

SYSTEMATIC REVIEW ON LIVED EXPERIENCES OF BREAST CANCER SURVIVORS

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ABSTRACT

This academic review initiates an extensive exploration into the intricate landscape of breast cancer survivorship, with the goal of uncovering the multifaceted experiences, challenges, and coping mechanisms inherent in this profound journey. Utilizing a meticulous search approach spanning a 9-year period from 2015 to 2023 following the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) Protocol, various databases including PubMed/Medline, Mendeley, and Google Scholar were scrutinized to gather a diverse range of qualitative and mixed-methods studies that met specific inclusion criteria.

Initially, a total of 3331 articles were assessed based on relevance to the research topic and abstract content, leading to a further refinement to 29 journals based on alignment with study objectives, methodology, and participant selection criteria. While each journal examined was notable in its respective field, only 14 were deemed suitable for inclusion in this study. The journey of breast cancer survivorship is characterized by a complex interplay of emotions, resilience, and obstacles. This analysis delves into the various challenges encountered by survivors, ranging from treatment complexities to existential dilemmas and concerns about cancer recurrence.

Despite these adversities, survivors exhibit resilience by employing coping strategies such as seeking social support and practicing mindfulness. The review highlights the significance of providing holistic, survivor-centered care and advocates for interventions that enhance well-being and empowerment among survivors. It emphasizes the need for a paradigm shift in clinical practices and policy frameworks to better address the distinct needs of this population. By recognizing the multifaceted nature of survivorship, this review offers guidance for future research and initiatives aimed at enhancing the quality of life for breast cancer survivors globally.

Keywords: Breast cancer, breast cancer survivor, lived experiences of breast cancer survivor, challenges of breast cancer survivors and coping strategies of breast cancer survivor

INTRODUCTION

According to Akpor et al. (2022), cancer is a heterogeneous group of diseases stemming from various etiologies, presentations, therapeutic approaches, and outcomes, characterized by unregulated proliferation of aberrant cells. Breast carcinoma is a debilitating condition that imposes considerable physical, emotional, societal, and financial burdens on affected individuals and their families (Kolawole et al., 2023; Adam & Koranteng, 2020). The World Health Organization ([WHO], 2020) states that breast cancer can develop in females post-puberty, with higher incidence rates seen in women aged 40 years and above. On a global scale, breast cancer (BrCa) stands as the most commonly diagnosed malignancy among

women worldwide, with 2.3 million new instances recorded in 2020, ranking as the fifth principal cause of cancer-related deaths, resulting in 685,000 fatalities (Arnold et al., 2022; WHO, 2021). The female gender represents a substantial risk factor for breast cancer, with an estimated 0.5-1% of cases occurring in males (WHO, 2021). Beyond its high prevalence, breast cancer also stands as the primary cause of cancer mortality in women internationally (Sung et al., 2021).

In the female population, breast cancer emerges as the second most prevalent cancer after cervical malignancies and the second leading cause of cancer-related deaths, following lung cancer, among women in Sub-Saharan Africa (Akpoy et al., 2022). In the Nigerian context, it has emerged as the predominant form of malignancy among women, with a prevalence rate of 12.5% (Akpoy et al., 2022). The diagnosis and treatment of breast cancer (BC) can induce both physical and psychological repercussions on individuals. Patients with BrCa undergo a spectrum of painful and incapacitating interventions, alongside enduring emotional distress. Moreover, therapeutic regimens may trigger various alterations, eliciting distress and modifications in one's physical appearance (Thakur et al., 2022). The detection and management of breast cancer give rise to physical and emotional challenges that impede an individual's overall quality of life. The management of breast cancer represents a multifaceted process encompassing a blend of therapeutic modalities such as surgery, radiotherapy, chemotherapy, hormonal treatments, or biological interventions administered in diverse sequences (Łukasiewicz et al., 2021 & American Cancer Society, 2019).

As per Breidenbach et al. (2022); Almegewly et al. (2021), survivors of breast cancer frequently encounter financial strain owing to the exigencies of cancer care. Individuals contending with breast cancer may also grapple with financial hardships and strain due to the elevated costs associated with accessing treatment, potentially leading to a diminished quality of life as many survivors often lament depleting their financial reserves during the course of treatment procurement. The treatments for breast cancer can precipitate alterations in an individual's physical attributes, sexual function, and reproductive capabilities, impinging upon their sense of self, allure, self-worth, interpersonal connections, and sexual performance (Ciria-Suarez et al., 2021). Patients commonly report heightened fatigue and disruptions in sleep patterns. The adverse effects of treatment, coupled with the inherent prognostic uncertainties, engender negative experiences among women, including relational stress. Furthermore, feelings of anxiety, sorrow, culpability, and apprehension about mortality contribute to a decline in the quality of life experienced by individuals grappling with breast cancer (Ciria-Suarez et al., 2021).

Individuals diagnosed with breast cancer may also encounter various psychological phenomena that are incapacitating, such as the sensation of fear regarding mortality or desertion, distress, heightened levels of emotional and social dilemmas, alongside sentiments of despair, insignificance, ominousness, and culpability (Adam & Koranteng, 2020). The diagnosis of breast malignancy can be distressing, impacting multiple facets of existence, influencing physical, emotional, and spiritual welfare, ultimately leading to stress. To deal with stress, patients may employ diverse coping strategies (Kelkil et al., 2022). The societal response to breast cancer patients can evoke feelings of sadness, humiliation, and

despondency in women newly diagnosed with the disease (Wright, 2021; Akpor et al., 2022). Moreover, many individuals who have undergone breast cancer therapy have reported symptoms such as anorexia, diminished libido, exhaustion, sleep disruptions, impaired focus, reduced vitality, and cough (Guo et al., 2022 & Maleki et al., 2021). It is imperative that every individual suspected of having breast cancer receives counseling both before and after diagnosis to adequately prepare them psychologically for the ensuing treatment (Idrisu et al., 2020).

