportive".*

(Female; 32 years old; diagnosed in 2014, receiving radiotherapy)<sup>4</sup>

In this study, most respondents expressed a strong faith in God and found solace in the fact that they were alive.

## **DISCUSSION**

This study explored how in Nigeria, breast cancer diagnosis and treatment affect role performance of women in the context of their



workplace, religious circles, and community at both family and neighbourhood levels, and how breast cancer diagnosis and treatment affect their self-identity. Although the results of this study cannot be generalised or transferred, because of the qualitative nature of the research and the small sample we obtained through a purposive sampling, our findings showed that breast cancer diagnosis and treatment slow down and, in some cases, put a total stop to social and occupational roles being performed by Nigerian women with such diagnosis. With regard to their occupational roles, women employed in public service were given sick leave and were supported in performances of their duties by a provision of financial assistance from colleagues to meet the costs for treatment and other financial obligations. On the contrary, some of women who had private businesses, had to employ other workers to continue to run their businesses, whereas others had to close down the business due to the demands of treatment and psycho-physical distress experienced. This finding is in agreement with past studies that report an approximately 60% of women having a physical disability 1 year after the diagnosis [16]; indeed, mastectomy may result in reduced upper body strength and mobility limitations with a subsequent impaired ability to manual work [17]. According to our findings, it was evident that in the public sector, management and colleagues at workplace were cooperative, understanding and supportive during women's cancer treatment. The leaders were flexible and able to shift things around, even extending their leaves from work to accommodate respondents' situations as well. This supported participants to retain their role as employees and their feeling of being productive members of society, but it could indirectly diminish the individual self-identity since they could not do what ordinarily they can do by themselves. In literature, from 30 to 90% of patients affected by breast cancer, returned to work because of a supportive work environment [18]. Being able to work or return to work leads to improved psychological well-being [19]. Our findings showed that

public employers may be very supportive and accommodating towards women who need to receive treatment for cancer. Respondents were granted sick leave without difficulty, even when requests were made to extend leaves beyond stipulated period. On the contrary, this was impossible for all women who were self-employed. Indeed, the respondents with private businesses were unable to attend to their work, which caused them to feel somewhat unproductive, and this negatively impaired their sense of normalcy in the life. Neumark et al. highlighted some advantages for patients with breast cancer, from work schedule flexibility, such as allowing a shorter work day, a schedule change or additional breaks during the day [20]. On the contrary, our study found that women working in the public service had advantages by granted sick leave and extended sick leave and by financial support obtained from colleagues at the office. Brennan [21] stated that people with cancer do their best to cope with the day-to-day challenges of their treatment, the uncertainty of the future, and the reorganisation of their normal work routines, even if they are engaged in the stressful process of integrating these new experiences into their mental maps of the world. The side-effect of breast cancer poses severe challenges for women, especially those who had to run their small-scale business on their own. This meant that women with living experience of breast cancer, who were unable to get help in the daily running of their businesses, were left with only one alternative of closing down their businesses. With regard to the performance role within the family, women's role as 'caregiver' of the husband and kids was negatively affected by the severity of the side-effects experienced due to treatment. However, women preferred to try to attend to their household chores, like they did before breast cancer treatment, even if the problems associated with their sickness were challenging. This is consistent with the theoretical foundation of role theory, where women feel obligated to fulfil their roles as housewives. According to this theory, by carrying out household chores, the woman feels

