

**A QUALITATIVE STUDY ON NURSE-LED BREAST CANCER SURVIVORSHIP  
PROGRAM: HEALTH-RELATED EXPERIENCES OF BREAST CANCER SURVIVORS**

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**ABSTRACT: Back ground:** The number of women who've already endured breast cancer has increased. Non- communicable diseases (NCDs) accounted for 71% of all fatalities worldwide. Following a breast cancer diagnosis and follow-up, bio psychosocial needs may indeed be addressed in order to give prompt treatment and extensive social support. The aim of the research was to learn more about lived experience and effectiveness of the nurse-led breast cancer survivorship program, as well as the benefits it offers.

**Objective:** To understand and experience the elements of a nurse-led breast cancer survivorship program.

**Methods:** The concept was indeed a qualitative approach steered by interpretive description methodology. 14 female breast cancer survivors enrolled in a semi - structured individual interview as well as a focused group interview. Participants were recruited using a purposive sampling technique

**Results:** The respondents expressed their gratitude for the interventions that were provided for their well-being during the interview, emphasizing their satisfaction. The majority of those polled were still opposed to getting an artificial breast. JPMRT and laughing therapy were extremely beneficial, and they now practice it three times a day. Support from family, peers, and colleagues was also identified as a vital factor in giving them strength and courage as they progressed through the phases of treatment.

**Conclusion:** This study shed light on the experiences of women who have been diagnosed with breast cancer and have undergone treatment using in-depth interview techniques and focused group discussion. They expressed dissatisfaction with their diagnoses and physical changes. These findings allow nurses to obtain a better grasp of breast cancer survivors' empowering viewpoints in order to better support them in providing care.

**KEYWORDS:** Breast cancer, JPMRT, Laughing therapy, Survivorship program

## **1. INTRODUCTION**

The Global Breast Cancer Initiative of the World Health Organization (WHO) is assisting states in strengthening breast cancer health systems. (1)Other emotional, physiological, and informational needs might be addressed in order to provide prompt medical treatment and adequate social support after just a diagnosis of breast cancer and follow-up.(2)

Healthcare professionals often overestimate the cancer survivors ' informational needs. In relation to patients' experiences as important indicators of quality care and key outcomes in quality evaluation. Understanding and resolving the needs of women with breast cancer has been acknowledged as an important element of cancer treatment.(3) Patient satisfaction is defined as a patient's appraisal of the care they received, based on real-life experiences or patient characteristics. During a patient's treatment, nurse-led clinics are incorporated into the care practices.Survivorship is a unique journey and it was viewed from a different perspective from survivor to survivors.(4)

Women who participate in nurse-led Breast cancer survivor programs receive therapeutic, complementary, and supportive treatments, as well.(5) Nurses are in charge of symptom management, adverse event strategic planning, skin examinations for female breast cancer survivors, and also managing minor ailments and difficulties. (6) They offer patients and family member's information, support, and instruction before, during, and after cancer treatment. Breast cancer awareness, cultural, and religious issues lead to women attempting to avoid medical help, becoming hesitant to consult male doctors, viewing their health as a result of household obligations, and being overly reliant on other family members to seek medical help, all of which delays treatment.(7) The cancer survivorship programme begins when a patient is diagnosed with cancer and extends throughout treatment and the following years. Survivorship cares an important component of a participant's treatment plan. The safety of patients after and during cancer treatment is a concern highlighted by this study. (8)Survivorship programs led by nurses have had the capacity to lessen waiting time and enhance treatment continuity.(9) Nurses play a key role in recognizing breast cancer victims' demands and providing the

appropriate treatment to meet those needs. As a result, following medical care, on-going caring is needed, and nurses may play an important role in this regard.(10)

Nursing intervention would be guided by a nurse-led perceived need assessment. A nursing clinic might be planned and performed out to fulfil the anticipated demands.(11) The influence of intervention programs including such Jacobson progressive muscle relaxation therapy, laughing therapy, and breast prosthetics guide those certain welfare measures for Cancer survivors to survive a positive mind-set and therefore enhance their quality of life have been explored utilising qualitative approach.(12) As a conclusion, the author found that investigating breast cancer survivors' perceived needs in a mixed study setting will disclose their actual predicament.