Depression, anxiety, stress, and concerns regarding body image are prevalent among survivors of Breast Cancer (BrCa). The impact of cancer and its treatment on body image is substantial, resulting in alterations in physical appearance and functionality (Jane & Fingeret, 2021). Addressing disturbances in body image is a critical issue for women with breast cancer that necessitates consistent attention throughout the cancer journey (Thakur et al., 2022). Body image holds significant importance in the realm of femininity (Thakur et al., 2022). While body image concerns may not be the foremost priority at the onset of the cancer experience, they can have profound implications on the survivor's overall quality of life in the long term. Neglecting these concerns could create a notable void in a woman's sense of femininity. Disturbances in body image are an integral component of female well-being, and it is crucial to provide adequate attention alongside treatment to prevent psychological and physical distress (Thakur et al., 2022). The management plans for BrCa survivors should encompass the assessment and management of psychological distress, as well as addressing body image disturbances in individuals undergoing mastectomy (Thakur et al., 2022).

Chemotherapy is a treatment modality often utilized in the management of breast cancer, either in isolation or in combination with other therapeutic approaches, and is typically recommended promptly following the confirmed diagnosis. It can be administered as either an adjuvant or neo-adjuvant regimen, aiming to achieve either curative or palliative outcomes in affected individuals (American Cancer Society, 2019). Surgical procedures are frequently linked to various complications, such as breast deformities and scarring, which many women perceive as degrading. Conversely, chemotherapy and radiotherapy are known to induce adverse effects like weight loss, nausea, vomiting, myalgia, hair loss, and skin discoloration, all of which can significantly disrupt the daily routines of those undergoing treatment. Similarly, hormonal therapy is not exempt from causing undesirable symptoms, including hot flashes, muscle cramps, joint stiffness, joint pains, and decreased libido, which could be particularly distressing for women, especially those of a younger age group (Idrisu et al., 2020). A study by Adesina & Olajire (2020) found that mastectomy in breast cancer patients had detrimental effects on their psychological, emotional, and social well-being. Implementing accessible breast prostheses, involving clinical psychologists in the care of post-mastectomy individuals, and offering emotional, psychological, and even financial support could potentially mitigate the psychosocial repercussions experienced by these affected women.

Survivors have reported an inability to fulfill their familial and societal roles actively, with the illness posing obstacles to maintaining social connections with friends. This corresponds

with research indicating that the physical changes endured by breast cancer patients impede their functional capacities and duties, leading to lifestyle modifications (Kudjawan & Agyeman-Yeboah, 2021). Coping with the diagnosis and treatment of breast cancer is described as a challenging journey necessitating significant adaptations and lifestyle changes by survivors. Furthermore, individuals who have overcome breast cancer may face strained social interactions, particularly from family members and the wider community. According to a study by Almegewly et al. (2021), the performance of roles by those diagnosed with breast cancer is substantially disrupted by the inconveniences brought about by treatments such as surgery, chemotherapy, or radiation therapy, hindering their ability to fulfill their familial responsibilities. Their experiences are marked by altered relationships, social difficulties, and an inability to carry out societal and family obligations (Almegewly et al., 2021). Beyond physical impediments, breast cancer survivors may encounter challenges in executing basic personal care activities like grooming, applying makeup, and dressing themselves (Galgut et al., 2021).

The same treatment that offers better cure rates may also lead to a significant reduction in quality of life, psychological issues, and physical changes in patients (Akpor et al., 2022). Various approaches to cancer management have been developed to aid cancer patients in enhancing their longevity and well-being, with coping mechanisms recommended to enhance the psychosocial and physical health of individuals with breast cancer (Zamanian et al., 2021 & Kellerer et al., 2021). Empirical studies have identified adaptive coping strategies such as positive reframing, acceptance, and seeking emotional support as beneficial in enhancing the mood and quality of life of patients (Zamanian et al., 2021 & Kellerer et al., 2021). The coping strategies embraced by women diagnosed with BrCa are influenced by the level of social support they receive. Therefore, incorporating psychosocial counseling and support is essential in breast cancer management (Benson et al., 2020).

Positive coping strategies such as positive rational acceptance have been linked to improved body image based on a study by Yamani et al. (2020); avoidance was identified as the least utilized strategy. Women employ various coping mechanisms to come to terms with their altered appearances. Enhancing social support for breast cancer patients can enhance their quality of life, while drawing inner strength from religious beliefs can help patients confront their anxieties related to the illness. Given the unpredictable nature of their breast cancer journey, these patients require continuous social support (Nour Hanan et al., 2021). It is essential not only to treat the patients medically but also to enhance their quality of life, which is a fundamental objective for every individual.

Social support holds significant importance in healthcare, necessitating that the family and friends of patients understand the genuine needs of the patients (Nour Hanan et al., 2021). Healthcare providers have a pivotal role in raising awareness and educating the family members, friends, and significant others of patients on the criticality and influence of their support (Nour Hanan et al., 2021).

METHODS

This systematic review was conducted in accordance with the Preferred Reporting Items for Systematic reviews and Meta-Analysis (PRISMA) protocol (2021).

Literature search

Between January 2015 and June 2023, databases were searched for relevant articles in PubMed/Medline, Mendeley, and Google Scholar. The strategies and keywords used for systematic research were “breast cancer, survivor of breast cancer, live experience of survivor of breast cancer, challenges of survivor of breast cancer and coping strategies of survivor of breast cancer”. We have used a customized filter of high sensitivity and high specificity, with a sensitivity of 96.0% and a specificity of 99.96%, to efficiently obtain specific articles. The purpose of the study is to agree to some or all of the review descriptions of the experiences, challenges and adaptation strategies of breast cancer survivors. In the journal authors, different research models, instruments and methods were used, and the most widely used qualitative research methods. Questionnaires, interviews, cohort studies and prospect studies were also used to demonstrate their research objectives.

