



The Nurses' Roles in the Care of Patients with Breast Cancer

— An Interview Study

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ABSTRACT

This study examined the role of nurses in the care of breast cancer patients, showing the complex challenges these patients face and the corresponding nursing interventions. The primary aim was to examine how nurses' roles improve the wellbeing of breast cancer patients as well as the outcome of nurses' intervention. This study also aims to enhance understanding among healthcare professionals about the complexities of breast cancer care and to provide insights for both current and future nurses in this field.

The theoretical framework adopted in this study is Kristen Swanson's Theory of Caring. The theory reflects on the quality and attributes of the nurses who care for patients, in this case breast cancer patients, it emphasised on commitment and responsibility exhibited while giving care to others.

The study implemented a qualitative research design, utilizing semi-structured interviews with nurses who had substantial experience in breast cancer care. A total of 5 participants were interviewed, they were selected through snowball sampling, and interviews were conducted via WhatsApp and Teams, ensuring accessibility for participants. The ethical considerations for an interview study were strictly followed. Prior to the interview, the aim of the study was explained to the participants to guide their understanding of the study and the informed consent forms was also given to the participants to sign. Data analysis followed Braun and Clarke's thematic approach, which involved coding and identifying key themes related to the physical, emotional, and psychological challenges encountered by patients, as well as the nursing interventions employed and their impacts on patient care.

The results revealed that nurses played an important role in addressing not only the medical needs of breast cancer patients but also their emotional and social challenges. Themes identified included the importance of holistic care, patient empowerment, and barriers to effective nursing practice. A conceptual model was developed from the study result to foster better understanding of the study findings and to show relationships between the variables obtained from the study. This study contributes data to the nursing profession and emphasize the need for systemic improvements to support inclusive breast cancer care.

Language: English

Key Words: Breast Cancer, Nurses and Patients, Challenges, Interview, Thematic Analysis and Conceptual Model.

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1 Introduction

This study is titled the nurses' roles in the care of patients with breast cancer. World health organization (WHO) 2022, statistics highlighted that breast cancer was the most prevalent in women, they stated that there were about 2.3 million breast cancer case amounting to about 11.6% of all cases in that year. The WHO also stated that there is prevalence of breast cancer all over the world and about 0.5 - 1% occur in men. This means that breast cancer is not only limited to women alone. The WHO highlighted that in 2020, breast cancer caused about 685 000 deaths worldwide. Breast cancer ranks as the second most significant cause of cancer-related deaths following lung cancer, constituting 15% of cancer-related fatalities. It is projected that around 2.3 million new cases will be diagnosed annually. Like other illnesses, breast cancer occurs as a result of various genetic and environmental elements. Researchers are of the opinion that while high cholesterol levels are a significant indicator of cancerous conditions, they may not actually be a direct cause of the disease. (Alimperti et al., 2023).

Breast cancer stands as the leading cause of cancer-related mortality for example in Nigeria, a country which has the highest incidence of cancer in Africa. In 2020, there were more than 28,000 new cases and over 14,000 deaths attributed to breast cancer. There's a likelihood that these figures will double by 2040 due to both population aging and expansion. Although breast cancer survival rate is over 90% in a lot of high-income nations, they stand at around 40% in low- and middle-income countries such as Nigeria. The contributing factors to the poor survival rates are physical inactivity, consumption of processed or unhealthy foods, alcohol, and tobacco, delayed cancer detection, inadequate access to cancer screening, insufficient oncology patient navigation, and limited availability of comprehensive cancer treatment within the country (Chidebe et al., 2024). Nigeria began the documentation process of cancer registries in the 1970s, but they have not achieved success in continuing the process, and because of this, the country has no quality data registry for cancer and the lack of quality data in recognized cancer repositories is evident that the documentation process has not been a success (Zubairu & Balogun, 2023). This might be the reason why the breast cancer data available is low compared to that of Finland and other developed countries, judging by the population. In Finland, breast cancer holds the top position for cancer incidence in women, accounting for 30% of all cancer cases in women. It also ranks as the second most prevalent cancer in both men and women, comprising approximately 14.3% of all cancer cases (Global Cancer Observatory, 2022).

The aim is to find out the challenges faced by breast cancer patients and how nurses help these patients to face their challenges. This study was born out of curiosity, after witnessing how some breast cancer victims suffer in developing countries without advanced technology to treat breast cancer and without proper support and sensitization to breast cancer patients. In most underdeveloped countries after diagnosis, probably because of a lack of sufficient workforce there is no proper follow-up of the patients and this can prolong the treatment leading to a high rate of mortality amongst breast cancer patients, this is the case of what happens in Nigeria. Friends and friends of family members and loved ones have been dealt with this faith. In an environment where poverty is eminent and healthcare is not free, people resolve to self-medication and use of herbs for the cure, which does not help in the long run, sometimes they return to the hospital when it's too late and there is no way to help. It will be educating to know or find out the effort nurses put to sensitize these patients and help them through their various challenges after they have been diagnosed.

2 Background

A nurse is an individual who has finished a foundational, comprehensive nursing education program and has been granted permission by the relevant regulatory body in their country to practice nursing the International Council of Nurses (ICN,2024). Nursing involves both independent and cooperative provision of care for individuals across all age groups, families, communities, and various health conditions, whether they are unwell or in good health, in diverse environments. It encompasses activities aimed at fostering well-being, avoiding sickness, and helping individuals who are sick, incapacitated, or nearing the end of life. Nurses play important roles in advocacy, ensuring safety, conducting research, contributing to health policy development, managing patient care and health systems, and providing education (ICN, 2024).

According to the American cancer society (ACS, 2024) a tumor refers to a lump or growth which could be benign in nature or malignant in nature (cancer). In other words, the malignant tumor is what is seen and known as cancer, whereas the benign tumor does not pose a risk unless they are in a position where they affect the functioning of other vital parts of the body. ACS also highlighted that at times, the causes of cancer are not known but factors like gene changes, way of life (habit), inherited genes, exposure to agents that cause cancer found within the environment can increase the risk of cancer. As breast cancer is a form of cancer that develops within the cells of the breast and ranks as one of the prevalent

cancer types affecting women globally, it is important for women to prioritize regular mammograms and clinical breast examinations for screening purposes. Nonetheless, the frequency of these screenings may differ based on individual risk factors and healthcare provider recommendations. It is advisable for women to consult with their healthcare providers to establish an appropriate screening schedule tailored to factors such as age, family medical history, and other relevant considerations.

2.1 Risk Factors

Certain risk factors cannot be altered, while others can be modified. Non-modifiable risk factors include:

Female gender: this is a significant factor that contribute to breast cancer risk, mainly due to increased hormonal activity. Unlike men, who have very low oestrogen levels, women's breast cells are highly sensitive to hormones as well as changes in their balance especially oestrogen and progesterone. High levels of these hormones in the body can pose a greater risk of breast cancer. When natural hormone levels in women fluctuate, it can raise the risk of breast cancer, before and after menopause. **Advanced age:** this is also associated with an elevated risk of breast cancer, with approximately 80% of patients being over the age of 50. **Family history of breast cancer:** individuals with a family history of breast cancer are also at high risk, as genetic mutations, such as those in the BRCA1 and BRCA2 genes found on chromosomes 17 and 13 respectively, can predispose individuals to the disease through inherited mutations. **Ethnicity:** there are noticeable differences in cancer outcomes among people of different races and ethnicities but the reasons why these differences occur are not well understood yet. White non-Hispanic women tend to have the highest rates of getting breast cancer. However, black women have a much higher death rate from breast cancer and the lowest survival rates overall. **Breast tissue density:** breast tissue density changes over a person's life and can be presented as low, high, or fatty. Younger women, those with lower BMI, those pregnant, breastfeeding, or on hormone therapy often have denser breasts tissue. High density can lead to an increased risk of breast cancer in both younger and older women. Examining breast tissue could be a helpful, quick and non-invasive way to monitor women at higher risk of breast cancer. **Previous radiation therapy:** the occurrence of breast cancer due to prior radiography is individual-specific, the selection of the best radiation technique is very important in order to prevent the occurrence of secondary cancers (Łukasiewicz et al., 2021).

