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Perceptions and Lived Experiences of Breast Cancer Survivors

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The qualitative study was carried out using interpretative phenomenological analysis (IPA) with breast cancer survivors. The aim of this study was to explore the perceptions and lived experiences of BCS to investigate the role of different psychosocial consequences that may influence their perceptions and experiences. Furthermore, the purpose was to understand the process of adaptation and adjustment with breast cancer. Total 12 female breast cancer survivors were approached for semi-structured qualitative interviews using maximum variation sampling strategy. The themes emerged from the analysis using IPA were medicalization, self-image, life orientation, post-traumatic growth, psychosocial concerns, and stigmatization. Findings of the current study suggested that breast cancer is a chronic condition that have a significant impact on physical health along with the psychosocial issues that need to be assess and manage to improve quality of life of breast cancer survivors. This research may also provide an opportunity for future studies to design therapeutic interventions to promote better quality of life along with coping strategies.

Keywords. Breast cancer survivors, lived experiences, interpretative phenomenological analysis

Breast cancer is the most widely recognized sort of cancer around the world. In 2020, it is assessed that around 627,000 women died due to breast cancer that is 15% of all cancer deaths among women (Wild et al., 2020). Pakistan has the most elevated pace of breast cancer in Asia, even young ladies are additionally determined to have breast cancer during advance stages and with unfortunate healing (Menhas & Umer, 2015). The malignancy of the cells comprises the breast tissue. The normal type of the breast cancer is the ductal carcinoma (70-80%)

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starts from the pipes followed by lobular carcinoma (4-5%) begins from milk producing glands: the lobules. The gamble of having breast cancer has expanded in Pakistan, by which one in each 9 women in Pakistan has a lifetime hazard of being determined to have breast cancer. Tragically, the pace of deaths because of breast cancer is additionally higher in Pakistan because of late diagnosis and deferred reference to appropriate facilities (Khan et al., 2021). The survival level of patients with breast cancer in created states has upgraded step by step in light of the advanced starting evaluation and therapy (Berry et al., 2005). However, the death rate of patients with breast cancer in barely any creating and a few under developing countries stills high in view of deficient early screening or conventional therapies, leaving entire high death rate globally (Autier & Boniol, 2018).

Breast cancer therapies as chemotherapy and radiation therapy can acquire changes typical routine life of individual, decline quality of life, mental capacity, and emerge struggle in friendly connections (Khan et al., 2016). Patient with long term breast cancer likewise face emotional wellness issues as anxiety and depression (Tsaras et al., 2018). Previous investigations explained sense of emotional wellness issues were improved normally at the beginning of cancer finding patients yet declines over the period of time with adapt up to this condition. In any case, it might trigger again after the exposure with openness of the severity of signs. As per American Cancer Society (2019), breast cancer patients who had poor coherence's sense to satisfy requests of life were more at risk to be found higher psychological pain. However, BCS who were able to understand and coped with the present circumstances using positive coping strategies such as relaxation and direct action as well as this was linked to quality of life and better health outcomes. Breast cancer survivors frequently present with profound or actual long term impairment, caused either by the condition or therapy, which undermines their personal satisfaction (Khan et al., 2016). Initial years after a breast cancer diagnosis is joined by serious difficulties for the patient and her family that cut across the physical, mental, social, and spiritual spaces of life. The period following diagnosis is loaded up with complex decision-making for essential treatment. Breast-preserving a medical procedure and mastectomy as essential therapy choices have comparative quality of life results, yet they have special physical sequelae that might impact the women in general psychosocial functioning.

In different societies the woman's breast is a fundamental part of a woman's identity as it assumes a pivotal part in women's sentiments concerning their gentility, their sexuality, their aesthetic appearance, and their ability for sustaining and parenthood. Consequently, the finding of breast cancer is much of the time apparent as a threat not exclusively to a woman's life yet additionally to her feeling of femininity (Chen et al., 2018). Breast cancer additionally influences functioning of the family on the grounds that the dispersion of jobs and connections inside the family are dramatically different. In particular, ladies determined to have breast cancer experience changes in their family, work and social jobs as well as actual changes (Cebeci et al., 2007). In addition, the intensive, long-term treatments and therapies administered during cancer treatment can have side effects, including fatigue, pain, nausea, vomiting and hormonal changes, all of which affect a woman's daily life and can result in various psychosocial problems (Tsaras et al., 2018).

