







THE MEANING OF LABOR ACTIVITIES FOR YOUNG WOMEN WITH BREAST NEOPLASMS

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ABSTRACT

Objective: to understand the meaning of work activities for young women with breast cancer.

Method: a qualitative study that used as a theoretical framework the Symbolic Interactionism and, as the methodological framework, the Discourse of the Collective Subject. It was developed in a mastology outpatient clinic and a mastectomized rehabilitation center whose data collection took place between February 2014 and January 2015. Twelve women between 18 and 40 years old with up to one year of diagnosis of breast cancer participated, being excluded those with metastasis; interviewed from the guiding question: how is it for you to be young with breast cancer, in relation to work? Thematic content analysis was applied.

Results: the following theoretical categories emerged: young women's feelings about having to stop working due to breast cancer and its treatments; quitting work meant annoyance and discouragement; change in income and collection by herself raised concern about the financial contribution; physical changes changing work activities, meaning limitation and impairment; work as an opportunity to live a better life, as a meaning of freedom; lack of collaboration of colleagues in the work environment whose significance was difficulties in the work environment; solidarity and positivity at work and family support that provided them with encouragement to cope with the disease.

Conclusion: it was difficult to experience and accept changes in work activities. The support of family, friends and coworkers was paramount to cope with this process, which should also be taken into account by the health team, especially nursing.

DESCRIPTORS: Breast neoplasms. Young adult. Women's health. Job. Qualitative research. Interpersonal relations.

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O SIGNIFICADO DAS ATIVIDADES LABORAIS PARA MULHERES JOVENS COM NEOPLASIAS DA MAMA

RESUMO

Objetivo: compreender o significado das atividades de trabalho para mulheres jovens com câncer de mama.

Método: estudo qualitativo que utilizou como referencial teórico o Interacionismo Simbólico e, metodológico, o Discurso do Sujeito Coletivo. Desenvolvido em um ambulatório de mastologia e em um núcleo de reabilitação de mastectomizadas cuja coleta de dados ocorreu entre fevereiro de 2014 e janeiro de 2015. Participaram 12 mulheres entre 18 e 40 anos com até um ano de diagnóstico do câncer de mama, sendo excluídas aquelas com metástase; entrevistadas a partir da questão norteadora: Como é para você ser jovem com câncer de mama, em relação ao trabalho? Foi aplicada a análise de conteúdo temática.

Resultados: emergiram as seguintes categorias teóricas: sentimentos das mulheres jovens por terem que parar de trabalhar devido ao câncer de mama e a seus tratamentos; parar de trabalhar significou chateação e desânimo; modificação na renda e cobrança por parte de si mesma gerou preocupação com o aporte financeiro; modificações físicas mudando as atividades laborais, significando limitação e prejuízo; trabalho como oportunidade de viver uma vida melhor, como significado de liberdade; ausência de colaboração dos colegas no ambiente laboral cujo significado foi dificuldades no ambiente laboral; solidariedade e positividade no trabalho e apoio familiar que lhes forneceram encorajamento para enfrentar a doença.

Conclusão: foi difícil vivenciar e aceitar as alterações nas atividades de trabalho. O apoio de familiares, amigos e colegas de trabalho foi primordial para o enfrentamento desse processo, a que também deve atentar-se a equipe de saúde, especialmente, a enfermagem.

DESCRITORES: Neoplasias da mama. Adulto jovem. Saúde da mulher. Emprego. Pesquisa qualitativa. Relações interpessoais.

EL SIGNIFICADO DE LAS ACTIVIDADES LABORALES PARA MUJERES JOVENES CON NEOPLASIAS DE MAMA

RESUMEN

Objetivo: comprender el significado de las actividades laborales para mujeres jóvenes con cáncer de seno.