Modifiable risk factors can be controlled or avoided to prevent the occurrence of breast cancer, for example. **The use of certain medications:** some medications taken during pregnancy, like Diethylstilbestrol can be a risk factor to breast cancer. Diethylstilbestrol (DES) is a synthetic form of estrogen which was prescribed to pregnant women around the 1940s to the 1970s to reduce pregnancy complications such as miscarriage. Later it was found to increase the risk of breast cancer and other health issues in both the women who took it and their children. Because of these risks, DES is no longer used in pregnancy (Al Jishi & Sergi, 2017). **Lack of physical activity:** inactivity and lack of physical exercise can also increase breast cancer risk. **Body mass index:** high body mass index is a sign of obesity which can pose an increased risk of breast cancer. **Alcohol abuse:** raises the risk of breast cancer regardless of the type consumed, with quantity being a determining factor. Tobacco contains carcinogens, so smoking can facilitate the movement of these carcinogens to breast tissues, thereby heightening the likelihood of mutations in oncogenes and suppressor genes, a risk that also extends to passive smokers. Adequate vitamin intake can lower the cancer rate due to the anticancer properties of vitamins, whereas vitamin deficiency can increase the risk of breast cancer (Łukasiewicz et al., 2021).

2.2 Screening and Diagnosis of Breast Cancer

The primary objective of breast cancer screening (BCS) test is to reduce mortality associated with the specific disease under examination. Successful BCS requires three key elements: the presence of a cancer that can be detected in its localized state before spreading, the availability of effective treatment for that localized disease, and a test capable of reliably identifying localized disease. It is essential to consider the risks of overdiagnosis and overtreatment in all BCS programs. BCS involves intervening on asymptomatic individuals to prompt diagnostic and treatment actions, aimed at reducing suffering and mortality. Before implementing widespread BCS, it's crucial to thoroughly evaluate its benefits and drawbacks, weighing the reduction in deaths against various qualitative harms. These harms may encompass emotional distress, mental anguish, unnecessary morbidity from unnecessary treatment, and even premature death. (Eeles et al., 2018)

Several obstacles at both individual and systemic levels significantly impede the adoption of early cancer detection measures. These barriers encompass insufficient knowledge, limited awareness of screening options, apprehension regarding test outcomes, and inadequate access to necessary services. Nurses play pivotal roles to ensure prompt BCS and diagnosis,

they possess independent decision-making authority in tailoring patient care. They contribute significantly to the early detection of cancer through various avenues such as counseling and education, imparting information regarding cancer symptoms, risks, and screening methods. This educational approach enhances awareness of symptoms, knowledge about cancer, addresses possible hindrance to diagnosis, and the importance of early detection. Consequently, this information can facilitate patient awareness, influence behavioral changes, alter perceptions towards screening, and inspire proactive measures for early breast cancer diagnosis and screening (Li et al., 2020)

2.3 Stages of Breast Cancer

Cancer staging is based on the TNM (tumor, node, and metastasis) anatomical features. Advanced studies have shown that patients who have the same stage of cancer can have different outcomes. Staging helps clinicians to assess the degree of malignancy. However, there has been an update on the staging system, and this allows physicians to individualize staging outcome thereby leading to the enhancement of the prognosis. The anatomic TNM staging system encompasses clinical staging, pathologic staging, post-therapy staging and restaging. Clinical staging is based on results of biopsy of parts affected, imaging and physical examination. Pathological staging is done after surgical procedures have been carried out to remove tumors which are primary, and lymph nodes which are regional. Post-therapy staging is done to show the amount of cancer that is left after finishing either preoperative systemic therapy or radiation therapy. Restaging is done if there is recurrence of cancer, it helps to derive the degree of malignancy recurrence. Imaging results obtained around 4 months after diagnosis or after surgery are very useful for staging. The T has 5 categories from 0 to 4 while N has 4 categories from 0 to 3 and M has 2 categories between 0 and 1. The higher the staging number used the worse the malignancy in terms of features, shape and size, for example, a staging number of 0 could mean that there is no visible cancer but staging number of 2, 3, or 4 could mean that there is visible cancer (Zhu & Doğan, 2021).

2.4 Treatment Options for Breast Cancer

Chemotherapy plays a key role in treating breast cancer and improving survival rates. As new treatments extend life expectancy, it's important to consider the long-term effects. Chemotherapy can cause lasting health problems, especially heart-related issues like heart

failure, blocked blood flow to the heart, and high blood pressure. It can also lead to abnormal cholesterol levels in breast cancer patients after treatment (Alimperti et al., 2023).

Historically, the main goal of surgery for breast cancer has been to completely remove the tumor and restore the patient's life expectancy, essentially aiming for a cure. Radiation therapy, introduced in the late nineteenth century, shared this goal. Removing or controlling the tumor is important to prevent issues like pain, skin ulcers, drainage, or bad odor. Enlarged lymph nodes filled with cancer cells can also cause arm swelling, pain, and limited arm movement due to blocked lymph flow and pressure on the nerves in the brachial plexus. Radiation therapy, which often requires daily treatment for six weeks, can be challenging for patients who live far from specialized treatment centers (Henderson, 2015).

Adjuvant systemic therapy for breast cancer is treatment given after surgery to help prevent the cancer from coming back. It includes therapies that work throughout the body, like chemotherapy, hormone therapy, and targeted therapies. These treatments aim to eliminate any remaining cancer cells that might not have been removed by surgery, lowering the chances of recurrence, and improving survival rates. The choice of therapy depends on factors like cancer type, stage, and hormone receptor status (Shien & Iwata, 2020). Adjuvant systemic therapy, which complements local surgery and radiation therapy for patients without detectable metastases, closely resembles the systemic treatment provided for visible, symptomatic metastases. If administered promptly after the initial diagnosis, the therapy can significantly affect patient survival. This is believed to be due to the heightened sensitivity of cells within smaller metastatic lesions to treatment and/or the easier eradication of these hidden metastatic deposits owing to their smaller size. Although it's widely recognized that adjuvant systemic therapy extends the time to recurrence and improves survival rates for breast cancer patients, it remains uncertain whether this occurs because the therapy eliminates all distant cancer sites and potentially cures some patients, reduces the size of tumor deposits and postpones recurrence and mortality in many patients, or cures some patients while postponing mortality in others. (Craig.I. Henderson, 2015).

2.5 Breast Cancer Prevention and Awareness

Bellhouse et al., (2021) explained that 15-40% breast cancer cases can be avoided through certain practices that can improve health like regular exercise and by minimizing the consumption of alcohol. They further explained that carers at the primary care level have the responsibility of offering screening and prevention programs which are risk-based by providing basic prevention advice and by prescribing risk-reducing medication. It is also crucial to make sure that the target group can easily access these services.

2.6 Nurses Roles in the Care of Patients with Breast Cancer

Nurses play a vital role in delivering care across all stages of cancer, from diagnosis through treatment and even after patients are discharged from the hospital. It's essential that nurses approach their interventions and care practices holistically, requiring a deep understanding of the technical and scientific aspects within their field. Additionally, nurses are responsible for guiding patients through chemotherapy and its potential adverse effects, serving as crucial sources of clarification and instruction for patients' self-care. The guidance provided by nurses during chemotherapy can empower patients to take charge of their treatment by promoting self-care and fostering a sense of responsibility towards their own health (Ferrari et al., 2018).

Healthcare nurses have a vital function in supporting the screening and treatment journey for breast cancer. They serve as a consistent connection for patients, guiding them through screening procedures and directing them to available cancer screening programs (Carnahan et al., 2021). Sufficient understanding empowers patients to take an active role in their healthcare, leading to heightened feelings of control and better management of fatigue, depression, anxiety, and overall quality of life among breast cancer patients. Hence, it is beneficial to thoroughly educate the patients and establish a strong knowledge base early in their treatment process. Patients experience a range of emotions and uncertainty not only upon receiving their initial breast cancer diagnosis but also during subsequent hospital visits. Anxiety and depression are the most common psychosocial outcomes following the diagnosis (Wang et al., 2021). Research indicates that patients who undergo training and receive ongoing support from a breast care nurse demonstrate greater adherence to treatment and higher levels of satisfaction. Additionally, studies have revealed that breast cancer patients receive comprehensive information from breast care nurses during treatment, resulting in

beneficial outcomes and reduced anxiety levels (Kocan & Gursoy, 2023). Past research has suggested that oncology appointments by themselves frequently do not adequately educate patients. Challenges such as difficulty remembering information, feeling overwhelmed by information, limited chances to ask questions, and inadequate guidance on managing anxiety are frequently encountered by cancer patients (Wang et al., 2021).

The prevalence of breast cancer has been on the rise globally. Healthcare professionals should offer consistent support to breast cancer patients at all stages of diagnosis and treatment, helping them manage the challenges they face. Breast care nurses play a crucial role in this support system, as they are integral members of the healthcare team who maintain ongoing communication with patients throughout their medical and emotional journey. An essential responsibility of the breast care nurse is to provide guidance to patients to prevent or mitigate post-surgery complications related to breast cancer. The nurse's attentive counselling can assist patients in better coping with challenges encountered both during their hospital stay and upon returning home. By encouraging patients to gradually resume their daily routines, the breast care nurse contributes to enhancing their quality of life. The nurse's psychosocial support aids patients in adjusting to the social changes brought about by their condition (Kocan & Gursoy, 2023).