According to evidence, breast cancer patients experience stress at every stage of their illness (Zabora et al., 2001). This is mostly because of the physical and mental challenges, as well as the necessity of undergoing and recovering from chemotherapy and radiation treatment in constant cycles (Gall et al., 2009). Following chemotherapy treatment, fatigue, feelings of loneliness, raging rage, and irritation are frequently experienced side effects. Stress levels may change at this period on par with emotional health. This includes handling the stress and emotions people could face when dealing with breast cancer, which ultimately altered their perceptions and experiences (Banning, 2014). According to the cancer survivors adaptation model, individual traits, including those related to a person's health, disease, and psychosocial circumstances, can directly influence one's QoL that ultimately determine their perceptions and experiences. In addition, they can have indirect effects on QoL through positive or negative adaptation to cancer. This model's core idea, adaptation, is a continual cognitive process that involves continuing evaluation of the survivor's situation (Naus et al., 2009).

Rationale

The reported increase in the cancer survival rate of women has been attributed to the development of breast cancer treatments (Alanyali et al., 2009). Treatments modalities have played an important role in the improvement of the survival rate of women with breast cancer but can also cause physical, sexual, and psychological problems. The issues caused by this disease affect all aspects of life, so breast cancer has effects on both personal and interpersonal identities (Fang et al., 2015). Changes in women's appearance and body image leads to the development of psychological problems, such as stress, depression, avoidance, denial, guilt, despair, fear, embarrassment, the feeling of unattractiveness. Physical problems, such as wounds (Manesh et al., 2012) deformity, and a lack of sexual desire (Anagnostopoulos & Myrgianni, 2009) can also arise. While altered appearance results in substantial distress in breast cancer patients, there were limited studies regarding factors associated with it.

Despite the significant amount of research on growth and psychosocial predictors of quality of life, treatment adherence in breast cancer populations in Western countries, however, relatively little is known about the perceptions and experience of breast cancer patients in Pakistan as mostly literature surrounds upon risk factors, late representation of the disease, hindrances in getting treatment, social support and couple perspective (Hafiz et al., 2014). However, contemporary literature acknowledges the importance of support for improved psychosocial wellbeing and quality of life after the completion of treatment. The use of qualitative methodology offers an in-depth exploration of breast cancer survivorship and reduces a significant gap in knowledge of the experiences of long term breast cancer survivors. Therefore, current study may shed new lights on BCS perceptions and lived experiences that might influenced because of psychosocial consequences of breast cancer.

The present qualitative study was conducted with aim to explore the perceptions and lived experiences of breast cancer survivors in order to investigate the role of different psychosocial consequences that may influence their perceptions and experiences. Furthermore, to understand the process of adaptation and adjustment with breast cancer. Primary research questions were to explore perceptions and experiences of BCS and investigate the influence of psychosocial consequences of breast cancer on the perceptions and experiences of BCS.

Method

Research Approach

The study was conducted using Interpretative Phenomenological Analysis (IPA), an inductive, idiographic approach characterized by an in-depth analysis of how individuals experience and make sense of major life events (Smith et al., 2009). The data gathered includes attitudes, feelings, vocal and facial expressions, and other behaviors involved. A self-developed semi-structured interview guide was prepared, comprising of direct, indirect and probing questions to conduct qualitative interviews with 12 BCS. Purposeful sampling was used to recruit participants who were treated for breast cancer and were currently in remission. A detailed analysis of the reported perceptions and lived experiences was carried out using following steps; reading and rereading; initial noting; developing emergent themes; searching for connection among emergent themes; moving to the next case; and looking for themes across cases.