Método: estudio cualitativo que utilizó como referencial teórico el interaccionismo simbólico y, metodológicamente, el discurso del sujeto colectivo. Fue desarrollado en una clínica ambulatoria de mastología y un centro de rehabilitación mastectomizada cuya recolección de datos se realizó entre febrero de 2014 y enero de 2015. Doce mujeres entre 18 y 40 años con hasta un año de diagnóstico de cáncer de seno participaron en el estudio. aquellos con metástasis; entrevistado a partir de la pregunta guía: ¿cómo es para usted ser joven con cáncer de seno en relación con el trabajo? Se aplicó el análisis de contenido temático.

Resultados: surgieron las siguientes categorías teóricas: sentimientos de las mujeres jóvenes acerca de tener que dejar de trabajar debido al cáncer de seno y sus tratamientos; dejar el trabajo significaba molestia y desánimo; el cambio en los ingresos y la recaudación por sí misma generó preocupación con la contribución financiera; cambios físicos que cambian las actividades laborales, lo que significa limitación y discapacidad; trabajar como una oportunidad para vivir una vida mejor, como un significado de libertad; falta de colaboración de colegas en el entorno laboral cuya importancia fueron las dificultades en el entorno laboral; solidaridad y positividad en el trabajo y apoyo familiar que les dio ánimo para hacer frente a la enfermedad

Conclusión: fue difícil experimentar y aceptar cambios en las actividades laborales. El apoyo de familiares, amigos y compañeros de trabajo fue primordial para hacer frente a este proceso, que también debe ser tenido en cuenta por el equipo de salud, especialmente la enfermería.

DESCRITORES: Neoplasias de la mama. Adulto joven. Salud de la mujer. Empleo. Investigación cualitativa. Relaciones interpersonales.

INTRODUCTION

Breast cancer is identified as a complex disease given the many impacts it can have on women's lives. Although more common among women over 40 years of age, a significant increase in their incidence has been observed in young women (those under 40 years of age).¹⁻²

Breast cancer in young women should be highlighted given the incidence of systemic metastases that occur in 55.3% of cases and mortality that can reach 38% compared to older women (39.2% and 33% respectively).¹

Young women suffer significant psychosocial impact from breast cancer diagnosis and may have depressive symptoms as well as worsening quality of life, mainly due to the effects of treatments. This impact is due not only to the severity of the disease, but also to the fact that they are not at the age considered to be at risk for breast cancer.¹

The onset of the disease causes changes in roles due to the physical changes caused by the treatments. Often, women are forced to leave their daily life activities such as work, family care and home care. This disorganization caused by the illness process is reflected as a difficulty for young women to play the roles that permeate their social interactions, from the role of mother to professional.¹⁻³

For women in this age group who are entering the professional career, the work was associated with concrete and emotional aspects, such as independence, autonomy, personal satisfaction, career success as well as financial supply and increased social relationships.⁴

In this sense, due to improvements in the health system there are a growing number of cancer survivors and it is noted that almost one third of people with cancer are at an active age. Most women diagnosed with breast cancer belong to the working age group.⁵ Returning to work after treatment is important for quality of life, financial security, restoration of a stable social environment, and a sense of normalcy for both these women and their families.⁶

Therefore, returning to work, during or after treatment, can help women with breast cancer overcome the negative impacts of treatment by assisting in their social recovery.⁵⁻⁶

The search for scientific evidence on the subject has led to a small number of current studies on the experience of young women with breast cancer related to work activities in the qualitative approach. As a result, this study aims to: understand the meaning of work activities for young women with breast cancer.

METHOD

It is a qualitative study, understood as subjective and relational in the face of social reality, going through the universe, the meanings, beliefs, values and attitudes of social actors.⁷ Discourse of the Collective Subject (DCS) was adopted as the methodological framework and Symbolic Interactionism (SI) as the theoretical framework.