3 The Aim of Study and Research Question

The aim of this study is to explore the role of nurses caring for patients with breast cancer, and how nursing interventions help to improve the patient's wellbeing and outcomes. This study will provide extra knowledge to the readers and nurses who are working with breast cancer patients or nurses who intend to work with breast cancer patients in the future. The challenges faced by breast cancer patients will be outlined and nurses' roles in dealing with these challenges will be discussed from an individual nurse's point of view.

The Research Question

1. What are the major challenges faced by breast cancer patients?
2. How do nurses help patients with breast cancer to overcome their challenges?

4 Theoretical Framework (Kristen Swanson's Theory of Caring and Role of Nurses)

Kristen Swanson's Theory of Caring is a good framework for understanding and evaluating nursing care, especially when it has to do with breast cancer nursing as the theory reflect on the quality and attributes of the nurses who care for patients, in this case breast cancer patients, it emphasised on commitment and responsibility exhibited while giving care to others. This theory also reflects on the extent nurses go to understand their patient's illness without assumption, how the knowledge obtained enable them to care for their patients on an individual level, how they try to know what that illness means to the person affected because only by knowing will they ascertain the best possible action to take. The theory also supports the idea of being there emotionally through tough times, guiding patients through treatment decisions, physically assisting when they are unable and instilling hope for recovery. Each aspect of this theory strengthens the nurse-patient connection and supports patients through their journey. Swanson's theory, developed in the 1990s, outlines five essential processes of caring: Knowing, Being With, Doing For, Enabling, and Maintaining Belief (Swanson, 2015). These processes tell how nurses can provide compassionate, patient centred care that addresses both the physical and emotional needs of patients.

5 Methodology

The research methodology involves the qualitative research method, it will explain the data collection method, the inclusion and exclusion criteria for the data collection, the data analysis method and the ethical considerations employed in this research work.

5.1 Qualitative Research

Qualitative research typically involves collecting data in the form of words rather than numerical values. The reason for use of this method of research is because not all research questions can be answered with the use of quantitative method of study. For example, a qualitative interview can expose new ideas that are not previously known through answers obtained from interviews. Therefore, to get the best possible answers for this study, qualitative research method is needed. With qualitative method, informed decisions can be made regarding the selection of approach and their implementation strategy (Busetto et al.,

2020). Some key characteristics include flexibility and adaptability, allowing adjustments based on insights gained during data collection (Polit & Beck, 2010).

5.1.1 Data Collection Method

Semi-structured interview was chosen for this study as its method of data collection is perceived to best describe and achieve the aim and research question of the study because the data collection method involves open ended interview questions which have the possibility of providing detailed and extensive information needed for the study. And although previous studies have been conducted on similar topics, the interview has the potential to provide new ideas on how nurses help breast cancer patients to deal with the challenges they face after been diagnosed with breast cancer. Semi-structured interviews are open-ended questions that give the interviewee room to speak freely, it could also be in the form of a guide which could be a list of topics addressing the areas to be discussed Busetto et al., (2020). Semi-structured interviews are employed when researchers possess a set of subjects or general inquiries that need to be explored during an interview. Researchers utilize a written topic guide (or interview guide) to guarantee that all areas of questioning are addressed. The researcher's role is to facilitate participants in discussing all the topics outlined in the guide openly (Polit & Beck, 2010). Interviews serve to understand an individual's subjective experiences, perspectives, and motivations, rather than focusing solely on information or observable behaviors.

The pre-defined questions of the interview were derived from the aim and research question of this study and through insights obtained during the development of the study literature, some questions were also derived through examples of challenges mentioned in the literature review, the questions were then noted down to be addressed as interview questions. The questions had no specific order, some questions were intentionally repeated in different forms at different stages of the interview to get more insight into the subject. A pilot study was organized in this study to test the interview questions and to help make possible changes where necessary before the start of the main data collection. After the pilot study, some questions were merged while some were completely removed because they were found to be irrelevant to the research. The pilot study also gave insight on the length of the interview, which helped during the conversation with the participants as they often asked about how long the interview will take. Before the interview, an informed consent form was given to the participants to read and sign, see appendix 2. The study data was gathered through a

recorded interview, following written down questions that outlined the notable challenges faced by breast cancer patients, the questions can be found in appendix 1 of this document. The interview involved only nurses who have taken care of breast cancer patients or are currently caring for breast cancer patients. Most of the participants were gathered using a snowball method which involves recommendations by friends and friends of friends who were reached out to for referral. One of the participants was approached through Facebook, a total of 5 participants were interviewed. Participants came from different localities and countries, there was no restriction as to where the study participants could come from because this study is not limited to any certain geographical area. The interviews were organized via WhatsApp and teams at the request of the participants. Prior to the interview date, a copy of the questionnaire and informed consent were sent to the participants to read through before the meeting, this was to ensure that the meetings go smooth and fast and that the participants know the questions to expect as this will enable them to make some notes before the interview. This is also because it is assumed that the best possible answers could be obtained this way.

The table 1 below explains the method that was applied in the participants selection process. It involves the criteria for selection. The inclusion criteria represent the eligibility for interview participants selection while the exclusion criteria represent the nurse categories who are not eligible for the interview.

Table 1. Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Nurses with different specializations and educational levels like registered nurses, practical nurses, and primary care nurses who have cared for breast cancer patients.	Other professionals who work in oncology or healthcare but are not nurses
Nurses who have worked in oncology and are specialised in the care of breast cancer patients.	Nurses who have not worked with oncology and have not previously taken care of breast cancer patients. Nurses in the hospitals who have never cared for breast cancer patients
Nurses who have not worked with oncology but have cared for breast cancer patients.	

Nurses found in social media groups who meet the above criteria	
Nurses recommended by friends who meet the inclusion criteria	

5.2 Data Analysis

The data analysis followed a thematic analysis approach based on the framework provided by Braun and Clarke (Majumdar, 2022). Initially, each interview was transcribed word-for-word from audio recordings to maintain accuracy. Following transcription, each transcript was carefully read several times to gain a thorough understanding of the content, as part of the familiarization process. Next, relevant information was identified and coded according to its significance to the research questions, with special attention given to capturing meaningful phrases and expressions from the participants. This coding process was conducted manually, involving detailed annotations and highlighting of key points. Then the codes were grouped into themes, which reflected recurring patterns and insights in the data. The main themes identified included Physical, Emotional, and Psychological Challenges, Nursing Interventions and Strategies, Impact of Nursing Care on Quality of Life, and Areas for Improvement in Breast Cancer Nursing Care. Within each main theme, sub-themes were developed to capture finer distinctions, such as Physical Challenges and Emotional and Psychological Challenges within the first theme (Smith, Boyle, & Lewis, 2022). To maintain the authenticity of participant perspectives, the researcher organized participants' statements by theme, grouping responses collectively and integrating selected quotes for emphasis. This step ensured that the thematic categories aligned with the study's objectives. Only information pertinent to the study's focus was ultimately included in the final analysis, creating a focused, theme-driven representation of the data, in line with the methodological recommendations of Braun and Clarke (Majumdar, 2022).

5.3 Ethical Consideration

Ethical review involves careful examination and assessment of a research proposal, considering the ethical norms commonly observed within the specific scientific discipline. Particular attention is given to preventing any potential harm that may arise for the research subjects from the research itself or its outcomes (TENK, 2023). It is mandatory for studies to be conducted under the guidance of qualified experts and for the benefits of research to outweigh any potential risks. Prior to consenting to participate, individuals should be thoroughly briefed on the experiment's procedures, associated risks, and any factors that might influence the results. Participants are required to provide their consent voluntarily, without facing any form of coercion, undue influence, or deception (Solis Sánchez et al., 2023).

The principle of autonomy asserts that everyone should be regarded as independent individuals, with special protection for those who are unable to make autonomous decisions. It acknowledges that autonomy may evolve over time and might need periodic reassessment. Autonomy forms the fundamental principle driving the necessity of disclosing study details and securing informed consent (Solis Sánchez et al., 2023). Voluntary participation involves allowing research participants to participate in research interviews willingly and withdraw at any time without any negative effects. To preserve the integrity of the participants, their rights to participate will be made known to them assuring them that they are free to withdraw at any time. Prior to the research, a consent form (appendix 2) was given to participants to sign. Every content of the form was addressed individually to make sure that the information contained in it are well understood. Participants who are not close by gave their consent orally through an audio recording, or writing (The Ethical Principles of Research with Human Participants and Ethical Review in the Human Sciences in Finland, 2019).