## **2. MATERIALS AND METHODS**

### **Study design and Patients**

The concerns among breast cancer survivors were explored using a qualitative phenomenological research design. The samples were chosen using purposive sampling technique. Respondents were recruited from the medical & radiation oncology departments at Tertiary Cancer Centre in Chennai.

Female adults are eligible if they're receiving chemo and radiation therapy, as well as follow-up services, and b) able to respond in both their native language and English. The exclusion criteria were: a) unwillingness to participate and having comorbidities

## **3. DATA COLLECTION**

### **Study Tool**

A semi-structured interview theme guide was used as a basis for exploring and investigating further in themes related to the study's goals. The interview topic guide was based on a thorough literature review, but participants were free to bring up any concerns they had. The primary themes discussed in the interview are breast cancer challenges and issues, the required support system and services, self-image and societal perspectives on breast cancer, and thoughts and ideas for overcoming issues. The researchers discussed the first draft of the interview topic guide, which was then revised and validated by conducting pilot interviews to ensure that it was comprehensible & useful in retrieving the important information.

### **Interviews**

The study participants were informed about the study in their known language. Both oral and written consents were obtained. A list of topic guide was applied during the semi structured interview in order to help the interviewer direct the conversation towards the topics and issues relevant to our research questions. During the semi-structured interview, a series of topics in -depth interview guide was used to help the interviewer steer the conversation toward the topics and themes that were important to our research questions. Patients, on either side, had the freedom to express themselves according to their own terms. The interviews continued until the data was saturated. No new information was given during the interview, and also no new codes could've been generated. Each interview lasted 15 to 20 minutes and also was audio-recorded and then transcribed in order to conduct a thematic analysis.

### **Ethical approval**

Ethical approval was granted by the Institutional Ethical Committee of Tamilnadu Government Multi Speciality Hospital vide ref no-1577/P&D-1/TNGMSSH/2020/BMS/024.

### **Data analysis**

Qualitative analysis is analysing qualitative data which is normally presented in the form of words. It deals with unstructured text-based data. The data will be available in the form of interview transcripts, observations, notes, diary entries or medical nursing records. Sometimes qualitative data can be of pictorial display, audio or video clip. Qualitative research doesn't use any statistical methods. Data analysis in qualitative research is defined as the process of searching and arranging the interview transcripts in a systematic way in order to understand the phenomenon. The process of analysing qualitative research involves coding and categorizing the data. Coding is done by NVivo 9 software, qualitative research as follows.

1. Preparing and organising the data.
2. Reviewing and exploring the data.
3. Coding the data
4. Identifying the recurring themes.

For analysing qualitative data, verbatim transcriptions of audio recorded interviews were prepared by the researcher. Then these transcriptions of audio-based interviews are entered in to the NVivo 9 software. This

software provides for a better overview and management of themes. Then these themes are continuously compared to get the common theme. Those common themes are again rechecked by the co-researcher.

#### 4. RESULTS

Based on 5 Focus group intervention and 10 In-depth interviews conducted before and after implementing breast cancer survivorship programme involving specific intervention on laughing therapy, JPMRT and breast prosthetic guide the study results evolved with the themes of story of the cancer ,support from the family ,consciousness of physical appearance, stigma in the society ,being positive in hard time ,laughter as a part of daily life ,pain and Muscle relaxation exercise ,aversion towards the intervention, gratitude towards the implemented intervention.

##### Results : Patient Characteristics

A total of 14 women cancer patients were interviewed in this study. The respondents belonged to different age groups that ranged between >35 and <60 years while one among them was 34 years old. All the patients belonged to the married category excepting one who remained unmarried. All the married women patients had children excepting two who did not provide the data. The number of children was limited to one or two mostly but never exceeded 3 in a family. The number of literates covered under the study was almost equal to that of the illiterates. Excepting one woman, all were found to be home makers. Without any exception all the women cancer patients had reached the 4<sup>th</sup> stage which is considered as the most advanced stage. All had undergone chemotherapy and surgery as well.