Inclusion and exclusion criteria

All significant works on the experiences, difficulties, and coping mechanisms of breast cancer survivors were examined for this report's publishing. Journals and articles that did not meet the requirements for selection were not used. The chosen articles were published in English between 2015 and 2023 and featured designs utilizing mixed, qualitative, and quantitative methodologies.

The publications in the following categories were not included in the review: (a) narrative or systematic review (b) scant or non-existent data (c) pre-2015 (d) under the age of eighteen

Quality assessment and appraisal of retrieve articles

Critically appraising a piece of research combines analysis of the design of the study, the validity of the findings in relation to the design of the study and its findings or result, the likelihood of bias, and the relevance of the overall results to other current research.

Table 1: Quality assessment indicator

S/N	Quality Appraisal Indicator
1.	Is there a clear statement of the aim and a research question?
2.	Is the research approach/design appropriate?
3.	Is the research design defensible?
4.	Have ethical issues been taken into consideration?
5.	Is the sampling strategy appropriate to address the Authors name, country?
6.	Are the methods of data collection appropriate and clearly explained?
7.	Is the description of the data analysis sufficiently rigorous and comprehensively described?
8.	Is there a clear description of the findings and results?

9.	Are the findings of the study generalizable or transferable to a wider population?
10.	How important are these findings to policy and practice

Data Extraction

Based on the research topic and abstract, a subset of 3331 papers were reviewed at the initial point of contact. Using the scoping review technique, they were further reviewed to 29 journals based on their goals, methods, population selection standards, and findings that aligned with the research issue.

While each of the evaluated journals was a masterwork in its own right, only 14 were chosen specifically for this investigation. The majority of the chosen articles focused on the obstacles, coping mechanisms, and actual experiences of breast cancer survivors. Journals and articles that did not meet the requirements for selection were not used.

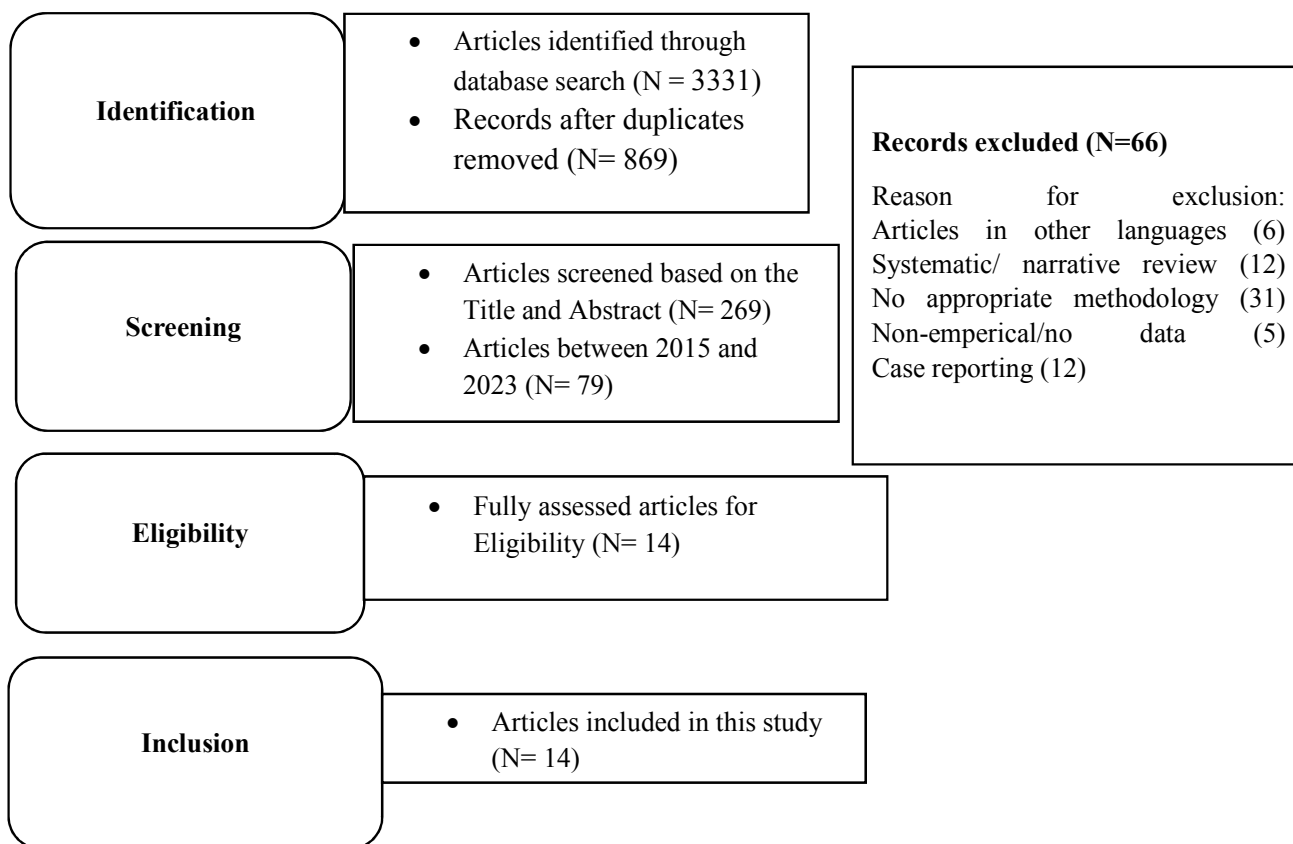


Figure 1: PRISMA flow diagram showing Article selection criteria

Framework used for this review

The publications that satisfied the selection criteria were then examined using the SPIDER framework for systematic review and the PRISMA-P 2020 standards (Page, 2021) after the eligible studies had been chosen. As indicated in Figure 1, the final inclusion criteria for the review are Sample (S), Phenomenon of Interest (PI), Design (D), Evaluation (E), and Research Type (R).