Sample

The participants were recruited from outpatient departments of oncology units. They were interviewed at the end of the visit, women were extensively informed about all aspects of the research and invited to participate. Initially, more than 15 BCS were requested to participate in the study out of which 12 finally voluntarily agreed to participate and finished the interviews as per the following inclusion and exclusion criteria.

Demographic and Clinical Characteristics of Sample

Demographic characteristics of 12 breast cancer survivors included in the present study display the following profiles on marital status that is eight were married; while three were unmarried and one was divorced. All the participants were educated with minimal qualification of graduation and employed in different professions; whereas three were housewives. Most of the participants were diagnosed on stage III and few were diagnosed on stage II. Mostly BCS received adjuvant therapy as basic treatment and undergone through mastectomy while few had lumpectomy. BCS were currently on Hormonal Therapy with average five to ten years' time duration from diagnosis.

Inclusion Criteria and Exclusion Criteria

Only those participants were included in the study who have histological confirmed diagnosis of breast cancer (stage I to III), currently on a schedule of regular follow-up appointments, and literate (able to read native language) with minimum age of 18 years and above. In addition, BCS with adjuvant or neo-adjuvant therapy, having their last chemo session at least one month prior to follow-up checkup and radiotherapy minimum one week prior to follow-up checkup, and without co-morbidity (existing physical ailment or mental disorders) were included. On the other hand, participants (breast cancer survivors) with advance stage metastasis cancer and were less than one year into their survivorship journey as well as those with history of another type of cancer were excluded. Pregnant women and participants with physical ailments or complications and psychological disorders were also excluded.

Procedure

The semi-structured interviews were conducted in the native language (i.e. Urdu) due to the recipients command and ease of expression in their own language. Interviews were conducted online through zoom meeting as per the convenience of participants. Interviews were recorded with participant's permission and later transcribed. The required standard ethical guidelines were followed. Participants were briefed about the protocol and then asked to introduce themselves, and the impact of cancer on their routine life and relationships. They were asked to describe their feelings they had at time of diagnosis and effect of those emotions on their life. Some prompt questions were also used to understand their experiences. Participants were motivated with encouraging remarks about their tough journey of dealing with breast cancer.

Results

Transcripts were analyzed using Interpretive Phenomenological Approach (IPA). It was particularly used because it provides a systematic way of analyzing qualitative data that aims to explore participant's experiences, cognitions, perceptions and meaning making. Hence, the analytic process used here is both phenomenological and interpretative as the focus of this study is examining factors influencing breast cancer survivors psychosocial aspects which is while it is not claimed that the thoughts of an individual are transparent within verbal reports, analysis is undertaken with the assumption that meaningful interpretations can be made about that thinking (Smith, 2007). The analysis included perusing each of the transcripts completely and offering remarks on the left margin. After analyzing comments in detail, based on shared characteristics and ideas arising out of the narratives, these depictions were given subject titles as reflected in the remarks. At first various themes arose which were bit by bit combined and arranged based on similitudes and normal issues to comprise super ordinate themes to be examined as main themes. The researcher's interpretations and subjective records were depicted in main themes.

Table 1

Perceptions and Lived Experiences of Breast Cancer Survivors (N = 12)

Superordinate themes	Themes	Subthemes
Medicalization	Chemotherapy side effects Medication side effects Treatment effects Doctor-patient relationship Treatment adherence Concerns regarding surgery	Nausea, fatigue Mouth ulcers Body aches Arm pain Doctor and nurses' attitude After effects of surgery
Self-Image	Body image Changes in physical appearance (skin pigmentation) Self-care Self-grooming	Breast asymmetry Less feminine Weight gain Haircut or short Cut Wearing veils, scarfs Wearing hats, caps, wigs
Life Orientation	Lifestyle changes Optimism Decision making Courage Hope Acceptance and adjustment with disease	Dealing with altered lifestyle Dietary changes Better outlook towards future Change of utensils Behavioral changes (walk, exercise) Living with ongoing treatment
Post-traumatic Growth	Gratitude Resilience Self-healing Altruism Patience Faith healing Religious or spiritual coping	Appreciating life Thankful for a second chance of life Helping others financially, emotionally Reciting holy Quran and *Darood* on daily basis Started offering prayers and *Tahajud* Understanding Quran meaning Drinking of holy water (*Zamzam*)