*Table -1 Demographic and Clinical characteristics of Breast Cancer survivors*

Name	Age	Marital status	Children	Education Level	Occupation	Stage	Treatment
Survivour-1	>35	Married	1 daughter 1 son	Illiterate	Home maker	4	Adjuvant therapy
Survivour-2	>35	Married	unknown	Illiterate	Home maker	4	Chemo and surgery
Survivour-3	>60	Married	Grand daughter And son	Illiterate	Sweeper	4	Chemo and surgery
Survivour-4	>40	Married	Unknown	Illiterate	Home maker	4	Adjuvant therapy
Survivour-5	>35	Married	1 son 1 daughter	Literate	Home maker	4	Chemo and surgery
Survivour-6	>40	Married	1 son	Literate	Home maker	4	Adjuvant therapy
Survivour-7	>35	Married	1 son	Literate	Home maker	4	Chemo and surgery
Survivour-8	52	Married	2 daughters 1 son	Unknown	Home maker	4	Adjuvant therapy
Survivour-9	>40	Married	2 sons	Literate	Home maker	4	Chemo and surgery
Survivour-10	>35	Married	1 son	Unknown	Home maker	4	Adjuvant therapy
Survivour-11	>60	Married	1 grand daughter	Literate	Home maker	4	Chemo and surgery
Survivour-12	>45	Unmarried	No child	Literate	Nurse	4	Adjuvant therapy

Survivour-13	>50	Married	1 daughter	Literate	Home maker	4	Chemo and surgery
Survivour-14	34	Married	1 daughter	Literate	Home maker	4	Adjuvant therapy

**Table -2 .The number survivors who expressed a given theme**

<b>Name</b>	<b>Patients Emotions</b>	<b>Post Complications</b>	<b>Participation in Social events</b>	<b>Post Care</b>	<b>Placement of Artificial Breasts</b>
Survivour-1	Scared	No complications	No	JPMRT Exercise	No
Survivour-2	Painful	Mouth ulcers	No	JPMRT Exercise	No
Survivour-3	Fear and painful	Hair fall and gone bald	No	JPMRT Exercise	No
Survivour-4	Scared	Severe hand pain	No	JPMRT exercises	No
Survivour-5	Fear and cry	Pain	No	JPMRT Exercise	Yes
Survivour-6	Scared	Hair fall	No	JPMRT Exercise	No
Survivour-7	Fear and scared	Hair fall	No	JPMRT Exercise	No
Survivour-8	Scared	Pain	No	JPMRT exercise Laughter therapy	Yes
Survivour-9	Fear	Hand pain	No	Laughter therapy	No
Survivour-10	Scared	Hand pain	Yes	Laughter therapy	No
Survivour-11	Painful	Hand pain	No	Laughter therapy	No
Survivour-12	Fear	Painful	No	Laughter therapy	No
Survivour-13	Normal, less fear	Pain at upper arm	Yes	Laughter therapy	No
Survivour-14	Scared	Pain at surgical site	No	Laughter therapy	No

**Key themes**

During the analysis, five themes were identified: Story of the cancer, treatments, misconceptions, hurdle's and challenges, nurse led survivorship programme intervention. The number survivors given a theme and subtheme are shown in table 1,2 & 3.

**Table -3 The analysis and connections between categories and themes**

Themes	Sub themes	Narrations
Story of the cancer	Initial feelings	- Had the lump for 1.5 years. No pain. Yes. Was feeling some sort of tightness. I thought it might be something else. Then we spent so much in TMC as well. They had taken test 9 times (biopsy) and they said it is just a cyst in TMC. -While taking bath, I noticed and immediately went to the doctor, 15 days I thought it might be some lump or extra growth kind of thing but it did not go”
	Worries on offspring transmission	-I got scared thinking what will happen to them. I felt that’s it, the life has ended
	Support from family	-My brother took good care of me. My husband takes really good care of me, even the children, there is no problem at all, and they are taking good care of me. As I have got this, in fact they are supporting even more. : It is the same. They say we will do all the work, you take care.”
Treatments	Financial Burden	I got surgery done in private hospital. After that they started chemo, the expenses were too much, so we came here.”
	Impact of treatment on physical appearance	-I changed the nail polish, so it has caused some allergy”. That is the reason I don’t come out. “- -“That is why I wear a saree and come out. If we wear a nighty we it will be easily noticeable on one side. In nighty it is clearly visible. What they do is they look at a glance from the side. We would feel so difficult when they look like
Misconceptions	Stigma in the society	-I will go, even if I go, I don’t feel, if someone comes and asks me “is your health not okay?”, - I will tell them “please don’t speak about my health. We have got the operation done, everything is done, and everything is fine. - I don’t go and mingle with people because my breast is removed and everyone will ask about it. Relatives speak in different ways.”-
	Artificial breast options	-Where should I go to show off having that now? No, I don’t want. I have heard about them. What if they have to operate again...? Will wear the one which can be placed inside bra” -“I am not interested in that as it might affect my skin. I don’t like artificial things. Nothing can be like natural; I have lost that natural thing. “
	Aversions to breast prosthesis and beauty concerns	“We haven’t thought about it since we were older. I am old. It’s all over now. Those who are young can think about these options.
Hurdle’s and challenges	Lifestyle change as a challenge	-No, there is no pain. Now if I do some work or wash the utensils, then it hurts a bit, will do household chores, isn’t it, then mild pain would be there, -I feel tired. -If I eat any fruits or something, I have sugar also. I don’t feel hungry at all. -If I eat a bit, I feel tired. I don’t like to eat non-veg. First when I came to know, I felt why should I live”-