valued and loved [21]. Probably, this reaction can be influenced by the cultural aspects associated with domestic chores within the Nigerian society. In line with our finding, past research showed that being useful for family members could increase an individual's feeling of being a capable person [22]. In Nigeria, women have a central position within their household. They are contributors to the economic stability of the home, also by performing the role of mother, wife, nanny and cooker, all at one time. Moreover, the structure of the Nigerian family, like other African countries, is very simple in accordance with its socio-economic tradition and claims to be extremely religious. Despite the Nigerian government's millennium development goals of promoting gender equality and empowerment of women in Nigeria, however, many women are trapped in the dilemma of how to reconcile career advancement, which is still very slow, with family commitments [23]. Role theory also posits that in everyday life, people with a particular social position must fulfil a certain role [15, 24]. The contradictory requirements between the sick role and the role played by women within their families as housewives could generate a severe role conflict in some women affected by breast cancer. In this case, role conflict could occur when a woman occupies numerous roles with different requirements and it is difficult to reconcile demands with health challenges [25, 26]. Role conflict can lead to stress-strain, which in turn lead to worsening of the sickness [27]. Research found that the ability to perform household responsibilities affects the woman's self-esteem, because it is an important aspect for the women's daily life [28]. The support offered by positive and supportive people encouraged participants in difficult times of breast diagnosis and treatment. When women felt supported, this positively impacted their ability to tackle their sick role as cancer patients [29]. This support improved their coping to face their inability to perform their roles as housewives. Research showed that breast cancer itself is not a risk for generating distress in relationships, but dysfunctional

copied styles used may generate this type of problems [30], especially when socio-cultural values consider woman as the most important caregiver of family.

In our study, religious groups were very supportive communities for women during the time of crisis and challenges caused by the experience of breast cancer. Friends and people from religious circles continued to support and pray for their members affected by breast cancer. Our findings revealed that some of the women disclosed to their spiritual leaders and other key individuals within these groups their cancer status, and this helped them to pray and cope against the cancer. This finding is in agreement with Venter [31], showing that congregation members are a valuable source of psychological and spiritual support. Religious beliefs assist people to feel they belong to part of a large community of people with shared beliefs, ready to give support. Even if Nigerian women with breast cancer have a limited role within their religious community, this was not a limitation to receive support from religious leaders and other members of religious circles.

Neighbourhood is described in the context of our study as the environment where a person is residing. Residing in a place comes with responsibilities or duties no matter how little it may be. Worries come when people cannot discharge these duties, because of their health condition. Although the sufferer may not inform neighbours, the inability to discharge duties brings suspicion. In Nigeria, such duties include cleaning the surroundings on sanitation days, attending neighbourhood meetings and other activities that may warrant members of the community to gather together and discuss. In the case of respondents who participated in this study, some of them did not inform their neighbours, even if their neighbours had some suspicions. Others boldly informed their neighbours about their diseases, who thereafter showed them sympathy and support. The issue of non-disclosure to neighbour may not be unconnected with what is in the literature; indeed, past research showed that surgery for breast cancer can lead

to body image changes with a subsequent feeling of loss and intense feelings experienced [32]. Therefore, one of the negative aspects of mastectomy is psychologically [33]. Giuliano and Hurvits [34] stated that patients who underwent surgery for breast cancer reported high levels of depression compared to patients who did not undergo surgery. Some women consider their breasts as a powerful symbol of femininity, maternity and sexuality. A re-evaluation of life and functioning after a mastectomy occurs because disfigurement is a strong personal and social experience [22]. Accordingly, Roid and Fitts [34] stated that body image is a mental picture of the physical self, which includes attitudes and perceptions regarding one's physical appearance, state of health, skills, and sexuality. Therefore, every problem with body image may affect one's state of health and sexuality and can be associated with emotional depression status. Self-image is connected with self-identity. With regard to the relationship between self-identity and spirituality (or faith in 'God'), our findings showed that participant's reactions after breast cancer diagnosis were anger, sadness, fear, unhappiness, worry and helplessness. All these emotions impacted negatively on the performance of roles. For all women that had experienced mastectomy their self-identity has worsened. However, in our study, we have witnessed to a changing perspective, because women turned their individual self-identity into a spiritual identity, where the definition of spiritual identity includes an existential desire to orient one's life in relation to ultimate questions of value

or meaning. Women's self-esteem, which is a particular way of experiencing the self, could be considered as the beginning of their spiritual development. Participants showed a switch from their self-identity to a renowned spiritual identity, backed from their religious leader and prayers who were within their religious circles and community-groups.

