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Same-Day Breast Cancer Surgery: A Qualitative Study of Women's Lived Experiences

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The most common cancer among women is cancer of the breast. As a result of advances in early detection and treatment, the number of breast cancer survivors has increased (Karki, Simonen, Malkia, & Selfe, 2005). One of the changes in surgical interventions has been hospital length of stay. In the geographic area in which this study took place—the east coast of Canada—the average length of stay for breast cancer surgery has shortened from several days to the same day.

Same-day surgery is defined as admission, surgery, and discharge on the same day. Preadmission care may occur on the day of surgery or prior to the day of surgery. Minimization of nosocomial infections along with early discharge have been cited as advantages of short-stay surgery (fewer than 48 hours). However, much debate still occurs over acceptable standards of care for breast cancer surgery (Wyatt, Donze, & Beckrow, 2004).

Although research is limited, some studies have demonstrated clearly that breast cancer surgery can be performed routinely on an outpatient basis with very low morbidity (Bonnema et al., 1998; Burke, Zabka, McCarver, & Singletary, 1997; Chapman & Purushotham, 2001; Dooley, 2000; Wyatt et al., 2004). However, a key component to the success of same-day breast cancer surgery is adequate patient education and preparation prior to surgery (Dooley, 2000; Okamura, Fukui, Nagasaka, Koike, & Uchitomi, 2003). In addition, a well-established discharge plan with community health nursing is necessary for successful recovery from same-day breast cancer surgery (Allard, 2006; Bonnema et al., 1998; Horgan, Benson, Miller, & Robertson, 2000; Pedersen, Douville, & Eberlein, 1994).

Purpose

Same-day surgery presents physical and psychosocial challenges to women and their support systems. The purpose of this hermeneutical phenomenologic study was to investigate the lived experiences of women

Purpose/Objectives: To understand the experiences of women having same-day breast cancer surgery and make recommendations to assist healthcare professionals effect change to enhance quality of care.

Research Approach: Thematic analysis of audiotaped interviews.

Setting: Outpatient departments of two city hospitals on the east coast of Canada.

Participants: Purposive sample of 13 women who had undergone same-day breast cancer surgery.

Methodologic Approach: A constructivist approach with in-depth interviews and comparative analysis to develop and systemically organize data into four major interrelated themes and a connecting essential thread.

Main Research Variables: Women's experiences with same-day breast cancer surgery.

Findings: The themes of preparation, timing, supports, and community health nursing intervention were of paramount importance for effective coping and recovery. Women who had a positive experience with same-day breast cancer surgery also reported having adequate preparation, appropriate timing of preparation, strong support systems, and sufficient community health nursing intervention. Those reporting a negative experience encountered challenges in one or more of the identified theme areas.

Conclusions: Same-day surgery is a sign of the times, and the approach to it is changing. Healthcare systems need to be responsive to such changes. Although same-day surgery for breast cancer is not suitable for every patient, women undergoing this type of surgery should be assessed individually to determine whether it is appropriate for them.

Interpretation: Women undergoing breast cancer surgery should be screened for same-day surgery suitability. Those having same-day breast cancer surgery should be prepared adequately with timely education. Most importantly, such women should receive community health nursing follow-up for assessment, continuing education, and psychosocial support.

having same-day breast cancer surgery. Because the participants lived in an area which is geographically dispersed with small urban centers scattered throughout, understanding how they psychosocially adjusted and

coped with same-day surgery was important. A greater understanding of the experience of same-day breast cancer surgery may assist healthcare professionals in this type of geographic region to enhance the quality of care provided. This article presents the findings, discusses nursing implications, and makes recommendations for change.

