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Research Paper

The role expectations of young women as wives after breast cancer treatment: A qualitative study

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ABSTRACT

Objectives: Through the reflection of young breast cancer women on their selves and identities, we explored expectations of the wife role that they need to fulfill to return to their families, aimed to provide a reference basis for medical professionals to develop interventions related to cancer family rehabilitation.

Methods: Descriptive phenomenological methods and purposive sampling were used. Young breast cancer patients and their spouses were selected for semi-structured face-to-face interviews in the study from March to April 2023 at the department of breast surgery and oncology center of a Class A tertiary hospital in Xuzhou City, China. The interviews were transcribed verbatim and analyzed using Colaizzi's phenomenological approach.

Results: Twenty patients and six spouses were interviewed. The mean patient age was (35.95 ± 3.36) years, and the mean spouse was (37.67 ± 5.28) years. Young breast cancer patients were concerned about three main wife expectations during their treatment and rehabilitation: preserving self-love and self-esteem (paying attention to physical health, embracing the disease, and regaining confidence in female characters); adjustment of conjugal relationships (harmonious and effective couple communication, providing support for marriage and love, and creating a beautiful married life together); assisting in family recovery (relieving stress on spouses from caregiving and finances, and management of daily household chores).

Conclusions: The wife role expectations of young breast cancer women and their spouses encompass three core aspects: self, couple, and family. Self-esteem and self-love are the most fundamental expectations of the wife role, while adjusting the couple's relationship and assistance in family rehabilitation represent higher expectations. This study can help healthcare professionals and cancer families gain a more comprehensive understanding of the wife role expectations for young cancer women, thereby enabling the development of couple-centered interventions to promote patient recovery and enhance the resilience of marriages and families.

What is known?

- It is challenging for young breast cancer patients to return to their families, given that their physical, psychological, and social functioning are often impaired.
- Society has certain expectations and sets behavioral norms and requirements for specific roles. The role of the wife in the family often entails a significant degree of responsibility.
- The presence of breast cancer often makes it difficult for young women to fulfill traditional wife role expectations and, therefore, creates a corresponding change.

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What is new?

- We found that young breast cancer patients develop wife role expectations in three main areas: self, couple, and family.
- Preserving self-esteem and self-love was the most fundamental wife role expectation for young breast cancer women. This enabled them to adapt to life with cancer in a positive physical and mental state, thus facilitating them return to their marriages and families.
- For the sake of a thriving marriage and family after cancer, young women with breast cancer and their spouses believed that the expectations of the wife role also included the ability to maintain good conjugal relationships and assist in family recovery.

1. Introduction

According to the WHO International Agency for Research on Cancer, approximately 2,261,419 women were diagnosed with breast cancer globally in 2020, with 247,953 of those diagnosed (10.96%) being under the age of 40 [1]. Women diagnosed under the age of 40 years are young breast cancer patients [2,3]. These patients are more prone to undergo disease recurrence and metastasis, resulting in a heavier disease burden and increased psychological stress [4,5]. Recent work suggests that the incidence of breast cancer will steadily increase among younger age groups [6].

Being diagnosed with breast cancer impacts their physical, psychological, and social functioning. Young breast cancer patients experience not only limb edema, pain, and fatigue but also negative emotions, such as sleep disturbance and fear of cancer recurrence, which affects their physical and mental health [7–9]. Furthermore, some researchers found that breast cancer patients would experience stigmatization due to various sociocultural factors, which led to social avoidance and a decline in social functioning [10–12]. As a result, the intensification of the role of the patient in young women may diminish their ability to assume the role of wife.

Roles are an integral part of the social structure. Roles are expectations placed upon individuals by social norms and relationships, resulting in a set of behavioral patterns that depend on the cognitive and practical abilities of the individual [13]. Society has certain expectations of specific roles and sets behavioral norms and requirements for them, also known as role expectations. The role of the wife is a core family role. Wife role expectations include the behavioral demands or expectations that family members place on the wife within the family. Under the influence of Confucianism, women in many Asian countries are traditionally expected to care for their spouses and families, particularly to comprehend and support their spouses [14,15]. This may be at odds with the prevailing ideology of our time, which places a premium on equality. Moreover, in many cases, husbands are the primary breadwinners for the family, while wives are the primary caregivers [16]. In such a cultural context, both men and women believe that a marriaged woman should play the role of a good wife and a wise mother, resulting in women habitually giving to families [17].