Continued…

Superordinate themes	Themes	Subthemes
Psychosocial Concerns	Psychological issues Financial issues Helplessness fear of relapse or recurrence Death anxiety Future anxiety & concerns social support Concerns regarding family and friends	Chances of having cancer again Can never get married Unable to find partner Can never get normal life Support from family & friends Might not able to have children Children suffering due to disease Want to see children grown up
Stigmatization	Embarrassment Shame Dependency Disclosure of disease Social withdrawal Social desirability Feeling awkward Avoidance Feeling of inadequacy	Why me as a sufferer Remarks from others about disease Guilt Being punishable by God

Description of superordinate themes is given as follows:

Medicalization

Medication is a mandatory component for breast cancer survivors to manage hormonal cycle due to the condition. All survivors were concerned regarding the usage of medication and showed adherence towards treatment despite the adverse common side effects of chemotherapy and medication including nausea, vomiting, body aches, fatigue, and pain in joints or bones. In major theme of medicalization participants reported regarding interaction with health professionals. Doctor-patient relationship is an integral part during the course of treatment that influences recovery, physical and psychological health. The nature of this relationship depends on the type of experience and interaction that develops their perceptions about health professionals. All participants' perceptions and experiences reported satisfied doctor patient relationship that helped breast cancer survivors to resume their normal life again and mitigate the side effects of chemotherapy and medication.

A female unmarried survivor who was diagnosed with breast cancer one year ago said;

"A lot of people told me that here the system is very poor. Doctors did not pay proper attention on patients. I was devastated while go through from these social messages. I was concerned regarding finance but whole team was very supportive. ALLHUMDULILAH! My oncologist was very professional and well experienced. She guided me and support me throughout my Chemo journey when I faced side effects of treatment".

Adding to this satisfactory doctor patient relationship, a married female breast cancer survivor reported;

"Everything was very good. They encouraged me during my course of treatment. The first time, I cried a lot because of my surgery, but my doctors and surgeons pushed me and motivate me that everything will be okay soon. It just a normal surgery. It will not take long hours.... You know they shared details of my surgery*… just to pick me up… after my family… I can say that my doctors were my support system. I am very satisfied with all the staff there…just because of them I don't even paid attention on the side effects of my treatment… like…severe nausea, vomits, pain, fatigue ... you know the common side effects of this treatment."*

Almost all survivors reported positive experience with medical professionals and health care appeared to be satisfactory and finding themselves truly blessed due to their support and unconditional care.

Self-Image

Breast cancer has a significant impact on physical and psychosocial health of patients that effect their self-image as well. Most of the survivors reported that their self-image has totally changed after the diagnosis of breast cancer. They found significant changes in their daily lifestyle and physical appearance. However on the other side, they also reported the positive aspect of their personalities such as development of altruistic trait after suffering from this chronic condition and self-grooming during the course of treatment that helped them to manage the burden of this condition.

A 32-year-old female unmarried survivor who was diagnosed with breast cancer two years back said;

"I haven't told anybody at my workplace about my cancer…. Because I was afraid that I will be judged by my colleagues and fellows…. I gained a lot of weight… I lost my all hair… I started to wear scarf. I accept this change very bravely. People ask very stupid questions like how you still alive? It was really disturbing. I don't want to share anything with anybody. They all were just annoying."

It was evident when one more married female breast cancer survivor reported regarding the concern of physical appearance that totally changed her personality as;

"During my chemo sessions…my hair fall started…I was devastated at that time because I haven't told me in laws about my cancer. Although my husband and my parents support me, and they all said that soon you will be fine… but it really breaks your heart when you lost something in front of you…. And you cannot do anything for that. I had nails issue as well, but it was healed by the time. Now, I am facing issue regarding the size of my breasts due to surgery. So, I used artificial one."