DCS is a method and technique for processing and organizing verbal qualitative data that uses testimonials and identifies methodological figures such as key expressions, central ideas, and anchors for understanding the linguistic manifestations of thoughts about a central idea. allowing for standardization as well as enabling data to be aggregated.⁸ The DCS is intended to make the community speak directly, that is, it is a speech-synthesis constructed from fragments of discourses that have similar meaning, organized in order to achieve a set of synthesis speeches and to rescue the meaning of collective opinions, to gather a certain idea about some phenomenon that is being studied.⁹

As for the SI, it is an approach that makes it possible to understand the meaning of life experience in the health-disease context. It considers that a phenomenon has meaning, intimately

linked to social interaction, which manifests itself from conscious interpretation, becoming meaningful to the person when he becomes aware of it; when you consider and reflect on it.¹⁰

The study was carried out at a mastology outpatient clinic of a university hospital and in a mastectomized rehabilitation center of the nursing school of a state university, both in São Paulo state.

At the outpatient clinic, multidisciplinary care is offered, with gynecologists, oncologists, mastologists, nursing, psychology and social workers. From January 2000 to May 2017, 395 young women with breast cancer were treated. At the core, women receive multidisciplinary care and perform activities that help them recover physical and psychosocial sequelae of the disease. According to local data, the center has served 158 young women with breast cancer in the last five years. These places were chosen for the study because they make possible the contact with the women attended there.

Data collection took place between February 2014 and January 2015. Participants were selected through medical records, according to the inclusion criteria: woman; age between 18 and 40 years; up to one year of breast cancer diagnosis; being served in the aforementioned services. Exclusion criteria were: women who could not express themselves individually and/or had metastasis. The number of participants was not predetermined, it resulted from a random selection process in which the data saturation criterion was established, because for the qualitative approach, the fundamental criterion is not the quantitative one, but its possibility of incursion.⁷

Thus, women were contacted by telephone and invited to participate in this research. Only women from 18 to 40 years of age were contacted, whose medical records contained information on the diagnosis of breast cancer, up to one year old, without recurrence and/or metastasis. Thus, for women who met the inclusion and exclusion criteria, and who agreed to participate in the research, it was scheduled the day, time and place of their choice for the interview. On that occasion, they were informed about the research objectives and what their participation would be, as well as signed the Informed Consent Form.

The study had the participation of 12 women, and with their speeches, the theoretical saturation of the data was reached, answering the research question.

It was held in a reserved place of women's choice (their home or room reserved at the rehabilitation center). Privacy was maintained, in which only the participant and the researcher were present, each woman answered a form with questions about personal data (age, place of birth, occupation, marital status, religion, family history of cancer, treatments performed, occurrence of pregnancies, menarche, first intercourse and if she was sexually active). Afterwards, a single open interview was performed, without field notes and transcript return to the interviewees, as this does not include the DCS. In addition, this methodological framework does not allow more than one interview with the participant, as this may interfere with the results.⁹ This interview was conducted by the first author, with the guiding question: how is it for you to be young with breast cancer, in relation to work? The other questions arose from the participant's discourse, since the researcher must maintain a structure that allows the reconstruction of the experience within its social context, aiming at the depth of specific aspects, from which the stories emerge.¹¹

The interviews lasted a mean of sixty minutes and were fully recorded and transcribed for immediate data coding. Participants were identified with the letter I of "interview", followed by Arabic numerals, according to the order of accomplishment. The research was conducted according to the ethical standards required.

The empirical data were organized by the researcher according to the DCS technique, 9 which involves the identification of methodological figures, designated as key expressions (KE), central ideas (CI) and anchoring, highlighted by the researcher in each interview. Each DCS, totaling three, were identified with the letters A, B, and C, constructed from the interviews, analyzed using thematic content analysis, and interpreted in light of the SI. Content analysis is one of the qualitative methods

of data analysis, whose interpretation of their meanings systematically describes the contents of discourses, revealing what is implicit in them through categories.¹²

From each DCS built, for the purpose of this study, thematic units were listed that were important to understand the meaning of the experience of breast cancer for young women, regarding the work. These units were grouped by convergence of meanings and aggregated into theoretical categories. Data inference and interpretations were based on the SI framework and readings on gender, female identity, professional activity, young women and cancer.

