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# Designing and psychometric evaluation of adjustment to illness measurement inventory for Iranian women with breast cancer

Breast cancer is the most common cancer in women worldwide and its incidence rate is increasing, especially in developing countries. This malignancy is one of the most common causes of death in women all around the world. The mean age of diagnosis in Western countries is around 50 - 60 years and it is accounted the fifth most common cause of cancer related death.

As other parts of the world, this malignancy has the first grade among the common cancers in women in Iran and some studies have shown that it occurs in the Iranian women at least one decade younger on average compared to the case in Western countries. In addition, breast cancer has the most years lost due to disability (YLD) in Iran, because it develops at lower age and is diagnosed at higher stage. Nonetheless, reports imply that survived patients will double by 2030. This might be owing to improvements in diagnostic techniques and general population awareness in this area. However, cancer diagnosis and treatment process can affect physical, psychological, sexual and social health of women.

Treatment completion and cure may be considered as elimination or halting cancer development from physician's point of view, while it almost conveys several health related problems and worries for the patient and her family. Findings show that the hardest period for women with breast cancer is prior to treatment initiation, and treatment completion.

For these patients the most important psychosocial stress is solitude that takes place after definite diagnosis, during the treatment period, and after completing the treatment. Breast cancer patients may suffer from fatigue, nausea, vomiting, appetite loss, diarrhea, acute and/or chronic pain, sleep disorders, oral cavity mucosal wounds, hair loss and reproductive disorders, such as atrophic vaginitis, ovarian dysfunctions, including infrequent or absence of menstruation, sub- fertility, and infertility. Furthermore, as the breasts are counted for sexual arousal and are counted to attractiveness, important part of feminine identity and maternal role, facing a situation that may result in losing breast may lead to disorders including loss of self-confidence, self-body image damage, alteration of marital relations, sexual enjoyment and depression. Reports from limited studies in Iran imply that women with breast cancer attempt to cope with the illness and treatment side-effects by various strategies.

Some patients tend to share their painful experiences and intrusive thoughts with others, seek

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help from family and friends' emotional supports or try to find the answers of their questions by asking healthcare providers about their illness to adopt to the illness; whereas, some of them resort to maladaptive responses such as anger, fear, sense of sin, isolation, and even denying the illness and seeking for treatment. However, it is not definitely clear which coping ways are most applied by patients and what kinds are most effective to diminish cancer related disorders to adjust with the situation in the process of the illness.

Furthermore, different personal characteristics among patients affect confronting their response to cancer diagnosis, acceptance or rejection of the illness, and strategies to adjust with the cancer . Coping strategies include efforts those patients apply to eliminate or decrease the impacts of stressful events and achieve adaptation. Coping usually is a process from a crisis to adaptation and deals with a stressor. There are two main coping strategies: Problem-focused and emotional-focused. The first involves effective actions for decreasing or amending stressful conditions and the second attempts to regulate the emotional outcomes and affective balance by controlling the emotion resulted from stressful circumstances

However, there is this third coping style that identifies unadjusted coping strategies which lead to failure against the tensions, disorder in daily activities and continuous applying, all making the situation to be more critical. Thus, being aware of whether each patient has been able to adjust with the stress through wide spectrum of illness, from facing suspicious symptoms, definite diagnosis, treatment and follow up, is necessary for medical staffs to facilitate the recovery and help patients to promote psychological healing.

To date, some standardized inventories have been introduced and used in several studies to assess coping behaviors in patients with cancer , but none of them are specific to breast cancer. As evaluation of various aspects of women's health by standardized and specific instrument is one of the common methods of assessments, being specific and culturally sensitive of each instrument should be considered in every setting appropriately; otherwise, generalizability of the findings might be diminished. According to the variations of coping behaviors among cancer patients with different cultural beliefs, it is necessary to design a specific instrument based on the exploration through deep layers of individuals' experiences and perceptions. When there is no sufficient or available inventory for this purpose, the researcher needs to design an instrument. Using sequential exploratory strategy is often an elective method, in that researcher gathers and analyze necessary data on the basis of a qualitative approach, design the initial instrument and use it in the target population.

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