	Being positive in hard times	-I want to live for the sake of my child, so I became brave for that reason. After coming here, I am feeling confident.”
	Pain	-I feel huge pain over here. I have pain on the other side. The pain I felt while I am speaking to you now is unbearable. When I get that pain, I sweat a lot.
Nurse led survivorship program intervention	Muscle relaxation exercise on pain reduction	-Yes. It was useful. I feel good due to exercising. I can walk and lift my hands. I can do all the other work. Muscle relaxation exercise loosens the tight muscles. I do it three times a day. I do it in the morning, afternoon, and evening”
	Laughter as part of daily life reducing stress, depression and anxiety	-I talk to my friends. They give me counseling, then I will be okay. -It keeps me confident and happy. Sometimes this comes to my mind, but I overcome this and move on.”- - “I have my granddaughter. She keeps me happy. I feel happy when I see her.”-
	Gratitude toward the intervention implementation	-“Yes. It was useful. I feel good due to exercising. I can walk and lift my hands. I can do all the other work.”

**THEME –I STORY OF THE CANCER**

Most of the participants got to know about the disease because of the lump that they themselves had noticed near their breast. Although they did not have enough knowledge of the illness, this was confirmed by the doctors when they had consulted. The time taken by the respondents to consult a doctor varied from person to person. While some took it to the doctor immediately within a few days, others took more than a year to get it checked. A participant verbalized that –

*“From past one month I felt a lump like thing. First we thought it is small but later when we came to know it might be this thing, we gave for the tests. In our family no one has this, I am the first one. I am the youngest daughter in my family. When I got this when my father, mother, elder brother were all there, first each one of us got very scared.”*

**Sub theme-1 - Initial feelings**

The participants admitted to being scared when they got to know about the disease, especially since they were the first ones to get it in their family. They often ended up crying during the interview when they recollected the about the disease and treatment process. two of the participants also mentioned they wanted to end their life during the treatment process because of the stress it caused.

*“In the beginning stages I had lot of fear. What would happen, how it would happen (crying)”*

*“Why such big problem has come my way, I have not done anything wrong to anyone, why is God testing me like this that is one thing, even when I go to the temple, I will ask the same question. Why you have given such big problem to me?” “I had even attempted suicide. I didn’t want this life.*

**Sub Theme -2 - Worries on offspring transmission**

Most of the participants were worried about not them but about their offspring’s since it could spread through genes. While most of the participants knew it is not a communicable disease, one participant said she kept her daughter away; did not even let her sleep next to her due to the fear of the illness spreading

*“The children were also small; I got scared thinking what will happen to them. I felt that’s it, the life has ended”*

### **Sub theme -3 Supports from family**

Almost all the participants said that they had a supportive family. They explicitly mentioned that their husbands had been a great support during their treatment journey and could not have come this far without it. The family members were available at the various appointments taken for chemo and radiation, showing their support throughout.