RESULTS

Regarding the characterization of the sample, of the 12 young women with breast cancer, five (41.7%) were being treated at the mastology outpatient clinic, and seven (58.3%) were seen at the mastectomized rehabilitation center.

The mean age was 35.6 years. Five (41.7%) women came from the city of Ribeirão Preto and seven (58.3%) from other cities in the region and all had a partner. Regarding occupation, 11 (91.7%) had paid work, but the majority, seven (58.3%), was on sick leave.

As for treatment, each woman may have performed more than one, nine (75.0%) underwent breast removal surgery and/or part of it; 11 (91.7%) underwent chemotherapy; four (33.3%) of them also underwent radiotherapy and seven (58.3%) were on hormone therapy treatment.

The theoretical categories that were elaborated from the DCS thematic content analysis are presented below.

In the category: Feelings of young women about quitting work due to breast cancer and its treatments, participants demonstrated that quitting work meant dread, boredom and discouragement. *It was really a scare. And the fact that getting me out of what I like to do the most, which is working, terrified me [...] I feel bad, I get very upset because I am very hardworking. I can't go back to work so fast. It let me down, it rocked me a lot, took a piece of me* (DCSa).

Quitting work also meant impotence, disability, and became synonymous with being sick, especially because they were young and active. *I feel incapable [...] work dignifies, so now away from work, I felt helpless, unable there [...] when it came 'now you will get sick pay', I didn't think it was going to happen, not at my age! [...] because quitting means that you are not well, that you are sick* (DCSb).

Participants said they enjoyed working and having to stop doing what was pleasurable for them created a block in many areas of their lives: they could not take care of their homes, families and children. In addition, the fact that they are not performing their work activity meant that they felt trapped: *[...] I don't see myself standing still and that's what hindered me most in this disease [...] it's hard, it blocked a lot in my life [...] because without work I feel trapped [...] my passion is to get up early and leave to work and come back and take care of my house, my daughter, everything, I could work and suddenly stop, it was hard* (DCSb).

Regarding the category: Modification of income and self-collection, for young women who were in the active phase of their lives, having to leave work generated concern about the personal and family financial support. *[...] having to stop work, we have financial difficulties, because you get a much lower salary [...] It's complicated, because I have a new child, I have to work to help support my home [...]* (DCSa).

Thus, when faced with the new situation of illness and reduced income, they were forced to change their lifestyle as well: *When I finished the treatment, it was as if I was born 34 years old and it was very difficult, because I went back to work and my boss sent me away [...]. I had no perspective to go after another job [...] beat the despair, because I earned 11 thousand and started earning 700 reais (reais is the Brazilian currency, which corresponds to around 170 US Dollars) from the INSS*

(Brazilian National Institute of Social Security - *Instituto Nacional do Seguro Social*) [...] *it was desperate I had to sell my car to pay part of my debts* (DCSc).

In the category: Physical changes changing work activities, it was observed that the treatments, such as mastectomy, chemotherapy and radiotherapy caused physical changes, including movement limitations, pain and discomfort, causing work leave, since they could no longer perform same activities, which meant limitation and impairment. [...] *I have a limit today, it makes me a little upset; I depend on my husband's help [...] I suffer so much because I cannot do what I did before; I feel a physical tiredness, my arm has a weight, and it is as if it warns 'stop, that can no longer'; so it bothers me, I feel pain, then I have to stop it [...] it hurt me, because if I could leave early, work, I would see it as a normal treatment* (DCSb).