Methodology

Approval for this study was granted from the Human Investigations Committee, Memorial University of Newfoundland, Canada. A purposive sample of 13 women was recruited from outpatient departments of two city hospitals on the east coast of Canada. Women coming to the preadmission clinics prior to undergoing same-day breast cancer surgery were approached by nursing staff and asked whether they would be interested in participating in the study. Those who consented to participate were followed to determine eligibility. Participants who stayed overnight were excluded. In most cases (77%), the surgeon, not the participant, made the choice for same-day surgery. Of the 37 women who agreed to postsurgery contact, 13 (35%) were eligible and subsequently recruited for participation in the study. Eleven women (30%) were ineligible for participation because they were admitted overnight, seven women (19%) indicated they did not want to participate, five women (13%) were unable to be contacted, and one woman (3%) died.

Participants ranged in age from 32–74 years, with a mean age of 53 years. Nine participants (69%) came from an urban area, whereas four (31%) were from rural areas. All participants reported living with other family members.

Data collection took place from July 2004 to March 2006. Data were collected during audiotaped, unstructured interviews, either by telephone or in the participants' homes. Interviews were conducted on average eight weeks postoperatively and ranged in duration from 45–60 minutes. Open-ended questions were used to stimulate discussion, such as, "Tell me about your experiences with your postsurgical recovery" and "What are some of the challenges you encountered with having same-day breast cancer surgery?" As the study evolved, questions were modified according to participant responses (Glaser, 1978). Data repetition became evident and data saturation was reached with 13 interviews.

Data were transcribed verbatim and checked for accuracy. Thematic analysis began with the first interview. All three investigators examined the interview transcripts individually and collaboratively for themes of similarities and differences to derive an interpretive description of what it means to be a woman having same-day breast cancer surgery. Data requiring clarification were discussed with participants to ensure agree-

ment of interpretation and appropriate understanding of the experience. Coding schemata were developed, initially with a narrow focus on topics and then grouped into broader categories. Theme labels were generated to reflect the broad topics shared by participants. Further analysis ensured systematic organization of themes, and a constructivist approach was used to "understand the complex world of lived experience from the point of view of those who live it" (Schwandt, 1994, p. 118). The computer program Ethnograph v.5 (Qualis Research) assisted with thematic organization of data.

Findings

The findings produced four major interrelated themes: preparation, timing, supports, and community health nursing intervention. Inextricably entwined within each theme was an essential thread of the impact on coping. The four themes, as well as the essential thread, are described in this section with an interpretive approach.

Theme 1: Preparation

Preparation was addressed by 12 of the 13 participants. More than half (58%) of them felt adequately prepared by the healthcare system for surgery and immediate recovery. They believed that the preadmission process addressed their concerns about surgery and prepared them for discharge as well as what to expect during the recovery period at home. Six (46%) participants said that the physiotherapy consultation was appropriate and timely and that it positively influenced their recovery. One participant stated, "I must say, I was impressed with the health care—very much so."

Another participant commented on the preparation by the preadmission nurses.

When I went to preadmission, the nurse there—she was a sweetheart—she told me everything that was going to happen. . . . She even explained almost as to how it was going to feel after. She did a good job. She explained everything there was to know about it and what to expect and everything.

Although slightly more than half of the participants were positive about their surgery experiences, 42% reported that the preparation was less than adequate. When participants were asked about how the healthcare system prepared them to meet the challenges of outpatient breast cancer surgery, the following responses were elicited. "In three or four words, they did not. . . . There was no preparation; there was nil" and "The healthcare system is gone threadbare with its level of service. . . . That's the problem: Nobody tells you anything. You learn as you go. I just got on the phone and found out myself."

Theme 2: Timing

Closely linked to theme 1 (preparation) is theme 2—the timing of that preparation. During the early phases of data analysis, the researchers identified preparation and timing as a single theme. However, as data analysis continued, they discovered that preparation and the *timing* of preparation would be best explained as two separate themes. For example, some participants reported that their preparation was adequate but felt that the timing of the preparation resulted in a negative experience.

Eight (62%) of the participants discussed timing as it related to preoperative education. Preoperative education encompassed aspects such as what to expect in the immediate postsurgical period, potential complications, and community health nursing follow-up. Five of those eight participants expressed concerns about the timing of their preparation. For instance, some participants highlighted that having the preoperative education on the day of surgery was not appropriate and recommended that it occur prior to the day of surgery. The following statements are examples of participant concerns regarding the timing of preparation.