All breast cancer survivors reported concerns about changes in lifestyle and physical appearance. They also reported that they have groomed themselves in a positive way just because of their personality transitions due to breast cancer.

A 50-year-old married housewife who was diagnosed with breast cancer 8 years back said;

"I think my personality has totally changed now. Although I had gone through from trauma, pain and fear but yes I accept this cancer very strongly. All these physical changes makes me very confident. Before cancer, I was a shy and introvert person… but now, I can say… I have a courage to talk with anyone and it's a positive aspect. If I analyze myself … I think altruistic trait has been developed in me. I want to help people … and this should be present in yourself as a human being."

Life Orientation

Optimistic life orientation as a defensive element against upsetting life altering situations has gotten extensive consideration on breast cancer research during most recent twenty years (David et al., 2006). Specialists in attribute positive thinking are intrigued as a result of its settling impact, while for clinicians it is significant as inclining marker for susceptibility toward adjustment difficulties. In this exploratory study, most of the BCS showed optimistic life orientation in terms of courage, hope, adjustment with disease, motivation, and confidence.

A 44-year-old married female who was diagnosed with breast cancer two years back indicated optimistic life orientation in terms of motivation and hope as;

"I just want to say that we as a breast cancer survivors should pick ourselves up. If I think that today my body is hurting… my arm is hurting… I may not be able to even move. So with full determination I fought with this condition…and I will. I am very much optimistic about my future. In Sha Allah soon everything will be okay."

Adding to this optimistic life orientation, a married female breast cancer survivor reported.

"My daughter was my real motivation and hope. Her little kind gestures helped me a lot to adjust with my condition. Every morning she came to me and said…. Mama I just want to eat from your hands. Please come and wakeup. I prayed to Allah please heal me for my daughter. Actually, she was the one due to which I had courage and never get upset. I bear all the physical and emotional pain just because of my daughter. She has been my strength and I am very hopeful for my better future. I have to be physically fit and I am working on myself in good terms."

Post-Traumatic Growth

Post traumatic growth is a term that defines or explains kind of transformation following trauma. In this qualitative study, most of the breast cancer survivors showed presence of post-traumatic growth in terms of gratitude, resilience, self-healing, altruism, patience, faith healing and religious or spiritual coping.

A divorced female breast cancer survivor who was diagnosed eight years back said:

"When I was diagnosed with breast cancer my husband divorced me. My father supported me and I just talk with my Allah… I asked him for help. I bowed my head in front of Allah that he saved me from this man who left me when I need him the most. But still, I have no regrets about this matter. I agreed in Allah's will. He gives me second life. I should count his blessings rather than focusing on things that I don't have."

Similarly, a married female 33 years old teacher, who was diagnosed with breast cancer reported that:

"Being a Muslim, I have a strong faith on my Allah that he the only one who can heal me and take me out from this condition. Allah has grant me so many blessings at that time when I was fighting with cancer. My mother who support me and look after me it's a blessing from Allah that your parents alive and they are with you during tough time. She died after 5 years of my cancer… then my husband and siblings were my support. Having a supportive family is not less than a blessing. I am very thankful to Allah for each and every moment."

Adding to this, another married female breast cancer survivor reported:

"My brain pushed me to think worst about myself. It's just an evil thought. While reading Quran I realized that Allah never left us alone. He is the best planner and I believe the way I fought with this cancer despite of all consequences….it is just because of ALLAH… Quran and Namaz guided me…. develops positivity in myself and I overcome."

Psychosocial Concerns

Psychosocial concerns include the broad spectrum of all complaints which are not strictly medical or somatic. They affect the patient's functioning in daily life, his or her environment and/or life events. An unmarried female breast cancer survivor who was a doctor by profession said:

"I never told people by myself regarding my breast cancer due to the fear of being judged. People humiliates me when they get to know about my condition. You know in our society people associated stigma with cancer and they think we got cancer as a punishment or as a sin. So that's why I think we should not tell anybody about our personal life. I still feel body shaming and want to reduce my weight."