## CONCLUSION

Our study demonstrated that breast cancer diagnosis and treatment may alter the roles of women in their workplaces and community in which they live, and may affect negatively their self-identity, due to negative self-image and self-perception, and due to fear to be socially stigmatised by neighbours. However, women with such diagnosis may find support within their religious circles, as spirituality might be an important coping mechanism for this patient population. In our country, policy makers should support women diagnosed with breast cancer through economic investments to set up socio-occupational support networks at national and local levels. Indeed, by 2030, the total number of breast cancer cases per year is expected to reach 2.4 million worldwide. Patients, families and societies all experience the financial burden and economic impact of breast cancer. In addition to the direct medical costs, there are also hidden costs associated with lost productivity due to morbidity or premature death. Comprehensive breast cancer care requires an effective health system with trained community health personnel, nurses, psychologists, therapists and other professionals [36].

## References

1. World Health Organisation. Cancer prevention and control. [Cited 2017 Aug 6]. Available from: <http://www.afro.who.int/en/clusters-a-programmes/dpc/non-communicable-diseases-managementndm/programme-components/cancer.html>2012.
2. Kåresen R, Schlichting E, Wist E. *Brystkreft: en informasjonsbok for pasienter og pårørende* (1. eds). Oslo: Universitetsforlaget; 1998.
3. Cesnik VM, Vieira EM, Giami A, de Almeida AM, Santos DB, dos Santos MA. The sexual life of women with breast cancer: meanings attributed to the diagnosis and its impact on sexuality. *Estud Psicol.* 2013;30(2):187-197.

4. Van WJ, Carbonatto C. The social functioning of women with breast cancer in the context of the life world: a social work perspective. *Social Work*. 2015;51(1):439–458.
5. Ashord JB, Lecroy CW. *Human behaviour in the social environment: a multidimensional perspective*. Belmont: Brooks/Cole, Cengage Learning; 2010.
6. Gozzo TO, Panobianco MS, Clapis MJ, Almeida AM. Dermatological toxicity in women with breast cancer undergoing chemotherapy treatment. *Rev Latinoam Enferm*, 2010; 18(4).
7. Preston MM. *An Exploration of Appearance-Related Issues of Breast Cancer Treatment on Sense of Self, Self-Esteem, and Social Functioning in Women with Breast Cancer* (Doctorate, Social Work (DSW) Dissertations School of Social Policy and Practice, University of Pennsylvania). Pennsylvania: 2010; University of Pennsylvania. [Cited 2017 Aug 6]. Available from: [http://repository.upenn.edu/edissertations\\_sp2/10/](http://repository.upenn.edu/edissertations_sp2/10/).
8. Watters JM, Yau JC, O'Rourke K, Tomiak E, Gertler SZ. Functional status is well maintained in older women during adjuvant chemotherapy for breast cancer. *Annals of Oncology*. 2003;14(12):1744–1750. doi: 10.1093/annonc/mdg497.
9. Harcourt D, Frith H. Women's experiences of an altered appearance during chemotherapy. *J Health Psychol*. 2008;13:597–606. doi: 10.1177/1359105308090932.
10. Porter-Steele J, Tjondronegoro D, Seib C, Anderson D. 'Not one size fits all': a brief review of models of care for women with breast cancer in Australia. *Cancer Forum*. 2017;41:13–19.
11. Palmadottir G. The road to recovery: experiences and occupational lives of icelandic women with breast cancer. *Occup Ther Health Care*. 2009;23:319–335.
12. Bhattacharjee A. Self-concept of cancer patients: a comparative study. *Voice of Research*. 2013;1(4):40–43.
13. Leite MAC, Nogueira DA, Terra FDS. Evaluation of self-esteem in cancer patients undergoing chemotherapy treatment. *Rev Latino-Am Enferm*. 2015; 23:1082–1089.
14. Knapp S, Marziliano A, Moyer A. Identity threat and stigma in cancer patients. *Health Psychol Open*. 2014;1(1): 2055102914552281. <https://doi.org/10.1177/2055102914552281>.
15. Diekmann AB. Role and role theory. *Encyclopedia Soc Psychol*. 2007;2:762–764.
16. Oberst K, Bradley CJ, Gardiner JC, Schenk M, Given CW. Work task disability in employed breast and prostate cancer patients. *J Cancer Surviv*. 2010;4(4):322–330.
17. Hansen JA, Feuerstein A, Calvio L, Olsen CH. Breast cancer survivors at work. *J Occup Environ Med*. 2008;50(7):777–784.
18. Kulik L, Kronfeld M. Adjustment to breast cancer: The contribution of resources and causal attributions regarding the illness. *Soc Work Health Care*. 2005;41(2):37–57.
19. Semple CJ, McCance T. Experience of parents with head and neck cancer who are caring for young children. *J Adv Nurs*. 2010;66(6):1280–1290.
20. Neumark D, Bradley CJ, Henry M, Dahman B. Work continuation while treated for breast cancer: the role of workplace accommodation. *ILR Review*. 2015;68(4):916–954. doi: 10.1177/0019793915586974.
21. Brennan J. *Cancer in context: A practical guide to supportive care*. New York: Oxford University Press; 2004.
22. Luoma ML, Hakamies-Blomqvist L. The meaning of quality of life in patients being treated for advanced breast cancer: a qualitative study. *Psychooncology*. 2004;13:729–739.
23. Animasahun RA, Oladeni OO. Effects of assertiveness training and marital communication skills in enhancing marital satisfaction among Baptist couples in Lagos State, Nigeria. *Global J Human Soc Sci Res*. 2012;12:27–38.
24. Hindin MF. Role theory. *The Blackwell Encyclopaedia of Sociology*. 2007;8:3951–3954. doi: <https://doi.org/10.1002/9781405165518.wbeosr078>.
25. Bruce S, Yearley S. *The SAGE dictionary of sociology*. London: Sage; 2006.
26. Franks DD. Role. *The Blackwell Encyclopaedia of Sociology*. 2007;8:3945–3948.