I had to meet with the physiotherapist . . . two hours before I was going to the [operating room], and she's telling me about all these exercises that I have to do with my arm, that I can't lift any more than a teapot and I shouldn't vacuum, and I can't have blood taken from that arm anymore, and my blood pressure . . . it was really focusing on the lymphedema, where I had the lymph nodes out; and I knew none of this before—none of it—and yet I was going in like in two hours' time, and I cried. I could not believe she was telling this stuff, and it was too quick. . . . I was devastated. I cried. I couldn't believe it. . . . It was awful.

When I got back to that room . . . I was so groggy. . . . I opened my eyes once, and this woman was standing by the bed with a book telling me about exercises I had to do on my arm, and I mean I never had a clue what she was saying, and, finally, I remember her laying it down. She said, "Take this book with you when you go home." And the next day, I found this book there, and I mean I couldn't even remember what she said to me. I mean, to send in a physiotherapist to tell you about arm exercises when you're not out of an anesthetic, before you go home.

The previous two participants described their experiences negatively; other participants had more positive experiences with respect to timing of preparation. One said, "She was really good and she went over everything. . . . At the pre-op, I was given a whole box of information . . . and that was a wonderful book. It tells you everything you need to know about breast cancer." Another participant said, "The preadmission clinic was very helpful, and they took their time. There was no rush."

Although three participants were unable to identify the exact timing of their preoperative education, they were certain it was done prior to surgery and reported that it positively affected their experiences and influenced their ability to cope.

Theme 3: Supports

The third major theme emerging from the data was the necessity of supports, with most participants (n = 10, 77%) relying on family members as their main source of support. Of those 10 participants, 4 had family members who were professional healthcare providers or they, themselves, were healthcare professionals. The following quotations illustrate the importance of adequate support during the recovery process: "My family . . . they're a really big support. . . . My sisters and my husband and I have a lot of friends who are really good to me." Another said, "I had my husband and my son and my daughter-in-law. . . . I have all my friends . . . my daughter-in-law—she's my rock—and my husband." Another explained, "I have a sister who's a nurse, so she was good support, and I had my sister that previously had breast cancer." Another respondent said,

Being as I work in health care, I have a lot of friends and coworkers and doctors and had a lot . . . my four sisters . . . three sisters are LPNs, and I have one who's an RN—and so it seemed like to me that I just could reach out and I had a network of people around me and I was very, very fortunate, and a lot of caring and understanding people who could console me and could answer a lot of my questions along the way.

Other participants did not have strong family support. Two participants, describing their family situations, stated,

My husband has been here for me all the time, but he's no good for this. He's no good for stress . . . even though his father was a doctor, he can't look at a drop of blood. He'd faint. So I try to keep him away from it. I don't need to make him stressed out, too.

My husband is my main support, but . . . the problem with that . . . he had got his fingers caught in a router and they were all chopped up and he had . . . no use of his fingers. . . . He wasn't able to do much for me. And my son—he's working all the time, so he wasn't . . . around that much.

Theme 4: Community Health Nursing Intervention

Intricately related to support was the theme of community health nursing intervention. Although all 13 participants noted some contact with community health nursing, 5 (38%) expressed concern regarding

the adequacy of the community health nursing intervention. More specifically, 4 of those 5 participants, who were from rural or urban areas, identified that community health nursing services were not available on weekends. This was of particular concern, considering that most of the participants had surgery on a Thursday or Friday. One participant noted,

And they told me community health would be in. When I phoned, they were closed for the weekend. Monday was a holiday. Tuesday morning, they called up and said, "We're busy in the clinic, can you come up here?" . . . So I said, "I'm not getting dressed up and coming up there." . . . So by the time they got in, I had it all taken care of and done anyway.