The principle of discontinuation which permits the participant to discontinue with the interview at any point of the research was explained in appendix 2 of this document which is the informed consent form and it states that participants are free to quit if they feel uncomfortable about certain questions or are no longer interested in the research, the participants were made to know that they can withdraw without reason although the data gathered prior to the time can still be used for research as outlined by The Ethical Principles of Research with Human Participants and Ethical Review in the Human Sciences in Finland, (2019). Research information concerning the participants, how the data collected will be used, as well as a precise description of the research's impacts and possible advantages was

explained to the interviewees in detail without hiding anything. This is to make sure that the participants fully understand what they are getting involved with. Also, information was given in a common language which is English. After giving detailed information regarding the research and participation, the interviewee was allowed enough time to properly think through before giving their reply, every question they had was answered as best as possible as described by (TENK, 2019).

6 Result

Five (5) participants, all female nurses, participated in the study, with ages ranging from 30 to 50 years. The participants had varied educational backgrounds, with degrees in nursing, public health, and midwifery, and extensive professional experience ranging from 16 to 22 years in the healthcare field. Three participants worked in the University of Nigeria Teaching Hospital, with roles in departments such as neurology and surgical theatres, where they regularly handled cases, including breast cancer patients. One participant was employed as a registered nurse with experience in adult medical, surgical, and oncology units. Another participant, also a nurse, reported having over 20 years of practice in surgical units and experience with cancer patients, especially those with breast cancer. The last participant was a breast cancer survivor herself, with experience in critical care and currently works for a patient safety organization in the US. The participants were fluent in English. For the purposes of this study, we will refer to the participants as Participant 1 through to Participant 5.

Four (4) key themes emerged from the analysis, and they included Physical, Emotional, and Psychological Challenges, Nursing Interventions and Strategies, Impact of Nursing Care on Quality of Life, and Areas for Improvement in Breast Cancer Nursing Care (Smith, Boyle, & Lewis, 2022). Sub-themes within each main theme, like Diagnosis Shock under challenges and Resource Coordination under improvement, allowed for more detailed distinctions (Table 2 below).

Table 2: Major Themes and Sub-Themes Identified in the Analysis

Key Themes	Sub-Themes
1. Physical, Emotional, and Psychological Challenges	- Post-Surgical Complications - Treatment Side Effects

	- Diagnosis Shock
	- Self-Image Concerns
2. Nursing Interventions and Strategies	- Tailored Communication
	- Side Effect Management
	Education
	- Building Trust
	- Connecting with Support Systems
3. Impact of Nursing Care on Quality of Life	- Pain Management
	- Building Confidence
4. Areas for Improvement in Breast Cancer Nursing Care	- Resource Coordination
	- Follow-up Support
	- Cultural and Religious Considerations
	- Family Dynamics

6.1 Challenges Faced by Breast Cancer Patients

The patients faced physical, emotional, and psychological challenges. In addition, subthemes such as post-surgical complications, treatment side effects, diagnosis shock, and self-image concerns highlighted the struggles faced by breast cancer patients.

6.1.1 Physical Challenges

Breast cancer patients often endured severe physical challenges, particularly following surgery and during treatment. These challenges manifest in various forms, affecting their daily lives and overall well-being. For instance, lymphedema, a common condition post-surgery affects patients' mobility, as described by Participant 2. The participant underlines how patients struggle to maintain balance, stating, "*it affects their movement; some try to bend forward just trying to balance their weight.*" This illustrates the physical strain that comes with managing their condition and the changes to their body after surgery. Additionally, mobility is particularly impaired when the cancer affects the dominant hand. As Participant 2 notes, "*if it happens to be the right hand and the patient is right-handed...you have to help the patient in feeding.*" Such circumstances significantly affect the patient's independence and make them reliant on others for basic tasks.

Moreover, the side effects of chemotherapy further exacerbate physical challenges. Many patients experience noticeable and distressing changes, such as hair loss. Participant 2 observes that *"because of the kind of chemotherapy they are taking, their hair might fall off,"* which is a physical consequence but also deeply tied to emotional and psychological impacts on self-esteem.

Pain is another dominant physical challenge, with Participant 4 emphasizing its intensity, describing it as one of the worst symptoms patients endure: *"let's talk about pain now, because that's the worst thing they pass through; that is the worst symptom I think they go through through this breast cancer problem."* Participant 5 reiterates this, stating that: *"I had a lot of bone pain from the medication"* and *"Mouth sores is a pretty common physical like yeah, like so a lot of the chemo because of the way it goes after the cells."*

Participant 5, drawing from personal experience as both a nurse and breast cancer survivor, provides more information into the physical challenges: *"The fatigue is really bad. The fatigue is awful and and just, you know, it's kind of like being pregnant, but worse."* Cognitive issues, often referred to as "chemo brain," can persist long after treatment, as Participant 5 notes: *"Common issues are are cognitive chemo brain is a real thing, and you know even now I'm five years out and I still have memory loss."* These physical struggles point out the need for personalised care approaches that address not just the disease but also the physical toll it takes on the body.

6.1.2 Emotional and Psychological Challenges

Beyond physical pain, breast cancer takes a heavy emotional and psychological toll on patients, affecting their mental well-being. Acceptance of the diagnosis is a profound emotional hurdle. As Participant 3 explains, *"for one to accept that she has cancer is not easy."* The initial shock and denial often give way to deeper emotional struggles, as patients confront the reality of their illness. This difficulty of acceptance can lead to depression and withdrawal from social circles. Participant 3 further describes how patients become isolated, stating, *"they are depressed, they are withdrawn from society, they are no longer happy."* This suggests that breast cancer not only affects physical health but also triggers a downward emotional spiral, which can be just as debilitating.

Fear of mortality looms large for many patients, amplifying their psychological burden. Participant 3 recounts a patient's expression of hopelessness, *"she said that she thinks that*

when she gets home, it won't even take 2 weeks, and she'll die off." This fear of impending death can erode the patient's mental resilience, making it harder for them to engage with treatment and care. Educated patients, in particular, may experience heightened depression due to their awareness of the gravity of their condition. As Participant 4 notes, *"when you tell them they have cancer, depression eats them up; they start withdrawing, they keep to themselves, they are always sober, and they take it as if they've been given a death warrant."* This withdrawal reflects the profound sense of despair and helplessness that many patients feel.

Another major emotional challenge stems from body image issues following surgery or treatment. The women expressed distress at the prospect of losing their breasts, a key part of their identity and femininity. Participant 4 captures this anxiety, explaining that patients often ask, *"are they going to remove my breast, so how will I look when they remove my breast?"* This anxiety over body image affects patients' confidence and self-perception, adding to the emotional burden they carry.

6.1.3 Social and Relational Challenges

The social and relational dynamics of breast cancer patients often deteriorate as the illness progresses. Family relationships can suffer significantly in some cultures, particularly when patients are no longer able to maintain their roles within the household. Participant 3 shares that *"most of them, their husbands abandon them,"* pointing to a lack of spousal support that can leave patients feeling isolated. Additionally, as the physical symptoms of cancer become more apparent, patients may experience neglect from their relatives. This is evidenced in Participant 3's statement: *"when the place is dirty and smelling, the relatives are no longer giving them good attention."* This neglect underlines how the visible and olfactory consequences of cancer can alienate patients from those who should be their support system.

Young, single women face unique relational challenges, as their marriage prospects may be affected by their diagnosis. As Participant 4 explains, *"if it is a single lady, she doesn't find it easy because she is expecting to be married in the future, or the person is already in a relationship."* The stigma surrounding breast cancer, coupled with concerns over body image and future health, can make it difficult for these women to maintain or pursue relationships. This adds a social dimension to the emotional burden they carry, as they grapple with fears of rejection or being deemed less desirable by potential partners. Moreover, there are often unspoken fears regarding fertility and the ability to breastfeed in the future, which can also

complicate their emotional state. Many young women diagnosed with breast cancer worry about the impact of treatment on their reproductive health, including the possibility of infertility and the inability to breastfeed their future children. These concerns add to these feelings of inadequacy and heighten anxiety around relationships, as they contemplate not only their current desirability but also their future roles as mothers.