Young women continued to portray their perception of work activity, and in the category: Work as an opportunity to live a better life, showed work meaning soul-building, financial independence, freedom. In addition, work, as a young woman, meant an opportunity for personal growth and happiness. *Ah! Work is everything! You get up early, go to work, have your money, do not have to keep asking for a husband, is your independence [...] is the building of the soul! There is no better phrase that defines work [...]. Also, working for a young woman means freedom! [...] me being young, I still have a future ahead! And despite everything, being young I feel very happy, because I see that I am capable of a lot of things [to work]* (DCSc).

Some participants, upon returning to work, faced difficulties in the workplace due to the way their colleagues deal with their illness. The category: Lack of collaboration in the workplace addresses this aspect. [...] *I didn't feel comfortable talking [about the disease] to my co-workers [...] who really knew it was just my boss. Some friends would say 'we see cancer dying here every day'; what pessimistic people, because I think everyone dies will. I think they are not collaborative [...] they don't want to help me* (DCSb).

These are negative aspects perceived by the participants, but it should be mentioned that, related to work, some positive points also emerged, contemplated in the categories: Solidarity and positivity at work and Family support.

Regarding Solidarity and positivity at work, some women reported their colleagues' concern about them due to their diagnosis of breast cancer. They provided them with encouragement to cope with the disease by demonstrating the possibility of positive interaction in the workplace. [...] *some [colleagues] at my service said, "I'm praying for you." I was happy because I believe that the more people are praying, this is positivity that is coming into my life [...] I can say that they are giving me a lot of support and understanding at work [...]* (DCSa).

In addition to this support in the workplace, women were able to count on their family, which helped in relation to the financial problems generated by their removal from work, as shown in the statements regarding family support. *I helped a lot in the financial, but today my husband helps me; I am very lucky to have my partner by my side who helps me a lot [...] yes, we have difficulties, but as I can't work, I have to accept the help of the family [...] I had a lot of people that helped me, family [...]* (DCSa).

DISCUSSION

Female work in contemporary society has as its meaning the valorization of female independence as well as autonomy for women, figuring as a condition for it to be realized in existence, as well as being a means of self-affirmation, labor and financial independence.¹³

In this regard, the DCS fragments of this research showed that having to stop working meant impotence and disability. The fact that women are young, active and productive before the disease and its treatments has made it impossible for them to work, leading to the loss of their identity as

women and as beings in social interaction. When we analyze these meanings attributed by them, we notice that the human being perceives himself, and from that has conceptions and communicates with himself, becoming object of his own action, as the IS theorist states.⁹

Thus, quitting work due to breast cancer was difficult to accept and experience, and generate feelings of dread and fear. In this sense, authors describe that the leave of work can cause great suffering to women.¹⁴

A study¹⁵ on work and cancer showed that moving away from work generates fear due to limitations and worry, as well as psychological issues. Evidenced that the return to work activities can be strongly influenced by the intensity with which cancer affected the self-identity, the meaning of work, family, financial context and work environment.¹⁵

These statements are corroborated in this study, when it is observed that young women were afraid of restrictions on work activities and concern about the future, especially in the financial field. That is, they care about themselves, their children, and other family members who depended on their income for survival, even though their work meant personal satisfaction to them.

Some authors point out that cancer patients are more likely to be unemployed than people without the disease.^{14,16} Fear of job loss due to illness becomes relevant when women are unable to perform work activities that give them both financial support and status in society,¹⁶ and for cancer survivors, staying at work is difficult as most need to adapt their work activities, as both their performance and skills are impaired.¹⁴ In addition, having the opportunity to work after cancer often helps people to restore normality and a sense of self.¹⁵

It is noteworthy that for young women with breast cancer, working during or after treatment is of paramount importance, as it enables them to restore their participation in social relationships. It is noteworthy that, from social interaction, the human being comes to know the world and learns to relate with others around him, which makes him reinforce or modify his actions.¹⁷

It was observed in the DCS fragments that the participants made clear the importance of work in their lives, as self-affirmation and source of income. Thus, for the young women in this study, work meant feeling free and independent. One of the fundamental roles in human life is work, and this role stems from its positive effects on the satisfaction of basic subsistence needs,¹⁸ in addition to the social ones.