Another married woman reported similar kind of thoughts as;

"I feel so shameful during the radiation process. I felt so helpless. During radiation process you take off your shirt and put yourself on stretcher. Although, radiologist did not see you but deep down you feel inner shame."

It was evident that all breast cancer survivors reported more or less similar negative self-perceptions as another married woman said:

"I wasn't feeling okay at that time. I was totally depended on my family especially my husband. Sometimes, it seemed that he is now tired from my condition. My marital life was also disturbed. Sometimes I was not in mood which made my husband irritated and…. you can say disappointed. But still he was very supportive. I think

cancer is a condition in which you totally depended on others. Even you cannot take any decision by yourself. Either it is about your treatment or about your family… we cannot take decisions for our treatment. We just show adherence on what doctors said."

Stigmatization

Patients with breast cancer often experience a high level of stigmatization that significantly leads to embarrassment, shame, dependency, future apprehensions, disclosure of disease, social withdrawal, social desirability, avoidance, and feeling of inadequacy that make their psychological state more disturbing. In this qualitative exploration, married women reported future apprehensions regarding kids and family whereas, unmarried survivors reported concerns regarding not being married due to stigma.

An unmarried breast cancer survivor who diagnosed with cancer at the age of 30 said:

"Right now, I am just concerned about my marriage. Nothing else! I am not physically good looking now. I am not able to conceive baby. I had menopause so earlier due to hormonal issues. Who will marry me???? No one!! I am helpless".

Similarly, another unmarried woman showed concern regarding marriage as she reported;

"I am not hopeful about my marriage as I have nothing. Even I am not thinking about my marriage. We live in a society where men want a perfect wife. I have strong faith on Allah. He has better plans for us".

In the present study, where unmarried women reported future apprehensions regarding marriage, married survivors also showed concerns regarding kids, family and relapse as 40-year-old married woman said;

"I am only concerned about my children. I prayed a lot. I want to see them very successful. I prayed about their careers. Deep down I have a fear of relapse. If I died who will look after my family? So, I just pushed myself and take good or healthy diet to maintain myself just for my children and husband."

Another married survivor who got the diagnosis eight years back said:

"I am worried about my children, their future, and my husband. If anything, bad happen to me…. My kids will be shattered, especially my daughter. They all are my strength but my weakness too. I just pray to ALLAH… please give me long life for my kids."

Breast cancer is a chronic condition with significant impact on physical health along with psychosocial consequences that affect or influence their perceptions and experiences regarding breast cancer. In this exploratory study, it was revealed that breast cancer survivors experience same psychosocial issues either they are married, unmarried, younger or older, working or non-working. All breast cancer survivors reported similar psychosocial issues such as medicalization, self-image, life orientation, post-traumatic growth, psychosocial concerns, and stigmatization.

Discussion

BCS perceptions and experiences seemed to be influenced by multiple psychosocial consequences of breast cancer. Briefly summarizing, these may include medicalization (chemotherapy side effects, medication side effects, treatment effects, doctor-patient relationship, treatment adherence, concerns regarding surgery), self-image (body image, changes in physical appearance, skin pigmentation, self-care, self-grooming), life orientation (lifestyle changes, optimism, decision making, courage, hope, acceptance and adjustment with disease), post-traumatic growth (gratitude, resilience, self-healing, altruism, patience, faith healing, religious/spiritual coping), psychosocial concerns (psychological issues, financial issues, helplessness, fear of relapse or reoccurrence, death anxiety, future anxiety and concerns, social support) and stigmatization that comprised of shame, embarrassment, dependency, disclosure of disease, social withdrawal and feeling of inadequacy.