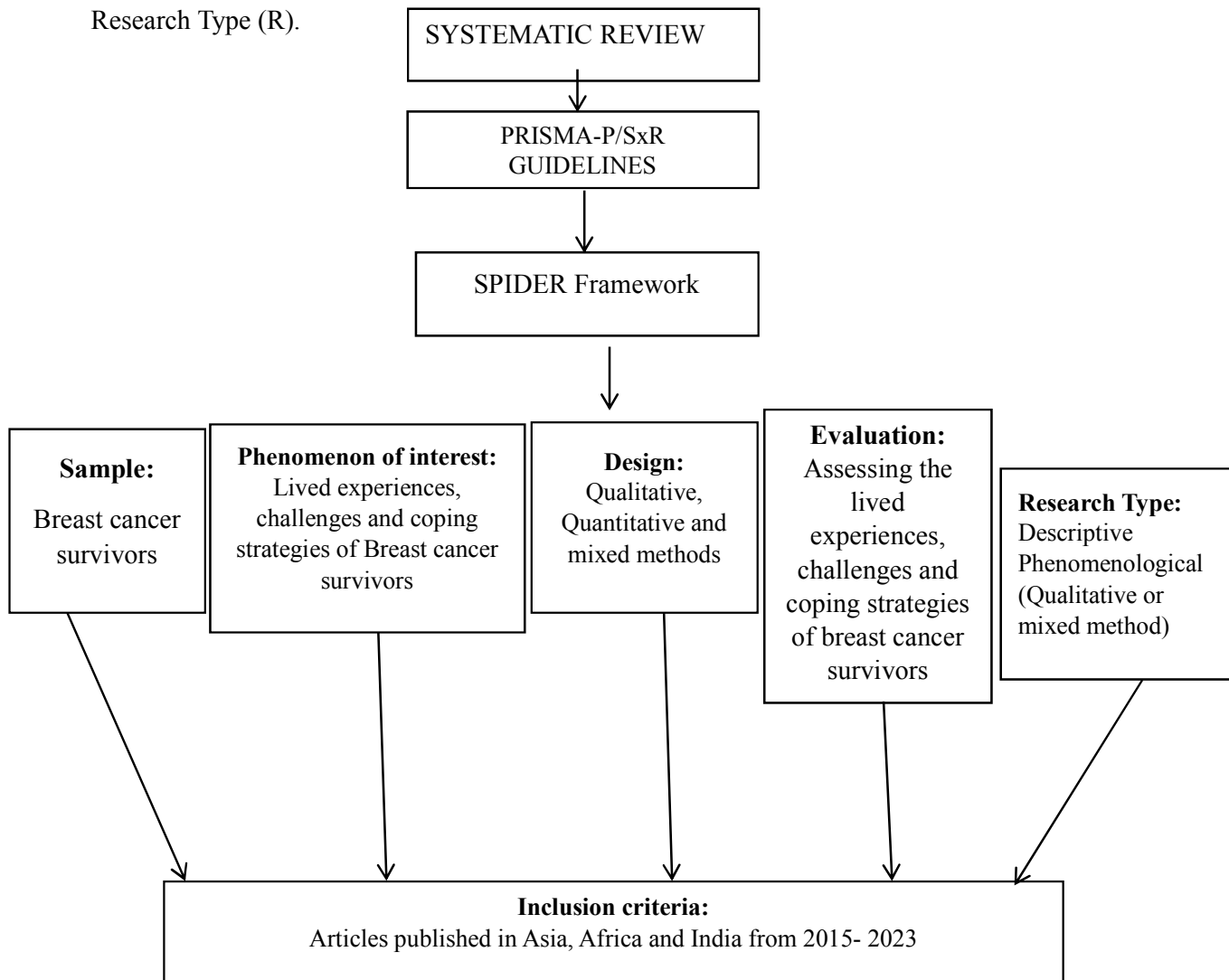


Figure 2: Systematic review framework

Table 2: showing the list of articles, authors, the journals and year of publication

S/N	AUTHOR	ARTICLE	JOURNAL	LOCATION
1	Dsouza <i>et al.</i> , 2017	“A qualitative study on experiences and needs of breast cancer survivors in Karnataka, India”	“ <i>Clinical Epidemiology and Global Health (Elsevier)</i> ”	India
2	Kugbey <i>et al.</i> , 2021	“Lived Experiences of Women Receiving Medical Treatments	“ <i>Sage</i> ”	Ghana