A second participant was asked whether a community health nurse visited her and changed her dressing while at home. She said, "No, I took that off because it smelled, and the day was Sunday and she never came in until Monday. . . . No, she came in on Tuesday."

Additional participants did not avail of formal community health nursing services while at home because their family members or friends provided the necessary postsurgical care.

Although a select number of participants reported negativity, some had no issues with the community health nursing follow-up during the recovery period, as evidenced by the following statement.

They called that evening after I got home, and the next morning they were here to check in to make sure that everything was okay, and they cleaned off the stitches and everything like that. . . . Home care was really good to me.

Essence: Coping

The central thread or essence predominant in all four themes was identified as coping. Throughout the data analysis process, each of the themes had implications for coping. The preparation, timing, supports, and community health nursing intervention all contributed to the effectiveness of each participant's ability to cope. Although participants were not asked specifically to address coping mechanisms, several discussed coping strategies such as having a positive attitude, receiving support from someone with a similar diagnosis, and increasing their knowledge base about their situation. The majority, however, found that having family members and friends as support was the greatest asset contributing to effective coping.

You have to have a good attitude and don't think about it. I never spoke to a person about it, except my husband and my daughter-in-law and my son. That's the way I look at it. Be positive. . . . The doctor, nurses . . . they're just going to do their very

best for you, and they're not going to let you come home and die. . . . You've got to help yourself and get out there and do your own thing. That's what I did anyway.

So the more information you can learn or know, the panic goes away. The more you know, the less the panic. You need . . . I guess it's human contact. You need to talk to someone. You need to know what they think . . . what you think is going to happen to you. . . . I have a friend in New York at a cancer center . . . she's very positive, and that helped. I know everyone don't have one like her, but you know, it helps you.

Discussion and Implications

The essence of coping is embodied in the women's well-being. Each theme is recognized as an element of coping and contributes to the ability of the women to cope effectively with same-day breast cancer surgery. Effective coping is determined not only by the number of elements in place but also by the strength of each element. All themes are interrelated and have implications for effective coping and participants' well-being.

This article describes the experiences of 13 women who had same-day breast cancer surgery. Nine of the participants had breast tissue removed via lumpectomy, whereas the other four participants had mastectomies (one partial and three modified radical mastectomies). The findings revealed that the psychosocial adjustment and coping abilities were independent of the complexity of the surgery performed.

The themes of preparation, timing, supports, and community health nursing intervention were of paramount importance for effective coping and recovery. Although this study did not yield significant new information for what has been the standard of care for patients with breast cancer in the United States, the findings have implications for care providers in the study's geographic location. In general, the women who reported a positive experience with same-day breast cancer surgery also reported having adequate preparation, appropriate timing of preparation, strong support systems, and sufficient community health nursing intervention.

The literature validates that adequate preparation is crucial for successful recovery of women undergoing same-day breast cancer surgery (Burke et al., 1997; Marchal et al., 2005; Okamura et al., 2003). Adequate preparation, including the actual timing of preparation, reduces anxiety and prepares patients to be responsible for their own care (Martin, 1996; Page & Beresford, 1988). However, this is a particularly challenging issue. In Canada, the recommended wait time from definitive breast cancer diagnosis to surgery is less than three weeks (Cancer Care Ontario, 2005). This perioperative period is an extremely stressful and anxious time for a woman and her

family. Stress and anxiety greatly affect their ability to absorb information during this life-altering experience.

Most women interviewed thought favorably of the social support networks that they had upon returning home following surgery. According to Erci (2007), assessing the support systems of women with breast cancer should be an essential part of nursing practice. Along with having strong support networks, women acknowledged that thinking positively, keeping busy, and seeking health-related information were coping strategies that facilitated recovery. Boman, Andersson, and Björvell (1997) and Carlsson and Hamrin (1994) similarly found that supports such as family, friends, and healthcare professionals are imperative for psychosocial adjustment and effective coping. Participants in the current study desired information regarding the possibility of recurrence, potential postsurgical complications, and treatment options. Galloway et al. (1997) had similar findings.