6.1.4 Financial Burden

The financial burden of breast cancer is overwhelming, particularly in Nigeria, where healthcare costs are high, and many patients cannot afford necessary treatments. Participant 3 underlines this issue by stating, "most of them have an issue with finance," noting that the high cost of cancer medications and treatments is a barrier to care. This financial strain often leads to patients discontinuing treatment prematurely. As Participant 3 explains, *"they will not be able to afford their medications and even hospital bills,"* which significantly compromises their chances of recovery. Without adequate financial support, many patients are left to face the disease with limited resources, exacerbating their physical and emotional suffering. Participant 4 also points out the high cost of cancer treatment in Nigeria, describing it as *"nothing to write home about because it's very, very costly, and that is why most people are dying out of ignorance and out of poverty."* Even in better perceived healthcare systems, financial challenges still persist, as Participant 5 notes: *"Well, you know, I think there is not one government paid healthcare. So you know I was very fortunate that I had good insurance from my employer. But there's a lot of women that may not have health insurance. So it becomes... a financial burden."*

6.1.5 Cultural and Religious Misconceptions

Cultural and religious beliefs can also complicate breast cancer diagnosis and treatment. Many patients attribute their condition to supernatural causes rather than accepting medical explanations. Participant 4 notes that upon being diagnosed, *"a lot of people, in their conception, believe that somebody must have wished them this cancer."* This belief in curses or witchcraft can delay medical intervention, as patients may seek spiritual or traditional remedies instead of medical treatment. These misconceptions create additional barriers to care, as patients may resist conventional treatments in favor of practices aligned with their cultural or religious beliefs. However, they can also offer patients comfort, community, and a sense of agency in their health journey.

6.2 Nursing Interventions and Strategies

Nurses implemented a variety of interventions tailored to the unique needs of breast cancer patients, emphasizing both educational and supportive care. Within this theme, subthemes emerged that highlighted the importance of personalized care approaches.

6.2.1 Educational Interventions

Education is one of the most important interventions that nurses provide for breast cancer patients, ensuring that they understand their condition and treatment options. Participant 2 emphasises the need to tailor education to the patient's comprehension level, explaining that nurses must *"bring down the education at the level the patient can be able to understand."* This underlines the importance of making medical information accessible, particularly in situations where complex terminologies can be overwhelming for patients. Nurses often act as translators of medical jargon, helping patients process their diagnosis and treatment plans in simpler terms. Participant 3 also sheds light on the personalized role nurses take in this educational process, stating, *"we nurses come closer to the patients, sit down, sit with them, and digest all these things as it's explained to them in a language that they don't understand."* This close interaction helps to bridge the gap between medical professionals and patients, fostering trust and understanding. For patients who are not literate or do not understand medical instructions well, nurses involve family members to ensure that the patient receives the necessary support. Participant 3 continues, *"for those that are not literate, we invite their children or relatives that can understand very well."* In this way, nurses act as advocates and facilitators, ensuring that no patient is left confused about their treatment. Furthermore, Participant 4 discusses the use of multimedia and regular educational sessions in their nursing practice. They describe how they use visual aids like television (TV) screens in oncology departments to help communicate health information: *"they have LCD um you TVs in the oncology departments and clinics."* Additionally, regular health talks are provided to educate patients: *"on Tuesdays and Thursdays, if I'm on duty, I must give the health talk."* To make sure that patients have understood the information provided, nurses utilize a technique known as teach-back, where patients are encouraged to repeat the information to confirm comprehension: *"after showing them, there is what we call teach-back."* This method reinforces understanding and empowers patients to take charge of their health. Participant 5 further emphasizes the importance of this communication pattern mentioning that *"If you listen for 60 seconds uninterrupted to hear what your patient is telling you and*

then and then there's a bit of a reflective listening that goes on. So then you kind of repeat back to the patient." She emphasizes the importance of this method: *"And that's that's a really good way to confirm that they heard you. Because if they cannot teach that back to you... There's a problem."*

6.2.2 Emotional Support Strategies

Beyond education, emotional support is crucial in the care of breast cancer patients, many of whom face significant emotional and psychological challenges. Building trust between nurses and patients is key to fostering open communication. Participant 2 stresses the importance of creating rapport: *"you will have to create rapport with the patient... the patient will not be in a position to tell you all."* This emphasizes the need for nurses to establish a safe and trusting relationship so patients feel comfortable sharing their concerns, which may otherwise go unspoken. Participant 4 further emphasizes this idea by highlighting the importance of building a strong interpersonal relationship with the patient. Participant 4 stated, *"create that interpersonal relationship with your patient that they confide in you, and then you help tackle their problem."* This close connection not only helps patients open up about their concerns but also ensures that they feel supported throughout their treatment journey. Nurses can provide comfort by making themselves accessible and familiar to the patients. Participant 4 adds, *"always make sure they know your name and that they can reach you if they need help, even when you are not on duty."* This level of availability reinforces a sense of security and ongoing care. Adding to one-on-one support, nurses also facilitate support group meetings for patients, where they can share experiences and find comfort in one another's company. Participant 3 describes these meetings: *"they meet each other up once a week... we give them health talks, and after the health talk, they have the opportunity to chat with one another."* participant 5 also emphasizes the importance of continuous emotional support: *"I think just, you know, letting them know this is all part of it, right. This is all part of the treatment and don't give up."*

6.2.3 Practical Care Solutions

Nurses often devise practical solutions to improve the quality of life for breast cancer patients, addressing both immediate and long-term needs. One notable intervention involves providing prosthetics for patients who have undergone mastectomies. As Participant 3 describes, *"we devised a means of getting them a prosthesis in our area, especially for the*

younger ones... this makes them smile again in their life." This demonstrates the nurse's awareness of the emotional and psychological impact of losing a breast and their effort to restore a sense of normalcy and confidence in patients' lives. By addressing these body image concerns, nurses help patients regain their self-esteem and improve their emotional well-being. In addition to practical aids like prosthetics, nurses also consider the comfort and recovery process of patients undergoing chemotherapy. Participant 3 shares that their hospital provides a space where patients can stay for a couple of days after their treatment: *"we have provided a place in our hospital for those willing to stay; after chemotherapy, they can stay two days before going home."* This arrangement ensures that patients can receive the necessary post-treatment care and rest before returning home, offering them a sense of security during a vulnerable time. Symptom management is also important as Symptom management is crucial, as participant 5 mentions: *"Making sure your patients have the the meds or the alternative therapies to treat all of those things because there's a lot of physical... Problems have you know after when you're when you've gone through treatment and you're recovering."*

6.2.4 Holistic Care Approaches

In some cases, nurses must find ways to balance spiritual needs with medical care. Many patients draw on their faith for strength during treatment, but sometimes their cultural and spiritual practices can conflict with medical advice. Participant 4 shares a specific instance where a patient wanted to fast during treatment, but the nurse had to intervene for the sake of the patient's health: *"She told me she wanted to fast, but I told her she needs to eat before taking her drugs... What I did was to find a balance between her fasting and her treatment."* This example underlines the nurse's role in respecting the patient's beliefs while ensuring that their medical needs are met. By finding a compromise, the nurse was able to support the patient's spiritual practices without compromising their treatment.

6.3 Impact of Nursing Care on Quality of Life

Nursing care is important in improving the quality of life for breast cancer patients, addressing not only their medical needs but also emotional, social, and psychological challenges. Nurses provide holistic care that helps patients navigate the complexities of their diagnosis and treatment, empowering them to manage their condition while maintaining a sense of normalcy in their lives. Participant 3 underlines how ongoing nursing care can lead

to positive outcomes, noting how one patient has continued to manage her responsibilities and maintain a stable life: *"she's still living... managing her family... because she's taking her drugs, coming for check-up."* This quote illustrates the importance of adherence to medical treatment and regular check-ups, as facilitated by nurses, in enabling patients to maintain their day-to-day lives despite the challenges of breast cancer. It reflects how comprehensive nursing care; ranging from medical support to emotional encouragement, can enable patients to live fulfilling lives, even as they cope with a life-altering illness.

In addition to medical care, nurses are involved in helping patients accept and cope with the physical changes that come with breast cancer treatment, such as mastectomy. Participant 4 describes how they counsel patients on the emotional aspects of losing a breast, helping them shift their perspective from self-blame to self-acceptance: *"I make them understand that losing a breast doesn't mean they killed someone; the sickness came upon them and for them to live, the breast must be removed."*

Social reintegration is another area where nursing interventions have a profound impact. After being diagnosed with breast cancer, many patients may withdraw from social activities due to feelings of embarrassment, isolation, or emotional distress. Participant 4 touches on this issue, noting how important it is for patients to re-engage with their social environment: *"when you sit at home and say OK because I'm taking drugs you make yourself Being sympathized all the time, when you continue that way the person cannot get out of it."* This reflects the nurse's role in encouraging patients to move beyond a mindset of helplessness and engage in their social networks.