		for Breast Cancer in Ghana: A Qualitative Study”		
3	Chiaranai <i>et al.</i> , 2022	“Lived Experience of Breast Cancer Survivors: A Phenomenological Study”	“ <i>The Journal of Nursing Research</i> ”	Thailand
4	Sharma <i>et al.</i> , 2021	“Coping Strategies being Practiced by the Breast Cancer Survivors before Receiving First Cycle of Chemotherapy”	“ <i>Asian Pacific Journal of Cancer Care</i> ”	India
5	Williams & Jeanetta, 2015	“Lived experiences of breast cancer survivors after diagnosis, treatment and beyond: qualitative study”	“ <i>Unpublished article</i> ”	USA
6	Levesque, <i>et al.</i> , 2020	“Psychosocial experiences, challenges, and coping strategies of Chinese-Australian women with Breast Cancer”	“ <i>Asian Pacific Journal of Oncology Nursing</i> ”	China-Australia
7	Hajian <i>et al.</i> , 2017	“Coping Strategies and Experiences in Women with a Primary Breast Cancer Diagnosis”	“ <i>Asian Pacific Journal of Cancer Prevention</i> ”	Iran
8	Kugbey, <i>et al.</i> , 2020	“Illness perception and coping among women living with breast cancer in Ghana”	“ <i>British Medical Journal</i> ”	Ghana
9	Krasne <i>et al.</i> , 2022	“Coping Strategies and Anxiety in Young Breast Cancer Survivors.”	“ <i>DASH.HARVARD.EDU</i> ”	USA
10	Manouchehri <i>et al.</i> , 2022	“How do I deal with breast cancer: a qualitative inquiry into the coping strategies of Iranian women survivors”	“ <i>BioMed Central (Women’s Health)</i> ”	Iran
11	Benson <i>et al.</i> , 2020	“Challenges, Coping Strategies, and Social Support among Breast Cancer Patients in Ghana”	“ <i>Advances in Public Health</i> ”	Ghana
12	Osmiałowska <i>et al.</i> , 2021	“Coping Strategies, Pain, and Quality of Life in Patients with Breast Cancer”	“ <i>Journal of Clinical Medicine</i> ”	Poland
13	Nour Hanan Daniah <i>et al.</i> , 2021	“Life Experiences and Coping Mechanisms among Breast Cancer Patients in an Urban Malaysian Hospital:”	“ <i>Medicine & Health</i> ”	Malaysia

14	Kolawole <i>et al.</i> , 2023	“Lived experiences of breast cancer survivors at the General Hospital Ilorin Kwara State Northcentral, Nigeria”	“ <i>African Journal of Reproductive Health</i> ”	Nigeria
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Table 3: aim/objective, methodology and results of the 13 publications used in this systematic review

S/N	ARTICLE	OBJECTIVE	METHODOLOGY	RESULT
1.	A qualitative study on experiences and needs of breast cancer survivors in Karnataka, India	“To investigate the needs and experiences of breast cancer survivors”	“Using a purposive sample technique, 17 breast cancer survivors who had finished their treatment six months prior were chosen for the qualitative study design. Comprehensive interviews were carried out, the information was translated and transcribed, and codes and themes were created.”	“The following were the experiences of breast cancer survivors: awareness, psychological expressions, spirituality and misconceptions, financial load, incarceration, shyness and body image, keeping things private, support from family, and physical burden. Financial, informational, breast reconstruction surgery, domestic assistance, family support, counselling, and emotional support were listed as the needs of breast cancer survivors.”
2.	Lived Experiences of Women Receiving Medical Treatments for Breast Cancer in Ghana	“To investigate the real-life experiences of Ghanaian women who are breast-feeding”	“An investigation that is qualitative. Eleven patients undergoing medical therapy for breast cancer participated in in-depth one-on-one interviews. The data analysis employed the interpretative phenomenological approach.”	“Results of the study indicated that the lived experiences of the participants were grouped around three main themes: the stigma associated with breast cancer, the usage of alternative/herbal medicines, and the difficulties of breast cancer treatments. These results highlight the necessity of a comprehensive approach to therapy in order to attain the best possible health outcomes for these women's groups.”
3.	Lived Experience of Breast Cancer Survivors: A Phenomenological Study	“To identify and elucidate the lived experiences of Thai women with BrCa who successfully completed their treatment program	“A qualitative study in which phenomenological method was employed. Survivors of BrCa who met the inclusion criteria were	“Data saturation was reached after 12 interviews. The five themes derived from the data include (a) being distressed, (b) accepting treatments and seeking alternative treatments, (c) going through difficult times, (d) becoming a

		<p>for BrCa and/or treatment with chemotherapy for over 5 years and are currently cancer-free.</p> <p>Methods: A phenomenological method was employed.</p> <p>Survivors of BrCa who met the inclusion criteria were purposively selected and invited to take part in the study. Study data were collected between January and March 2019. An open-ended, in-depth interview guide was used to direct the conversation concerning the participants' experiences and perceptions. Thematic analysis was used for data analysis."</p>	<p>purposively selected and invited to take part in the study. Study data were collected between January and March 2019. An open-ended, in-depth interview guide was used to direct the conversation concerning the participants' experiences and perceptions. Thematic analysis was used for data analysis."</p>	<p>stronger person, and (e) becoming thankful."</p>
4.	<p>Coping Strategies being Practiced by the Breast Cancer Survivors before Receiving First Cycle of Chemotherapy</p>	<p>"To assess the coping strategies being practiced by the BCS before receiving first cycle of chemotherapy"</p>	<p>"Quantitative Research : A descriptive study "</p>	<p>"Out of 62 BCS, more than half of participants, 51.7% participants were above 50 years of age, 56.5% had grade III breast cancer and 56.7% had left breast involvement. 62.9% were on neo-adjuvant chemotherapy and duration of confirmed diagnosis for 83.9% of them was less than a year. Most of the participants used positive coping strategies to overcome the</p>

				stress related to diagnosis and chemotherapy. Out of the 46 coping activities participants reported positive action for 31 coping activities whereas action was negative for 13 activities. Remaining two activities had equal number of positive and negative responses. Escape avoidance ‘hoped a miracle would happen’; ‘Wished that the situation would go away or somehow be over with’ were used by all the participants. Though not dominant, negative coping activities were still used by the participants to deal with stressful situations.”
5.	Lived experiences of breast cancer survivors after diagnosis, treatment and beyond	“To understand the lived experiences of women who are breast cancer survivors.”	“A qualitative study Purposive sampling strategy was used to recruit participants from two Missouri cancer centres. A total of 15 women breast cancer survivors were interviewed.”	“Participants noted that coping with the diagnosis and treatment was a stressful journey and required lots of adjustment and changes. Some developed various techniques such as journaling their activities which provided comfort. In addition, support from family was shared as the key which gave them strength and courage through the different stages of treatment. However, they found it difficult to articulate what survivorship meant.”
6.	Psychosocial experiences, challenges, and coping strategies of Chinese-Australian women with Breast Cancer	”To explore the experience of breast cancer for Chinese–Australian women and gain insight” into their coping behaviors.	A qualitative study	“Three main themes emerged, reflecting the psychological impact of the diagnosis, the challenges experienced, and the use of social support and other coping behaviors. The theme of psychological impact highlighted the emotional toll of diagnosis and the ongoing anxiety surrounding the fear of cancer recurrence. The theme of challenges identified stressors relating to treatment side effects and the need for psychological