The present exploratory study indicated that breast cancer survivors reported positive psychosocial factors that help them during treatment. Also, they showed negative perceptions and experiences regarding themselves and reported psychosocial challenges due to breast cancer. These findings suggested that different psychosocial factors have a significant influential role to adjust and adapt with this chronic condition that may also mitigate or reduce the impact of negative perceptions and treatment side effects. Different studies have identified similar psychosocial factors along with personal perceptions that ultimately influenced breast cancer survivors positively and negatively during or after the course of treatment. A qualitative study was conducted to explore the experiences of five Indian women about their breast cancer diagnosis and treatment. Individual semi-structured interviews were conducted. Interpretative Phenomenological Analysis of the data revealed three key themes, that is, making sense of the cancer, importance of support and body image concerns. The findings show that these women's experiences were influenced by social support especially in relation to knowledge of breast cancer (Patel et al., 2015). Similarly, another study conducted to identify the barriers and fear associated with breast cancer. In this process women with breast cancer have been purposively sampled and interviewed. An inductive approach had been used to analyze the data which resulted in the emergence of eight subthemes under the umbrella of three major themes that delineate individual, socio-cultural, and structural barriers to seek screening and treatment of breast cancer. Individual factors included lack of awareness, hesitance in accepting social support, and spiritual healing. The identified socio-cultural factors included feminine sensitivity, stigmatization, and shame during the course of chemo or hormonal therapy (Saeed et al., 2021).

Prior studies about resilience of breast cancer patients are limited; however, studies attempted to verify the relationship between several factors and resilience among patients. For example, Stewart and Yuen (2011) found that psychological factors of physically ill individuals associated with predicting or promoting resilience were optimism, hope and acceptance of illness in a systematic review. Empirical evidence have indicated future research on breast cancer survivors should focus on how positive changes affect physical and mental health over time, understanding those factors and how its pathways vary from person to person, and elucidating the psychosocial processes that support and can impact quality of life, they can be used in interventions to promote better psychosocial functioning (Aspinwall & MacNamara, 2005). Promoting better quality of life mechanisms during cancer treatment may encourage better adaptation and other positive psychosocial outcomes during and after treatment.

Limitations and Future Recommendations

Few potential limitations of the current study would be firstly, in IPA the study sample has to be small and homogenous (Smith et al., 2009), though present sample size is appropriate but it could not match participants on sociodemographic factors, so it lacks perfect homogeneity. Secondly, some of the interviews were conducted during the pandemic COVID-19, that could have compromised the homogeneity and added distress due to the psychological impact of the pandemic. Thirdly, although the BCS were interviewed post treatment while being in remission which increased homogeneity on the one hand, but on the other hand did not allow for comparisons between women with different modes of treatment and diverse sociodemographic. Finally, methodological limitation might be that we could not find a chance to discuss the study findings with the participants.

The study has given some in-depth insights into lived experiences and challenges faced by BCS, but the knowledge gained is not extensive. It is suggested that there is a need to further understand the subjective experience of women diagnosed with cancer. Research in health care should examine the characteristics of doctor-patient relationship and post treatment consequences in depth, since our findings point to these aspects as being significant in determining health outcomes and psychological wellbeing of BCS. Comparisons between women with different types of malignancies and life circumstances should be explored to examine the associations with specific psychological consequences.

Implications

The study has significant implications for clinical practice with women diagnosed and treated for breast cancer. It highlights the dire need for an open doctor-patient communication where doctors should convey the diagnosis and clarify that treatment in a non-threatening way. A shared decision-making approach can help women restore a sense of control by feeling actively engaged in the healthcare process (Kozu et al., 2020). Findings of current study suggested that patients' priorities and decisions about treatment may reduce the stress and confusion. Shared decision-making not only provides comprehensive information about all treatment options (including risks and benefits, and the available research evidence), but also encompasses her preferences, values, and needs into treatment decisions.

Conclusion

It can be concluded that breast cancer survivor's perceptions developed because of their experiences during the course of their treatment that comprised of different psychosocial factors. Pakistan is a resource-constrained nation with a high rate of female illiteracy, which makes life miserable for breast cancer patients. Therefore, major educational initiatives are required to increase public knowledge regarding breast cancer. Programs for breast health should be implemented at the local level in order to lower the cancer death rate. To reduce the psychosocial problems that are a result of breast cancer survivors' views and experiences being negatively influenced by these complications, policymakers, healthcare professionals, and researchers should adopt culturally sensitive action.

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