Empowering patients is as additionally important, as participant 5 emphasizes: *"Any anything that you can allow that makes the patient feel like she has a choice, or she has gives her lets her regain a sense of control which... I think is really important."*

6.4 Areas for Improvement in Breast Cancer Nursing Care

There are several areas within breast cancer care that could benefit from improvements, ranging from healthcare system enhancements to better prevention and early detection strategies, cultural sensitivity, and policy reforms. The information provided by participants showed the challenges and opportunities for strengthening the overall care system, especially in resource-constrained settings.

6.4.1 Healthcare System Enhancements

One major area for improvement lies in addressing the resource constraints that hospitals face. According to Participant 4, a lack of adequate medical equipment and poor management practices significantly hinder the ability of healthcare professionals to provide optimal care for breast cancer patients: *"working in the hospital is not really easy because of lack of equipment all due to poor management."* This quote underlines the urgent need for better resource allocation and management within the healthcare system to ensure that breast cancer patients receive timely and effective treatment. Without access to critical equipment, such as diagnostic tools and chemotherapy supplies, the quality of care is compromised, and patient outcomes suffer as a result. Addressing these resource gaps is essential for improving the overall efficiency of cancer care services.

6.4.2 Prevention and Early Detection

Another key area for improvement is in the realm of prevention and early detection of breast cancer. Nurses recognize the importance of reaching out to communities to raise awareness and educate people about the disease. Participant 3 emphasizes the role of community outreach in educating the public: *"going to the villages, to the churches places... to teach people about revelation of this cancer."* By actively engaging with local communities, nurses help dispel myths and raise awareness about the importance of early detection, which can lead to better treatment outcomes. Such outreach efforts are vital in rural areas where healthcare information and services may be limited. Participant 4 adds that education on early detection should begin at a young age, recommending that breast health awareness be integrated into the school curriculum: *"we should teach people, especially starting from secondary school, in their classrooms. They should be taught how to detect lumps in their breasts."* This proactive approach to education can help young women recognize potential symptoms early, increasing the likelihood of early intervention and treatment. Early detection is a key factor in improving survival rates, and starting education early helps foster long-term health consciousness.

6.4.3 Cultural and Spiritual Integration

Cultural beliefs and misconceptions also present challenges in breast cancer care, particularly in certain regions. Participant 3 notes that in some communities, there are deep-

rooted superstitions about the causes of breast cancer: *"most people in our area believe that breast cancer is... maybe somebody that is not in good terms with you that may charm you."* These beliefs can prevent individuals from seeking timely medical intervention, as they may attribute their condition to supernatural forces rather than medical causes. Participant 5 similarly points out the importance of cultural competence: *"Nurses and doctors and everybody in healthcare in general just need to really address implicit bias that they may have. And you know, we have to ask ourselves and be look in the mirror."* Addressing these cultural misconceptions through targeted educational programs can help bridge the gap between traditional beliefs and modern medical understanding, making sure that more people seek appropriate care in the early stages of the disease.

6.4.4 Policy Recommendations

Policy reforms are another crucial area for improving breast cancer care. Participant 4 calls for greater government involvement in enhancing healthcare infrastructure: *"I recommend that the Ministry of Health and the federal government should provide infrastructures, basic amenities, and equipment that will help with early diagnosis, maybe even offering free checkups like pap smears and mammograms."* Another participant stressed the need for better financial support stating that *"Financial advisors available or counsellors, financial counsellors available to talk to patients if they need it, is really important and... Because that's just one stress you don't need, right?"*. Long-term follow-up care is another area requiring attention. Participant 5 highlighted this need: *"I think women need to know that. I think that's part of the nurse or the doctor's responsibility is to say, you know, even when you're done all this, you're still gonna have long lasting physical effects years down the road."* This recommendation expresses the need for accessible and affordable healthcare services, particularly in the early detection of breast cancer. Offering free screening programs, like mammograms would encourage more women to undergo regular check-ups, leading to earlier detection and better outcomes. Additionally, improving hospital infrastructure and ensuring the availability of diagnostic equipment would reduce delays in diagnosis and treatment, ultimately improving the quality of care for breast cancer patients.

7 Method and Result Discussion

The discussion of this study's findings focuses on the methodology and the roles that nurses play in the care of breast cancer patients, highlighting their various contributions to physical, emotional, and social support.

7.1 Method Discussion

The methodology followed Braun and Clarke's thematic analysis approach (Majumdar, 2022). Although thematic analysis provided a sound framework to understand the nurses' roles, there is an inherent limitation to this approach. For instance, the nature of data is qualitative; hence, the findings cannot be generalized to the general population of nurses or patients with breast cancer (Coker, 2022). Further, self-reporting data are prone to biases, where respondents may underreport or overreport their issues (Durmaz, Dursun, & Kabadayi, 2020). However, the strengths of this study are that an in-depth investigation into the participants' perspectives thus allows for substantial variation in the complexities arising in the care of breast cancer patients (Majumdar, 2022). Although making the study open to all geographical area made it easier to access participants, the situation would have been different if the geographical area was limited to a certain region or country for example Finland. The small sample size (five participants) allowed for a relatively focused and in-depth analysis that captured personalised themes that would be easily missed in larger quantitative studies (Coker, 2022). Even though it did not give the researcher the opportunity to explore the differences in the health care system of varying geographical areas. Moreover, the contribution of a participant survivor with breast cancer adds another level of depth to the findings that underlines the holistic nature of nurses' care.

7.1.1 Limitation of the Study

The major limitation of this study is the restriction to interview within the healthcare setting. As undergraduate students are not allowed to source for participant directly from the healthcare environments or similar places without approval, it was difficult to find nurses for the interview. Obtaining approval for interview requires ethical permission from the welfare county, the process takes a lot of time so as a result, the option was ruled out to save time. For this reason, the sample size was affected leading to a sample bias because most of the participants came from the same geographical area, this would not have been the case if there were no such participant restriction or if the process of acquiring the ethical permission was made much easier. The small sample size used in this study might have limited the diversity of the findings. This study may not have captured the full range of perspectives or

experiences that exist within a broader population because most of the participants came from the same geographical area.

7.2 Result Discussion

As front-line healthcare providers, nurses are often the first to interact with patients, addressing their immediate needs while managing the complex physical and psychological challenges associated with breast cancer treatment. Upon examining the lived experiences of nurses, this discussion demonstrates the importance of nursing care in the overall treatment journey of breast cancer patients and identifies areas for improvement to enhance patient outcomes.

7.2.1 Challenges Faced by Breast Cancer Patients.

Certain findings from this study emphasize the challenges that face patients with breast cancer, especially within Nigeria. The physical challenges which include lymphedema, mobility issues, and chemotherapy side effects corroborate the finding of Beatty et al. (2008), who observed that the management of side effects was the major concern of such patients. However, this research places greater emphasis on dominant hand mobility and severe fatigue; for example, Participant 5 describes it as "worse than being pregnant." Other findings included difficulties with cognition-often termed "chemo brain"-and Ciria-Suarez et al. (2021) also found loss of identity during the treatment phase, thus suggesting greater awareness be given to patient care protocols.

Emotional reactions, like denial of diagnosis and subsequent depression, follow the work of Landmark and Wahl, who in 2002 studied emotional reactions upon receipt of a diagnosis of breast cancer. The current study adds further knowledge by describing how these patients are revealed to socially withdraw and fear mortality. Body image concerns over "losing" one's breast are parallel to results found by Cebeci et al. (2012) regarding "living with losses." However, the latter further relates this to feminine identity concerns in a way that suggests psychological interventions should be provided.

Other social issues discussed include spouse abandonment and negligence of relatives and reflect how these impacts relationships, in particular young unmarried women's potential marriage futures. This is a cultural context that begs for sensitive support programs, wherein the literature still lacks comprehensive coverage.

Moreover, the cost of treatment for breast cancer in Nigeria has huge economic implications, as many reported stopping treatments for financial reasons. This is expected, given that it falls squarely within the domain of health inequity and should attract necessary policy interest.

Also, misconceptions in the cultural and religious beliefs of the people form barriers to effective care; the understanding of the local belief system becomes all the more important. This calls for sensitive health education and culturally sensitive intervention strategies, perhaps even using the religious leaders themselves to help overcome misconceptions and facilitate acceptance of medical treatments.

7.2.2 Nursing Interventions and Strategies

The results on nursing interventions related to breast cancer patients have shown that education and emotional support are very important. In addition, participants mentioned education strategies specific for the level of understanding of the patient and family inclusion for illiterate patients. These methods were also mentioned by Amir et al. (2004), but this study discusses using multimedia, frequent sessions, and teach-back technique for elaboration, reflecting nurses' ability to adopt whatever is helpful in escalating patients' knowledge and compliance with the treatment.