				support. The social support and coping theme identified the various levels of social support participants received and how Chinese–Australian women may limit their use of social support to protect others. Participants used several behavioral (e.g., diet and exercise) and cognitive (e.g., reframing) strategies to cope with their cancer experience.”
7.	Coping Strategies and Experiences in Women with a Primary Breast Cancer Diagnosis	” To explore the experience of coping behavior and the main strategies that women use in dealing with a breast cancer diagnosis.”	“A qualitative phenomenology design was used. Purposive sampling was used for recruiting 22 participants with breast cancer.”	“The age range of the women was 32-68. Most were married and received adjuvant therapy (i.e., mastectomy surgery and chemotherapy). Three dominant themes that emerged from the interviews were emotional turmoil, avoidance, and logical efforts.”
8.	Illness perception and coping among women living with breast cancer in Ghana	“To explore the illness perceptions and coping strategies among women receiving care for breast cancer.”	“A qualitative phenomenological study (using semi-structured in-depth interviews).”	“In terms of illness perceptions, it emerged that most of the participants lacked adequate factual knowledge about breast cancer and perceived causes but believed in the curability of their illness through medical treatments and the help of God. Spirituality, social support and diversion coping were the key resources for coping among the participants.”
9.	Coping Strategies and Anxiety in Young Breast Cancer Survivors	“To understand the types of coping strategies reported by young women with breast cancer in the first 2 years following diagnosis and to evaluate the relationship between coping strategies and anxiety in early	Descriptive statistics and exploratory analysis	“After excluding women who had not completed the 6 month and/or 18months surveys and those with metastatic disease at diagnosis, 833 women remained in the analytic sample. The median age at diagnosis was 37 (range: 17-40) years. The cohort was 87% white non-Hispanic, 86% college-educated, 80% married or living as married, and 81% able to pay bills without cutting back. 86% were

		survivorship.”		diagnosed with stage 0, I, or II disease, and over 70% received a bilateral (46%) or unilateral (25%) mastectomy. Social supports were the most commonly reported coping strategies at both 6 and 18 months, with greater than 80% reporting at least moderate use of support from partner, parents, family, and friends. Greater than 40% of women reported partner support as the most helpful coping strategy. The reported use of alcohol/drugs, exercise, and diet changes to cope increased from 6 to 18 months. In multivariable logistic regression, those with moderate or greater reliance on family support and moderate or greater use of exercise for coping at 18 months were less likely to have anxiety at 24 months, while those with moderate or greater reliance on alcohol/drug use as well as reporting taking care of others to cope were more likely to have anxiety.”
10.	How do I deal with breast cancer: a qualitative inquiry into the coping strategies of Iranian women survivors	“To explore the coping strategies of BC survivors in Iran.”	“This qualitative study was conducted in Mashhad, Northeast Iran, between April and December 2021. Fourteen BC survivors were selected through purposive sampling. The data were collected using semi-structured interviews. Data were analyzed using conventional content analysis adopted by Graneheim and Lundman. MAXQDA	“The main categories that emerged from the participants’ data analysis were “behavioral coping strategies” and “emotional coping strategies.” Behavioral coping strategies included efforts to adopt healthy nutrition, attempts to improve a healthy lifestyle, maintenance of everyday activities, use of specialized cancer support consultation services, and seeking to increase health literacy about BC. The emotional coping strategies consisted of denial as a temporary escape route, positive thinking and focusing on the

			12 software was used for data organization. Components of trustworthiness, including credibility, dependability, confirmability, and transferability, were considered.”	positive aspects of life, reinforcement of spirituality, and seeking the support of relatives.”
11	Challenges, Coping Strategies, and Social Support among Breast Cancer Patients in Ghana	“To explore the challenges, coping strategies, and support systems among women diagnosed with BC in Ghana. “	“A descriptive cross-sectional study was conducted from February to August 2017 at the Komfo Anokye Teaching Hospital (KATH), Ghana. A systematic random sampling technique was used to select 202 women with a confirmed diagnosis of BC. Coping strategies of women with BC were assessed using the Brief-COPE.%e associations between sociodemographic characteristics, social network/support, and coping strategies were assessed using linear regression models.”	“The most and least adopted active coping strategies were religious coping and humors, respectively. Self-distraction and substance use were the most and least adopted avoidant coping strategies, respectively. Spouses and children offered the most support to women with BC; having support from 5 or more sources was associated with higher mean active coping (β 1.14; 95% CI 0.66 to 1.62) and avoidant coping (β 1.46; 95% CI 0.98 to 1.94), as compared with having <2 sources of social support.”
12	Coping Strategies, Pain, and Quality of Life in Patients with Breast Cancer	“To assess the impact of coping strategies on the QoL in breast cancer patients.”	“The prospective study included a group of 202 women who had undergone surgical treatment for breast cancer at the Lower Silesian Cancer Center and who reported for follow-up appointments at the Oncology Clinic	“The mean patient age was 53 years. Most patients had been diagnosed with cancer between one and two years before. In the women studied, there was a negative association between QoL and the choice of a destructive strategy for coping with cancer, and a positive one between QoL and a constructive coping strategy.