The IS assumes that socialization plays a major role in human development.¹⁷ Moreover, labor activity is related to women's identity building and socialization. In addition, work means for them belonging to themselves and society and social acceptance, as well as quality of life.¹⁹

Despite the historical process of inclusion of women in the labor market, their difficulties, achievements and barriers, especially due to the challenges between being a professional and being a mother, she cares for her career in order to achieve independence, autonomy and personal satisfaction.⁴ In this sense, prolonged absence from work due to illness, lifestyle change, feelings of vulnerability and social isolation, job performance, and declining productivity generate most of the time off work for cancer,²⁰ and this also occurs among young women.

For the participants of this study, having to leave work meant concern about the personal and family financial contribution. The literature shows that individuals who are home providers, or even family income contributors, when unable to practice, experience intense suffering due to concern for the family's support. Thus, maintaining the economic standard and status towards society becomes noticeably more difficult for the person who has been removed from work due to illness, which ultimately exacerbates the feeling of worthlessness.²¹

According to the IS, the process of self-formation and the attainment of symbols are created in interaction with other individuals. This begins in childhood and continues throughout life. In situations of fragility, the self sees itself from the actions and words of others, which become a mirror for

self-perception of existence.¹⁷ Therefore, relying on each other and not being able to perform work generated in these young women a feeling of frustration.

Regarding the physical restrictions caused by breast cancer, these become limiting factors not only in the personal life of women but also in their life as an active being, who performs occupational activity. As IS explains, they first interact with limitation in relation to themselves and then experience it in relation to work activities and relationships established there, which makes them suffer, as they realize that these restrictions modify the relationships established in this environment. Identifying the boundaries they present is a crucial factor in working on physical and mental rehabilitation to help them resume their activities of daily living and work. The findings of this research lead us to the importance of health professionals acting with these patients, considering their return to work activities.

At the same time that the young woman interacted with herself and reflected on herself regarding her experience of breast cancer in relation to work, bringing this experience as an object for herself, she realized the role of the other, the we call the social self. This movement meets Blumer's premise that meanings for humans are constructed from interaction with another human being.¹⁰

Thus, all activity occurs from a relational perspective, socially constructed and with a new meaning, individuals act based on the meanings that things have for them. This is a social construct that develops as people act and interact with themselves and others, that is, man can relate to others through his personal reality and these relational dynamics.²² Thus, the work is related to meanings in terms of psychological issues as well as those defined by collective constructions that take into account the economic and social issues. The meaning of work for the individual is through the personal capture of these collective meanings.¹⁹

However, the situation of sick leave due to cancer can lead the individual to suffering that may be due to their own state of disability, and to restrictions related to fatigue, depression and anxiety. Authors argue that cancer patients express that working for them was a source for living with others,²³ that is, it brings the meaning of the individual's integration into society.

Thus, getting sick from breast cancer triggers changes regarding household and work tasks, and especially in activities involving social interaction. In addition, arouses feelings of uncertainty and changes in activities of daily living and lifestyle, i.e., it is a multidimensional phenomenon, with emphasis on relational, psychophysiological and psychosocial aspects.²⁴

Authors²⁵ investigating the issue of work in cancer patients have found it very difficult for them to return to performing the tasks performed before their illness, especially in young people. They report that return to work is suffered as symptoms, lack of support in the workplace, employer discrimination and manual labor, in addition to unwanted changes in appearance such as alopecia, they made breast cancer survivors uncomfortable interacting with people at work. All of these factors were obstacles to work, while employer support and adjustment of the new working condition, co-worker flexibility and support facilitated.²⁵

Although authors¹⁵ suggest that most breast cancer survivors are able to return to work, many of them have difficulties in this return or stay, not only due to the physical changes caused by the disease, but also because the work environment is hostile, especially with regard to colleagues, who may discriminate against or collaborate with them.²⁵ Taking over the role of the other is poorly perceived in personal interactions in the workplace and women in an interaction with themselves do not feel understood.