Emotional support became a significant aspect of care; this finding was supported by Remmers et al. (2010), but the current study detailed specific measures, like nurses making their availability open even outside duty hours and organizing the conduct of support group meetings, through which trust and rapport are established with the patients. The need for continued emotional assurance, as shared by Participant 5, points to the patient's morale that must be sustained during all levels of treatment.

Solutions for practical care, as actualized in this study, include providing prosthetics and special recovery rooms after chemotherapy treatments. This reflects a proactive nursing

attitude toward both physical and psychological needs. This again finds evidence in Smith et al. (2022), which talks of the availability of specialist breast care nurses. Specifying focus on interventions for body image concern underlines an astute understanding of mastectomy consequences on self-esteem.

These holistic care approaches identified in this study also speak to the balance between respect for patients' cultural and spiritual beliefs and medical care. This adaptability is very relevant for the Nigerian setting, where cultural considerations often have a great influence on the approach to patient care.

7.2.3 Impact of Nursing Care on Quality of Life

The present study emphasizes nursing care as a whole contribution to quality of life in order to meet the various medical, emotional, social, and psychological challenges of patients with breast cancer. In fact, such an approach meets the standpoints expressed by Smith et al. (2022) regarding the fact that continued nursing assistance can enable patients to continue their daily lives in the presence of the hardships of living with breast cancer. Specific examples from the study show how nursing interventions facilitate concrete improvements, such as the management of family responsibilities during treatment.

The role of nurses regarding the acceptance and coping mechanism of the patients with physical changes, after mastectomy in particular, also aligns with the "living with losses" theme identified by Cebeci et al. (2012). This is adding more weight to how the nurses address body image concerns and emotional trauma to help such patients transition from self-blame to self-acceptance, something that may not be fully derived from the previous literature.

What is also striking in this study is the emphasis on social reintegration. Landmark and Wahl acknowledged, as early as 2002, the importance of the social network, but in this study, the nurses are active in stimulating the returning of the patients to their social surroundings to combat loneliness.

The study also empowers the concept of patient activation, as was pointed out by Participant 5, in tune with Ciria-Suarez et al. (2021), indicating critical stages in their journey. Specific examples that come forth from this research enlighten the discussion about how nurses facilitate the process of offering the patient a chance to make informed choices and hence regain a sense of control over their lives.

7.2.4 Areas for Improvement in Breast Cancer Nursing Care

The findings of this study have identified some key areas for improvement in the delivery of nursing services to breast cancer patients, highlighting improvements in health systems, prevention, and early detection, considering cultural variables, and promoting policy reforms. The participant 4 concerns on resource constraints-especially on the lack of appropriate medical equipment and poor managerial practices-also reflect broader issues related to healthcare equity and access from earlier studies. For example, Smith et al. (2022) highlighted potential disparities in the levels of service delivery from breast care nurses throughout Australia. The lack of this level of fundamental infrastructure not only impacts negatively on service delivery but also leads to negative consequences on the outcomes of patients and thus requires serious improvement in the resourcing and management by health systems.

Focus on prevention and early detection mechanisms shows that the approach towards dealing with breast cancer is proactive. Participant 3's suggestion of outreach in the community for education was observed by Pamuk (2018) regarding the importance of awareness in disease management. In this regard, this study furthers the discussion by suggesting novel approaches-for example, Participant 4 suggests the inclusion of curricula on breast health in schools. This would go a long way in enhancing early detection rates and, consequently, patient outcomes.

Further, the results on cultural and spiritual integration in the care of breast cancer highlight a number of challenges inherently faced in a diversified cultural setting. Comments by Participant 3, regarding superstitions about the causation of breast cancer, point to the importance of cultural beliefs, as identified by Ciria-Suarez et al. (2021), during the time of initial diagnosis. This points toward self-reflection and training in cultural sensitivity for

health providers, as stated by Participant 5, to understand implicit biases and deliver quality care.

Such policy recommendations go towards the involvement of the government in improving health infrastructure and providing free-of-cost screening services and add to the broader literature discussions on access and equity in health. Some of the concrete suggestions include the provision of free mammograms and Pap smears. It forms a pragmatic realization of barriers to care where resources are limited and feasible solutions to improvement in access to early detection services.

As Participant 5 emphasized, long-term follow-up care is another aspect of breast cancer care that has seldom been investigated in previous studies. This finding points to the necessity of adopting a comprehensive, long-term approach to breast cancer management, beyond the initial treatment phases.

7.3 The Role of Nurses in Care of Patients with Breast Cancer vs Kristen Swanson's Theory of Caring

The basic concepts featured in Kristen Swanson's Theory of Caring are Knowing, Being With, Doing For, Enabling, and Maintaining Belief (Swanson, 2015).

First, the educational strategies employed by nurses were noted to be particularly effective. Participants emphasized the importance of adapting education to match the patients' comprehension levels and utilizing methods like teach-back to ensure understanding. This focus on tailored education demonstrates how nurses strive to understand the unique perspectives and needs of their patients, reflecting the '**Knowing**' aspect of Swanson's theory, which emphasizes understanding the events that hold meaning in patients' lives.

Additionally, the study found that emotional support strategies played a crucial role in patient care. Participants described the importance of building trust and rapport with patients, creating a safe environment for open communication. These actions align closely with the '**Being With**' component of Swanson's theory, as they embody the emotional presence and support that nurses provide throughout the cancer journey.

Practical care solutions also emerged as a vital aspect of nursing interventions. Participants reported on initiatives such as providing prosthetics for mastectomy patients and creating

supportive spaces for post-chemotherapy care. These interventions illustrate the ‘**Doing For**’ aspect of Swanson's theory, where nurses act in ways that anticipate and meet patients' needs during their illness.

Furthermore, the study highlighted the significance of empowering patients and facilitating social reintegration. Participants discussed how nurses encourage patients to re-engage with their social environments and regain control over their lives. This focus on empowerment reflects the ‘**Enabling**’ process within Swanson's theory, emphasizing the role of nurses in guiding patients through transitions and unfamiliar experiences.

Lastly, findings regarding how nurses help patients cope with physical changes and maintain a sense of hope throughout their treatment resonate with the ‘**Maintaining Belief**’ concept in Swanson's theory. Participants noted that nurses support patients in shifting from self-blame to self-acceptance, reinforcing their resilience during challenging times.

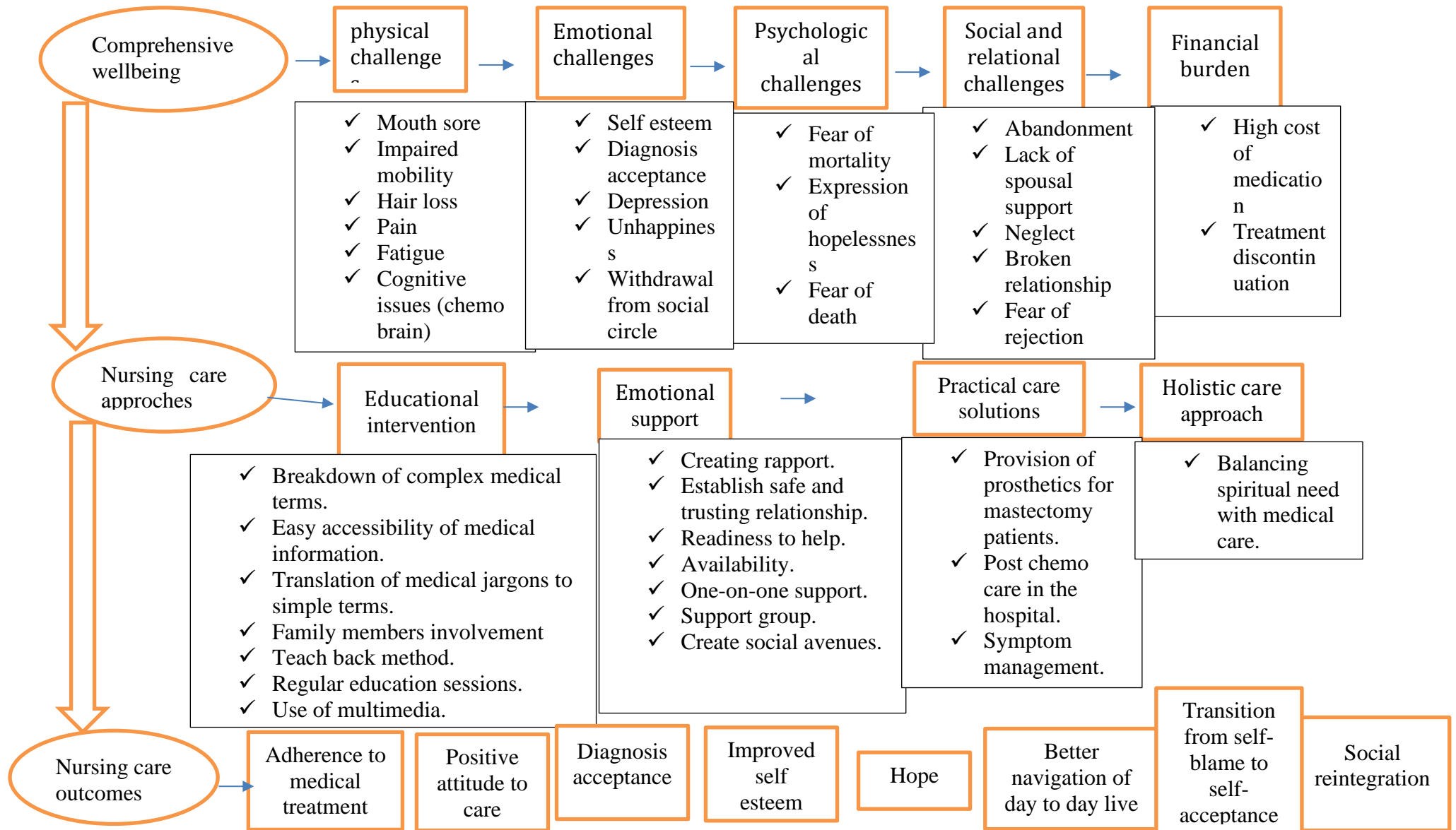
The study's overall findings underscore the holistic approach to care, addressing not only the medical needs of breast cancer patients but also their emotional, social, and psychological challenges. This comprehensive view aligns with Swanson's theory, which advocates for a caring approach that supports patients through significant life transitions.