The gradual change in length of stay that has occurred in the study's geographic area was not prefaced with any formal impact analysis. Change occurred gradually over a decade as individual surgeons changed their operating practices. The implications for community health nursing services were not studied, nor were the effects of increased acuity of care on patients and their families determined. This study revealed that the need for adequate community health nursing follow-up is critical to the successful recovery of women undergoing same-day breast cancer surgery. Family support and community health nursing services should be established prior to the introduction of healthcare change. The women in this study also believed that availability of family support and community health nursing services should be ascertained by healthcare personnel during the preadmission phase of surgery. The reassurance that a healthcare provider would be available after discharge in the event of questions or concerns is especially important (Allard, 2006; Burke et al., 1997). Community health nursing promotes education and psychosocial support, which, in turn, cultivates effective coping and enhances quality of care (Sladek, Swenson, Ritz, & Schroeder, 1999).

Margolese and Lasry (2000) found that outpatient surgery may foster patient emotional well-being better than routine hospitalization. However, to achieve emotional well-being, women must meet specific discharge criteria to determine eligibility for same-day breast cancer surgery. Based on the current study, criteria may include sufficient preoperative education (at least a day or two before surgery), adequate family or friend support when discharged home, and accessibility of community health nursing services.

Intertwined with those criteria is the concept of coping. If eligibility discharge criteria are met, patients are more likely to have enhanced coping and recovery.

Manning-Walsh (2005) found that effective social support (family, friends, and healthcare professionals) may buffer the effects of illness and enable individuals to cope better. Patients receiving timely and adequate information report greater satisfaction with medical care, less anxiety, and less depression. Counsel and support by healthcare professionals enhance patient security and satisfaction (Wang, Cosby, Harris, & Liu, 1999).

Recommendations and Conclusion

Same-day surgery is a sign of the times. Lengths of hospital stays have shortened. Patients no longer have the luxury of 24-hour nursing care. Community health nursing services are taxed with increased acuity. Patients and families have more responsibility for post-surgical care. Healthcare providers must be cognizant that a normally stressful time is compounded. Women undergoing same-day breast cancer surgery have been stressed with a diagnosis of cancer, have been given a gamut of information to absorb, and are discharged home, where they often are required to continue with day-to-day family responsibilities. In addition, they may leave the hospital in a postanesthesia condition—with stitches, pain, nausea, and often drains in situ. In fact, some women undergoing comparable same-day surgery are discharged home with similar acuity and complexity as those who are admitted overnight. If the approach to breast cancer surgery is changing, then the response to patients' needs must change accordingly. Therefore, healthcare systems need to be responsive to this change. The best way to achieve this is by increasing community health nursing resources. The authors recommend that every woman going home after same-day surgery for breast cancer receives a follow-up visit for assessment, education, and psychosocial support.

With surgery occurring within three weeks of definitive diagnosis, women with breast cancer are required to absorb a lot of information in a very stressful and short period of time. The timing of traditional preoperative teaching may no longer be appropriate. As a result, the authors recommend that future research examine the optimal time for preoperative education. In the interim, they recommend that a family member be present during preoperative teaching to enhance retention of the information.

As stated by Marchal et al. (2005), same-day surgery for breast cancer is not suitable for every patient. Patients who are older, have concomitant conditions, reside a considerable distance from the hospital, or have multiple family responsibilities may not be suitable candidates. Every woman with breast cancer should be assessed individually to determine the approach to surgery. Therefore, the authors recommend that a screening tool be developed to determine appropriate suitability for same-day breast cancer surgery. A

screening tool should assess age, distance of residence from the hospital, family supports, family responsibilities, and accessibility to community health nursing services while at home.

In conclusion, this study allowed the researchers to gain a better understanding of the experiences of women having same-day surgery for breast cancer. Four main themes emerged: preparation, timing, supports, and community health nursing intervention. The central thread predominant in all four themes was coping. Implications for nursing were identified, and recommendations for change were made upon analysis of the findings.

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