			and the Surgical Oncology Clinic.”	Severe pain caused by the disease and its treatment significantly decreased the patients’ QoL in multiple domains.”
13	Life Experiences and Coping Mechanisms among Breast Cancer Patients in an Urban Malaysian Hospital:	“To discuss the life changes upon being diagnosed with breast cancer and their perception of social support.”	“This study was carried out using a purposive sampling method. The perception of social support, quality of life, and religiosity factor is discussed through the perspectives of nine breast cancer patients with an interview consisting of semi-structured questions. Basic interpretive qualitative methodology was applied to analyze the perception of social support and religiosity factor as a coping mechanism.”	“The results showed that all the breast cancer patients reported good social support from family and friends except for one patient. Five themes were identified, namely patterns of life, supportive atmosphere, decision making and confidence, expectation, as well as psychological defenses and spirituality. Seven out of nine patients reported that their religion helped them to cope with the disease by maintaining self-esteem, providing a sense of meaning and purpose, giving emotional comfort, and providing a sense of hope.”
14	Lived experiences of breast cancer survivors at the General Hospital Ilorin, Kwara State Northcentral, Nigeria	“To explore the lived experience of breast cancer patients at the General Hospital, Ilorin, Kwara State, Nigeria.”	“The research design was phenomenological and contextual using qualitative strategy”	“Findings from this study showed that participants found the general treatment experienced to be unpalatable, with side effect like nausea, insomnia, sore throat and frequent stooling. Also, the participants experienced a low quality of life with a wide range of physical, psycho-social and financial issues.”

DISCUSSION

The negative cultural attitudes and perceptions around breast cancer patients exacerbate the condition by causing newly diagnosed women to experience feelings of sadness, embarrassment, and discouragement (Iddris et al., 2020; Wright, 2021). The psychological and physical effects of breast cancer diagnosis and treatment on young Ghanaian women were the subject of a qualitative study by Iddris et al. (2020). The study revealed that young women with breast cancer face obstacles that interfere with their lives and have an impact on their physical and mental health.

Lived experiences of the breast cancer survivors

Dsouza et al. (2017) reported that in their study on the needs and experiences of breast cancer survivors in Karnataka, India, they found that the survivors' experiences included awareness, psychological expressions, spirituality and misconceptions, economic burden, confinement, body image and bashfulness, maintaining secrecy, family support, and physical burden. The needs of those who have survived breast cancer have been determined to include financial assistance, information sharing, surgical breast reconstruction, domestic assistance, family support, emotional support, and counselling.

Similarly, Kugbey et al. (2021) reported that their study's results demonstrated that the lived experiences of the participants were grouped around three main themes: the stigma associated with breast cancer, the usage of alternative and herbal medicines, and the difficulties of breast cancer treatments. These results highlight the necessity of a comprehensive approach to therapy in order to attain the best possible health outcomes for these women's groups. The life experiences of breast cancer survivors who successfully finished their BrCa treatment program and/or chemotherapy treatment for more than five years and are currently cancer-free were examined by Chiaranai et al. in 2022. The five themes that emerged from their data are: experiencing distress; accepting treatments and looking for substitutes; growing stronger; and developing gratitude.

According to research by Kolawole et al. (2023), participants thought the whole course of treatment was unpleasant and frequently reported unpleasant side effects such as nausea, sleeplessness, sore throats, and frequent stools. The individuals also had a poor quality of life due to a variety of medical, psychological, social, and economical problems. The majority of participants reported feeling fatigued as a result of their disease and its management. According to the survivors, they were unable to actively carry out their responsibilities as members of a family or community. The majority of participants also mentioned that their relationships with friends and family had deteriorated since receiving the breast cancer diagnosis. Breast cancer survivors may have had a lower quality of life as a result of their financial burden from the disease's treatment.

Challenges of breast cancer survivors

Kugbey et al. (2020) found that while most participants lacked sufficient factual knowledge about breast cancer and its perceived causes, they believed that their illness could be cured with medical treatments and divine intervention. This information was reported in their study on illness perception and coping among women living with breast cancer in Ghana. Furthermore, Osmiałowska et al. (2021) reported that patients' QoL was severely reduced in numerous domains due to intense pain brought on by the disease and its treatment.

Women who are diagnosed with or receiving treatment for breast cancer face substantial challenges that could negatively impact their quality of life. The health and wellness of women with breast cancer are adversely affected by these obstacles, which include physical, psychosocial, and spiritual distortions (Aziato & Clegg-Lampsey, 2015; Kagee et al., 2018; Kugbey et al., 2019a).

Coping strategies of breast cancer survivors

A study by Kolawole et al. (2023) revealed that the family's support, as well as distraction tactics including texting or conversing with friends, listening to music, and singing, were the emotional focused coping strategies employed by breast cancer survivors. Additionally, Sharma et al. (2021) found that the majority of individuals managed their stress connected to diagnosis and chemotherapy by using positive coping techniques. Participants responded positively to thirty-one of the forty-six coping mechanisms, whereas they responded negatively to thirteen of the mechanisms. The number of favorable and negative responses to the remaining two exercises was equal. All of the participants used escape avoidance strategies, such as "hoping a miracle would happen" and "wishing that the situation would go away or somehow be over with." They came to the conclusion that most positive coping strategies were being used by breast cancer survivors.

Behavioral coping techniques and emotional coping strategies were the primary categories that arose from the participants' data analysis, according to Manouchehri et al. (2022). The use of professional cancer support consultation services, maintaining daily activities, improving a healthy lifestyle, adopting a healthy diet, and working to raise health literacy about BC were examples of behavioral coping strategies. Denial as a short-term getaway, optimistic thinking and concentrating on life's good parts, reaffirming spirituality, and asking for family support were the emotional coping mechanisms. Also, Osmiałowska et al. (2021) stated that, there was a negative association between quality of life (QoL) and the choice of a destructive strategy for coping with cancer, and a positive one between quality of life (QoL) and a constructive coping strategy.