27. Biddle BJ. Recent developments in role theory. *Annu Rev Sociol.* 1986;12:67–92.
28. Bourjolly JN, Kerson TS, Nuamah IF. A comparison of social functioning among black and white women with breast cancer. *Soc Work Health Care.* 1999;28(3):1–20.
29. Hirschman KB, Bourjolly JN. How do tangible supports impact the breast cancer experience? *Soc Work Health Care.* 2005;41(1):17–32.
30. Jim HS, Andersen BL. Meaning in life mediates the relationship between social and physical functioning and distress in cancer survivors. *Brit J Health Psychol.* 2007;12:363–381.
31. Venter M. Cancer patients' illness experiences during a group intervention (MA Dissertation). Potchefstroom: North West University; 2008.
32. Jaftha T, Brainers J. Surgery. In V. Pervan, L. H. Cohen & T. Jaftha (Eds). *Oncology for health-care professionals.* Kenwyn: Juta; 1995.
33. Giuliano AE, Hurvits SA. Breast disorders. In Papadakis MA, McPhee SJ (Eds). *Current medical diagnosis and treatment.* New York, NY: The McGraw-Hill Companies Inc; 2013.
34. Edwards B, Clarke V. The psychological impact of cancer diagnosis on families: The influence of family functioning and patients' illness characteristics on depression and anxiety. *Psychooncology.* 2004;13:562–576.
35. Roid G, Fitts W. *Tennessee self-concept scale: Revised manual.* Los Angeles CA: Western Psychological Services; 1998.
36. WHO. *Planning Comprehensive breast cancer programs: call to action.* Geneva: WHO [date unknown] [Cited 2017 Aug 6]. Available from: [https://www.iccpportal.org/sites/default/files/resources/UICC\\_Planning\\_Comprehensive\\_Programs\\_FA.pdf](https://www.iccpportal.org/sites/default/files/resources/UICC_Planning_Comprehensive_Programs_FA.pdf).