However, challenges in applying Swanson's theory were also identified. For instance, resource constraints, such as inadequate medical equipment, can hinder nurses' ability to engage fully in the Doing For process. Additionally, high patient loads and time constraints may limit opportunities for nurses to embody the Being With aspect of care as envisioned by the theory.

7.4 Conceptual Model of the Study

This model highlights the major concepts of the study findings the relationship between the challenges faced by breast cancer patients and how nursing intervention can impact the quality of life of the patients. The 3 concepts identified in this study were: comprehensive wellbeing, nursing care approach and nursing care outcomes. The relationship between these three concepts can bring about patient satisfaction. The comprehensive wellbeing as illustrated in the model shows an overview of the physical, emotional, psychological, social and relational challenges, as well as the financial burden of breast cancer patients. The nursing care approaches depicts the educational intervention, emotional support, practical

care solutions and holistic care approach. The nursing care outcomes shows the end result of the nurses interventions and how it brought about adherence to medical treatment, positive attitude to care, diagnosis acceptance, improved self esteem, hope, better navigation of dayb to day life, transition from self blame to self acceptance and social reintegration. The model illustration can be seen in the chat below.



7.5 Conclusion

The present study gives a comprehensive review of the multidimensional role that nursing care plays in improving quality of life in breast cancer patients. Qualitative insights from participants underline the need for holistic nursing interventions to meet the medical, emotional, psychological, and social needs of the patients. With adapted education, psychological support, and the empowerment of the patient, nurses are on the front line in facilitating patients with breast cancer through the disease process with dignity and tenacity.

The study's alignment with the Swanson's theory of caring underlines a thorough investigation of patients' perspectives and emotional presence from the very commencement of their treatment. It hence proves that good nursing care encompasses more than conventionally done in medical intervention; it embodies a relationship that is patient centred, where trust is fostered, and the patients are empowered and supported to surmount the adversities that come with living with breast cancer.

However, the study also identifies resource constraints, critical areas for improvement in cultural sensitivity, and policy reforms. Resolving these challenges would further improve the quality of care for breast cancer, making sure that nursing practices are parallel with the ideals embedded in Swanson's theory.

7.6 Recommendations

The study has its limitations and based on this some recommendation where made.

1. Future research on this topic would benefit from broader access to participants across multiple healthcare settings. To reduce sample bias and improve the diversity of findings, it will be beneficial to established partnerships with healthcare institutions or professional nursing organizations. This would allow undergraduate researchers supervised access to a more varied and representative pool of nursing participants. Additionally, expanding the geographical range of participants could capture wider perspectives and experiences, thereby enhancing the generalizability of the study.

2. Encourage nursing students to take part in breast cancer care research from the undergraduate level.
3. During oncology nursing workshops organised by the school as part of the nursing program curriculum, it will be ideal to invite a patient who will be willing to share his or her personal experience because this will help improve the knowledge of breast cancer care amongst young nurses, it will help prepare them for their oncology nursing career and provide better insights on patients' needs.
4. Introduce a comprehensive elective course on breast cancer care. Also, mentorship program which involves experienced breast care nurses who will share their experiences should be introduced to higher institutions from undergraduate level, this will help foster students understanding of breast cancer care.

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Appendix

Appendix 1 Semi Structured Interview Questions

1. Tell me about yourself. (Age, gender, education, language of use, employment status, occupation)?
2. How long have you worked as a nurse?
3. Have you ever taken care of breast cancer patients? If yes, for how long?
4. From your own perspective, what challenges do breast cancer patients face after being diagnosed with breast cancer?
5. How do you explain complex medical information in a way that patients can easily understand?
6. How do you educate patients about their breast cancer diagnosis and treatment options?
7. What methods are most effective in ensuring patients understand their treatment plans? And what practical steps do you take to help patients manage the side effects of their treatment?
8. What specific strategies do you use to help patients cope with the emotional challenges of their diagnosis and treatment?
9. How do you give emotional support to breast cancer patients? Can you share an example when your emotional support really helped a patient?
10. What types of emotional and social support do you provide or recommend to help patients through their treatment?

11. How do you assist patients in dealing with logistical issues like transportation to appointments or balancing treatment with daily life?
12. How do you correct any misinformation or myths that patients may have about breast cancer?
13. Can you provide examples of resources or services you recommend to patients for extra support?
14. What techniques do you use to ensure clear and effective communication between patients and the healthcare team?
15. How do you manage communication with patients who have different levels of health knowledge?
16. How do you handle the social and family dynamics that may affect a patient's treatment experience?
17. How do you customize your care to meet the individual needs of each breast cancer patient? Can you share an example of a personalized care plan you created for a patient?
18. How do you include patients' preferences and values in their care plans?
19. How do you monitor your patients' progress during their treatment?
20. What follow-up care do you provide to ensure patients continue to get support after their initial treatment?
21. How do you manage cases where patients face setbacks or complications during their treatment?
22. Can you tell me about a time when you helped a breast cancer patient with their spiritual needs, how did you help them, and what kind of spiritual challenges did they have?
23. How do you include a patient's spiritual beliefs and practices in their care? Can you give an example of how this helped them cope better?

24. What problems do you face when helping with the spiritual needs of breast cancer patients, and how do you solve them?
25. What physical problems do breast cancer patients have most often, and how do you help them with these problems?
26. What methods do you use to motivate breast cancer patients to stay physically active and take care of their physical health during and after treatment?
27. Have you met a patient who had a financial challenge, in what way did you help them? What recommendations can you give to patients having financial challenges?
28. Would you like to add something more?

Appendix 2 **INFORMATION LETTER AND INFORMED**
CONSENT

I am second year students in nursing degree program at Novia University of applied sciences, Vaasa Finland. I am conducting this research for study purposes.

The aim: The aim of this study is to explore the role of nurses caring for patients with breast cancer, and how nursing interventions help to improve the patient’s wellbeing and outcomes.

Research Question:

1. What are the major challenges faced by breast cancer patients?
2. How do nurses help patients with breast cancer to overcome their challenges?

Your input and time are highly valuable to me, and I would be delighted to have you take part in my study. With your experience in the nursing field, I believe that I would learn a lot through the interview. I want to learn more about the strategies employed by nurses to help cancer patients with their challenges, and the knowledge you share with me will help me and other readers of this thesis through their career as nurses in the future. This study will be made available in theseus.fi after it has been approved, so you can find it there if you wish to read.

The interview will be recorded, the confidentiality of all data generated for this research work is assured. No individual identification including names, addresses, contact details, email address will be asked. The interview will take about 1 to 1:30 minutes. All data will be transcribed and coded to maintain confidentiality. Access to your interview content shall only be granted to the study supervisor. Upon completion of this research all data collected will be destroyed after the thesis has been approved.

Your participation is voluntary, you can withdraw at any time without prejudice. Feel free to ask and let me know if you need further clarifications

If you have any questions about this research work, kindly contact me or the Supervisor whose details are provided herein.

Participant’s Signature Date.....

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