Five themes life patterns, a supportive environment, confidence and decision-making, expectancy, psychological defenses, and spirituality—were found, according to Nour Hanan Daniah et al. (2021). Out of nine patients, seven said that their religion gave them emotional support, a sense of hope, meaning and purpose, and a way to maintain their self-worth while they dealt with the illness. It was determined that social support and religious factors have a critical role in helping breast cancer patients cope with their illness.

A study on the psychosocial experiences, difficulties, and coping mechanisms of Chinese-Australian women with breast cancer was carried out by Levesque, et al. in 2020. Three primary themes were found to have arisen, which were stated to indicate the psychological effects of the diagnosis, the difficulties encountered, and the utilization of coping mechanisms such as social support. The findings emphasize how important it is to take cultural sensitivity into account when creating plans to best assist Chinese immigrant women who are suffering from breast cancer. Furthermore, according to Hajian et al. (2017), emotional upheaval, avoidance, and rational attempts were the three main themes that arose from the interviews. They came to the conclusion that their research emphasizes how critical it is to address psycho-oncology intervention programs in order to meet the unmet psychological, social, and palliative care needs of breast cancer patients.

In their study, Kugbey et al. (2020) noted that the participants' primary coping mechanisms were diversionary coping, spirituality, and social support. According to Benson et al. (2020),

humors and religious coping were the most and least used active coping mechanisms, respectively. Substance abuse and self-distraction were the two avoidant coping methods that were most and least used, respectively. The women with BC who received the greatest support from their spouses and children were those who had five or more sources of social support; this was linked to higher mean active coping (beta [β] 1.14; 95% CI 0.66 to 1.62) and avoidant coping (β 1.46; 95% CI 0.98 to 1.94) compared to those who had fewer than two sources. They came to the conclusion that Ghanaian women with BC diagnoses use a variety of coping mechanisms to manage.

In her research, Krasne (2019) found that the most often reported coping mechanisms at both 6 and 18 months were social supports, with over 80% of participants indicating at least moderate utilization of assistance from friends, family, partners, and parents. More than 40% of women said that the best coping mechanism was their partners' support.

CONCLUSION

Women facing breast cancer have many obstacles throughout their diagnosis and treatment, which call for changes in a number of areas to guarantee positive health results. It is crucial for family members, medical professionals, community members, and policy makers to acknowledge the needs and experiences of breast cancer survivors throughout their treatment. This will enable the best possible care to be provided in community settings, enhancing the quality of life for those who have survived the disease. In order to manage these experiences and these stressful occurrences, breast cancer survivors (BCS) employ a variety of coping strategies. Healthcare professionals will be able to develop and implement relevant interventions that promote women's health and quality of life by providing high-quality care and understanding of this experience. However, in order for breast cancer sufferers to manage their illness, social support and religious beliefs play a critical role in their life.

GAPS IDENTIFIED

The identified studies did not discuss the impact of sociocultural factors on breast cancer treatment/management. Also, none of the studies mentioned the use of developed guidelines in the care of breast cancer survivors. Furthermore, different coping strategies were mentioned in the studies but the most effective one could not be ascertained.

IMPLICATIONS OF THE STUDY TO NURSING

Nursing Education

- More Nurses should be encouraged to undergo Oncology Nursing Training
- Nurses at the Oncology clinics would have to be adequately equipped with knowledge of various coping strategies that can be adopted by the breast cancer survivors.
- It enhances evidence –based clinical practice and identify new practice based on available evidence
- It will enhance the knowledge of Nurse/Midwife Educator about teaching and learning outcomes of the students through research work.

Nursing Practice

- The rising increase of Breast cancer survivors will have a significant impact upon health resource use and cost of care
- Individualized care for Breast cancer survivors is essential
- Psychosocial counseling and support should be an integral part of Breast cancer management. Women with breast cancer face significant challenges that impact on their psychological well-being. Varying levels of social support, and the desire to protect others through self-sacrifice, may reflect the cultural expectations of women.
- Promotion of both healthy eating and exercise to enhance emotional, physical, and cognitive functions
- Cultural factors and beliefs, including those relating to religion, spiritual causes of cancer, and perceived beliefs of others should be regarded.
- Guidelines for the management/care of Breast cancer survivors should be made available.
- There is a need for a multidisciplinary treatment approach to achieve optimum health outcomes among these groups of women

The experiences and themes identified enhance scholarly understanding regarding the experience of survivors of Breast cancer. A true understanding of this experience enables Nurses to craft and deliver appropriate interventions that provide quality care and improve women's health, thereby enhancing their quality of life.

Nursing Research

- More studies are required to determine the effectiveness of identified coping strategies and adequate management/care of Breast cancer survivors

RECOMMENDATIONS

- Integration of navigation services across the three tiers of primary health care: general hospitals and medical centers, tertiary health institutions, and private practices.
- Training of stakeholders would be beneficial
- There is a need to address the significant gap in availability and access to psycho-oncologists, which is critical to providing effective psychosocial care to survivors
- Employers should extend health insurance plans to cover treatment costs.
- Survivorship care for women with breast cancer in Nigeria should be developed with a limited evidence base to inform the progression of supportive services.
- Policy formulation, develop resources, and bring together national oncology organizations may support increases in capacity in this context.
- Survivorship care, including online resources, peer mentors, and networks, grounded in extensive experience supporting women with breast cancer at all stages of the disease trajectory.
- There is a need to develop the evidence base underpinning cancer care in Nigeria

- Increasing commitments are being made to develop nationally acceptable guidelines and policies for quality services for all cancer survivors under a strategic framework for hospice and palliative care.

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