In working relationships, women affected by breast cancer believe that people see them differently, and they themselves perceive themselves different from before treatment, both physically and their willingness to perform activities that can generate this difficult situation. At this point, the question is: if the woman interacts with herself in order to deal with the situation so that the disorders are being resolved to the satisfaction, would her reintegration at work be different? This leads us to

think that young women need support, support, so that their return to work occurs at a time when she is strengthened. This is because a large proportion of patients who complete breast cancer treatment return to work, but eventually abandon it within a year, as they have difficulties in reintegration.¹⁵

Thus, regarding the context that encompasses the experience of young women with breast cancer, their work and their relationship with others and with the world, we understand that this was a nuisance for many of them with comments about their health situation and missed the support of co-workers.

Despite this negative aspect, other participants were able to find help from some co-workers, as well as strength to go through the disease situation. They stated that going back to work helped in social rehabilitation due to the support they received and even helped in the belief that they are still capable. According to authors,²⁵ the support of colleagues, supervisors and employers, the support of families and friends and health professionals plays a fundamental role in the return to work activities of breast cancer patients.²⁵

Many women in this study also received support from their families, both regarding financial support and coping with the disease. Family appeared as the main agent responsible for promoting their comfort and encouragement. In this sense, a study with women with breast cancer²⁵ states that the relatives of these women sought to support them emotionally, helping with their domestic tasks, expressing affection, actively participating in the treatment, giving financial support, contributing positively to their personal and social life.

Thus, in relation to others and the world, while some young women faced difficulties in readjusting their work after the diagnosis of breast cancer, especially regarding their personal relationship with colleagues, supervisors or employers, others found support and solidarity, which facilitated the resumption of their work activities. Family support led women to self-acceptance and coping with breast cancer.

These women's lines need to come out. Health professionals should be alert to all issues and situations involving the physical, emotional and social compromises that the disease and treatments impose on the affected. They need care that considers their specificities.

Physical and emotional pain of young women with breast cancer are vast and deserve to be well researched. Some other research fronts can be glimpsed from this: is the meaning of work for women over 40 equal or different from the meaning of work for young women? Is the work characterized as a fundamental support network for coping with the disease given the possible individual limitations of each woman?

A limitation of this study is the fact that many young women with breast cancer were not included in the sample because they had metastasis (they were not within the study inclusion criteria). In addition, studies addressing this issue, especially those addressing emotional and social changes due to the disease and the fact that the affected are in productive and reproductive age, are scarce.

CONCLUSION

In the participants' relationship with themselves, others and the world, work activities for young women with breast cancer meant, besides a source of income, something that kept them active and normal. They meant health, soul building, satisfaction, autonomy, independence, freedom; meant relating to other people, creating friendships and an opportunity for personal growth. Quitting work was a difficult situation to experience; meant impotence, limitation, incapacity and concern with the financial contribution. Family, friends, health professionals, co-workers and employers should pay attention to the various issues and situations that involve the physical, emotional and social compromises that the disease and its treatments impose on the affected, and especially here in relation to work. They

need care that takes into account their specificities, since they are all important actors in the setting in which these young women are inserted.

Considering all the physical and psychosocial changes that breast cancer can cause in the lives of young women, it is believed that identifying the needs and expectations presented by them, when it comes to work, it can contribute to more effective, humanized and holistic care. In addition, it can spread knowledge to nursing and other health segments and bring subsidies to other scientific productions, as well as highlighting the importance of early detection of the disease as a way of preventing the physical and psychosocial impacts caused by breast cancer and its treatments for young women.

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NOTES

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CONFLICT OF INTEREST

There is no conflict of interest.

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