*“Husband takes good care of me. Daughter cooks and takes care of household chores now since I am not there”-*

*“It is a joint family in my mother’s place. They take good care of me. Even my husband does not say anything. He takes good care; he goes very well with me. He looks after really well.”*

*“Family was the one which supported me. After the illness, they have got fear, they are taking extra care. I had everybody’s support while I was going for the*

*surgery; starting from the lower level to the higher level everyone supported me.”*

### **THEME -2 TREATMENTS**

Everyone had a positive response for the treatment that they were receiving at the hospital. They could not think of any aspect that they felt could be made better in the services provided. Even though, when specifically asked, some of the participants mentioned that they haven’t received information on food and exercise but they did not see this as a shortcoming and were happy with the services. Only one participant mentioned that she felt uncomfortable when young male doctors do her examination during her check-ups.

*“When we come for tablets and visit the doctor, when they touch and check all these, I feel somewhat. I consider them like my son itself. The doctor who did my surgery is not available there, when young boys do it, I feel bit difficult. So when they do the check-up I feel mentally stressed”.*

### **Sub themes –1 Financial Burden**

While this was not talked about consistently among all the interviews, a couple of the participants mentioned they faced difficulty in funds for the treatment. One participant had come here for chemo although she did her operation at a private hospital- reason being the expensive bills that would follow for a chemo at the private facility

*“Yes, expenses were really more, we have taken too many loans, we have to repay it, all my attention is on that. I want to do that” “*

### **Sub theme -2 Impact of treatment on physical appearance**

The participants had outright rejected the phenomenon that they are conscious about the way their look now since their breast is removed. However, they did mention about how they avoid going out and prefer sitting at home. They try to hide it through their own ways- Sarees are the preferred attire since the hollowness can be easily covered using the pleats. Most of the participants also mentioned about the hair loss. One participant also mentioned about her skin growing dark because of the treatment and now avoids going out.

*“No, I don’t have any issue as such. I will not go out at all, I am not attending any weddings at all now, I am staying at home, and that’s it. I will come here and go home, I don’t go anywhere else.”*

*“When hand and leg turned black, even I feared of going out. One of the neighbours slowly asked “why is your hand and leg black”, and then I told him “.*

### **THEME -3 MISCONCEPTIONS**

#### **Sub Theme – 1 Stigma in the society**

Some of the participants preferred keeping their disease a secret as they did not want people in the neighbourhood to know about it. They were worried about being treated differently which could be in the form of sympathy, inferiority, disgust or amusement. Some of the participants admitted to having faced this stigma and this was a major reason for their reduced social life as they growingly got confined to the house. Another

concern was how this stigma would affect people in their family, especially for potential marital alliances that could come for their children. Two of the participants had a different opinion and mentioned that what the society thinks does not matter to them as they live just like how they wish to.

*“They ask “why have you gone bald? Why have you shaved your head? Why is there a hair fall?”, the neighbours will keep asking, so I don’t go out at all. It has been many days, once I go from the hospital, I will sit inside the house.”-*

*“In village they will speak in many other ways. Yes, it is a village. I feel I have done some sin that is why I have got it (crying). With this fear itself I did not go to my native for Deepawali festival.”-*

*“My younger sister has to get married, she will be questioned. Now my kid is small, he doesn’t understand. But if they are grown up and if it is an adolescent girl they will come for marriage proposal and all, then they will say “that lady is not well.”, like that. If it is only we it is okay, no problem, our children and the people who are with us also have to suffer. People treat the affected as filthy but it is not a disease which spreads to others.”-*

### **Sub theme – 2 Artificial breast options**

All the participants were against the idea of an artificial breast when initially asked about but after explaining about it, some of them got interested and said they will try it if the information on it was given to them. A majority of them did not seem to be satisfied and didn’t want to try. One of them mentioned it was the finance issue as she could not afford to buy many of them. Artificial breast through surgery was a complete no for the participants and some form of notice was given for the removable sponge option.

*“I don’t want to give time for that treatment and all. I have already troubled my children, they have helped me a lot during the Chemo, I am troubling them even now. No. I don’t have, I didn’t even think about it. That is because we as a family are struggling a lot. I want to set my body right and go to work. I have to go to work and do the best possible to my children.”- “I keep kerchief and wear. We will not be able to buy too many.”*

### **Sub themes -3 Aversions to breast prosthesis and beauty concerns**

Most respondents were still against the idea of having an artificial breast either in form of surgery or as an additional sponge to be worn and removed as per wish. Surgery was a complete no for them as they still considered having the sponge that was suggested. Only one of the respondents had affirmatively said that she would try it, others were still sceptical about it. There was also an opinion that age is a factor and younger people should be encouraged to do it while older people should refrain as it is no use to the

*“No, I am young, but I am not interested in that. It’s gone once. I don’t want it again.”-*

*-As per our customs, we cover the full body. But others need to consider this option as well. . I feel comfortable with that. At times, I’ll think about it. Then I feel completely covered, so I don’t need it. Others here can consider that as they are socializing.”*

## **THEME -4 HURDLE’S AND CHALLENGES**

### **Sub theme -1 Lifestyle change as a challenge**

Food and exercise was the major change that the participants said they had after the surgery. Some of the food items were restricted and they couldn’t get themselves to do the normal chores that they usually used to do because of the pain that they were experiencing.

*“They have taught exercises. They have given medicines, after consuming it I am feeling better. It is better than earlier. Everything feels normal “*

*“We should not consume sugar. People say white sugar should not be used, it should not be added. They say use organic sugar. My son said don’t drink coffee”*

### **Sub theme -2 Being positive in hard times**

Even though they were going through several challenges in life, the participants put a brave and positive face through the journey and continue to do so. They were aware of the responsibilities that they have, especially towards their children, and wanted to be able to provide for their wellbeing. Being around fellow survivors has been a blessing as these journey tales of others give them courage to face their own battles.

*“Everyone motivated me. Naturally I did not have any fear about it as such. I am the backbone for my family. So I don’t have that fear. Whatever it is we will face it, earlier there was no treatment, now we have so much advanced treatment, so I will come out of it, has come but there is no point in bothering about it, I supported to my best possible extent to somehow come out of it. With all my efforts, I have to use all the treatment that was available and come out of it at the earliest.*

*“The people who are elder than me, they are very active, after seeing them, I felt so, a lady said “it has been 15 years since I got operated and I am doing well”, after seeing that I felt very courageous.”*

### **Sub theme – 3 Pain**

Many participants reported that they had pain after the surgery making it difficult to lift their hand and do daily tasks. This pain, however, seemed to subside over time as respondents who were interviewed after more than a year after their surgery reported they did not have any pain.

*“Radiation causes pain. Before that, there was no pain. I was able to move my hands. I did not feel the pain. After radiation therapy, I feel the pain. I feel dizziness, sweating,*

## **Theme – 5 NURSES - LED SURVIVORSHIP PROGRAMME INTERVENTION**

### **Sub theme -1 Muscle relaxation exercise on pain reduction**

Everyone who was asked about the exercise informed that this intervention was very helpful and they do it regularly- thrice a day. The video provided, in addition to the instructions from the doctors, helped them understand how to do the exercises with them being easily accessible at all times

*“I feel better. I was able to lift my hands only after the exercise. Before that, I was not able to move my hands in this manner.”*

*“I do it whenever I feel pain. I do all the work. When I do it if I get pain, I will stop working and start exercising immediately. I do it 3 times a day. Morning, before my son leaves for the office, he taught me once and told me to practice the same. I practiced seeing the videos.”-*

### **“No takers for laughter exercise**

*“I don’t do it. Cant laugh alone!”-*

### **Subtheme -2 Laughter as part of daily life reducing stress, depression and anxiety**

None of the participants laughed as an exercise but made sure they indulged with something that brings them happiness. For most of them, this was by spending time with their family while some also indulged in movies that gave them happiness.

*“If anyone is there with us, we get involved in conversations and laugh. “I do all these believing that it will be cured. I have problems in my family and am stressed due to worries. I push myself to be happy beyond all that. I watch comedy videos;*

### **Sub theme -3 Gratitude toward the intervention implementation**

The respondents were thankful for the interventions that were imparted for their wellbeing and explicitly expressed them during the interview, communicating their satisfaction

*“Yes. It was useful. I feel good due to exercising. I can walk and lift my hands. I can do all the other work.”*

## **5. DISCUSSION**

The goal of the study was to understand the issues and challenges by investigating the lived experiences from diagnosis, treatment, and recovery process.(13) Numerous factors emerged from this research that can provide insight into what really meant to be a breast cancer survivorship program and how different elements of the program and its approach helped in improving survivor perceptions. (14) Due to the rising prominence of the participant's well-being level, it is essential for health care professionals and nurses to comprehend patients' unreported emotions while being on adjuvant therapy in the present study. (15)Almost the majority of the patients interviewed for this study reported afraid of experiencing pain, stress, anxiety, or despair as a result of the breast cancer treatment. They were felt; sad, frightened, and even yelled out in pain and dread have been the dominating forces in many people's minds. (16)Even yet, participants in this investigation were strongly urged and volunteered to participate as well as continue the nurse-led survivorship program. According to Ania et al , the majority of the patients assessed were psychologically distressed as a result of treatment side effects, and patients may not favour hospitalisation due to the fear and stress about the treatment process.(17)

Almost all the patients stated that their loved ones including family members provided them with incredible support, compassion, and concern throughout the treatment. However, researchers wouldn't have progressed so far without contradicting the study's findings. These are some of the factors behind avoiding hospitalization, according to Lim et al, which is the loneliness of not having family members nearby when they come for treatment.(18)

Similar study findings have been reported by Zebing Luo, whom concluded that throughout the treatment, relatives, colleagues, and other health care staff members strengthened them socially and emotionally.(3)Participants in our study encountered a mental agony in conjunction with bodily suffering, which was seen on their faces or personae. Many people actually believed that their lives have come to end, despite the fact that emerging technologies have come to the patients' aid in healing their cancer. Many people sobbed or felt emotional exhaustion while being interviewed.

After practicing it thrice a day, study participants reported that muscle relaxation exercise helped them in pain reduction, which was endorsed by nurses and care professionals. Isa et al, JPMRT, who evaluated the effect of muscle relaxation on pain and anxiety alleviation in prostate cancer patients, supported these finding, who asserted empowered breast cancer in individual, family, and social perspectives, corroborated these findings.(19) As per a study performed in Mexico, cancer survivors confront poor physical, emotional, and cancer-related stigma, as well as trouble getting health-related financial information aid, and also distress in confronting their body image, which is also enhanced with the help of a support group.

On the contrary, we discover that breast cancer survivors would emphasize their physical health, minimize symptoms of discomfort, develop mental fortitude, and also get support from their families and society. Breast cancer survivor's gain through emotional assistance, which could also help them get through hard situation. The participants in the study could employ social and family empowerment, having a family companionship, getting assistance from their spouse, friends, colleagues, and health care staff members to overcome the obstacles. Good IPR communication will help concerned people adapt to society and encourage them to expose their emotions and share their joys and sorrows with the others. Because of a lack of multidisciplinary teamwork and difficulties in physician communications, the psychosocial support demands of cancer sufferers are often underappreciated .(20)Family support is essential for Chinese breast cancer survivors during treatment, and social support is crucial for cancer during the vulnerable period, as according Wang et al 2020, which really is comparable with our study. Emphasize the significance of empowerment and social empowerment for cancer survivors, which healthcare professionals should ensure.

## **6. RECOMMENDATION**

The experience of breast cancer survivors is detailed in the study. Understanding what it was like to be enabled and to be encouraged in a social setting. Considering the autonomy of breast cancer survivors nurse in effectively merge breast cancer survivors into the family and communities. Furthermore, members of the nursing personnel ought to be informed of and use empowerment techniques. Some survivors with pessimistic views of the future may benefit from the assistance of healthcare professionals during their most vulnerable phase. Furthermore, health care workers must put more emphasis to survivors who have finished treatment and address their unique care needs. More study is needed that focus on and develop strategies to help women with breast cancer improve their life quality. Exploring factors related to empowerment amongst breast cancer survivors also would aid the development of more tailored and effective interventions.

## **7. CONCLUSION**

In this study, breast cancer survivors reported continuing to experience physical, disease-related discomfort, but they use a variety of strategies to enhance their quality of life, including focusing on and establishing a healthy lifestyle. The findings of this study are based on in-depth interviews with women who had been diagnosed with

breast cancer and had undergone treatment. In terms of psychological well-being, survivors learn to empower themselves through spiritual beliefs. Survivors gain significant support from family, friends, colleagues, and healthcare workers in terms of social settings. These findings enable nurses to gain a better understanding of the empowering perspectives of cancer survivors in order to aid them in providing them with care.

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