Being diagnosed with breast cancer can upset the traditional equilibrium, leading to the inability to fulfill the family and societal expectations of healthy wives [18,19]. This is especially true for a young woman, who is the important pillar of the family. The presence of cancer and the implementation of treatment weaken her body and make her mind vulnerable [20]. The negative effects of treatment have left many young women being constrained in their daily activities, incapacitated, unable to fulfill their role functions, and ashamed of their families [21]. These disturbances may give rise to negative emotions such as anxiety, helplessness, and self-deprecation that are not conducive to restoring family functioning [21–23].

Bury's biographical disruption theory suggests that chronic illness is a disruptive experience in which "the structures of everyday life and the forms of knowledge which underpin them are disrupted" [25]. With improvements in diagnosis and treatment, breast cancer is increasingly being managed as a chronic disease [25,26]. In the context of breast cancer, the expected trajectory of the patient's life is disrupted, and the original identity is destroyed. Rather than passively accepting the outcome, they often renegotiate their selves and identities to achieve some kind of reconciliation between "illness" and "family life" [27–29]. This study employed this theoretical framework to explore wife role expectations of patients and their spouses after young women were diagnosed with breast cancer.

To date, many studies have concentrated on the adverse experiences of the role of the wife in breast cancer patients and the impact on the couple's relationship. There is a lack of research on the perspective of wife role expectations that arise in young women following a breast cancer diagnosis. The purpose of this study was to explore the expectations of the wife role that emerged in young women after breast cancer treatment and their spouses through reflections on self and identity. This study is part of a research project examining family role expectations for young breast cancer patients. Therefore, it focuses on the perspective of the wife's role.

2. Methods

2.1. Study design

This qualitative exploratory study used face-to-face semi-structured interviews to depict the particular experiences of how patients sustained their role as a wife following breast cancer. A purposive sampling method was used to select participants who were well-informed and willing to recount their experiences as wives after cancer treatment.

2.2. Ethical considerations

The study complied with the requirements of the Helsinki Declaration and received approval from the ethics committee of the first researcher's university (number: XYFY2022-KL452-01). All participants were assured that they understood the nature of the interview prior to participation and were willing to participate and give detailed explanations.

After providing verbal consent to participate, participants then signed a printed informed consent form. Researchers were allowed to record the interviews, and participants were aware of their right to withdraw from the study at any time. Participants were also informed of the time limit for preserving their interview recordings and transcripts. During the interview process, participants may exhibit distressing emotional responses to sensitive topics, such as crying and feelings of unresolved sadness. Researchers would seek qualified professionals to provide targeted support when they expressed a need for help. The research program covered the associated costs.

2.3. Participants

Purposive sampling was used to recruit young married women who had been diagnosed with breast cancer and their spouses. Recruitment was performed from March to April 2023 at the 400-bed Breast Surgery and Oncology Center of a Class A tertiary hospital. This medical center is the workplace of many specialists in

breast-related fields and draws many breast cancer patients from the local and surrounding cities. Participants who met the inclusion criteria were identified using the hospital's information system. While they were in the wards, two primary researchers (W. Gao and Q. Zhang) made initial contact with patients and their spouses. We initially contacted patients who met the specified criteria. If the patient consented to participate in the study, we then inquired whether her spouse would also be interested in participating. After initial contact, all willing participants were recruited by being fully informed with a description of the key elements and implications of the study.

The inclusion criteria for women were as follows: 1) diagnosed with breast cancer and knowing their disease; 2) age < 40 years; 3) no metastatic cancer or combination of other cancers; and 4) voluntary participation and signing of informed consent. Couples diagnosed with metastatic breast cancer may exhibit distinct needs and shared lifestyles compared to those who only require treatment for the primary tumor [30]. This group was more concerned with treating the disease, with a lower percentage expecting to return to their family roles. Therefore, this group was not considered in this study. To enhance the depth and comprehensiveness of the collected data, we also recruited the spouses of patients. This enabled us to gain insight into their role expectations for their sick wives.

2.4. Data collection

Demographic data, such as age, educational level, employment status, cancer stage, treatment received, marital age, interview time, and the number of children were collected using admission information, with missing data collected during the interviews. Interviews were semi-structured and performed face-to-face individually in the wardroom; one researcher (W. Gao) and one participant were involved. Participants were asked a series of semi-structured questions regarding their perceptions and experiences of being a wife following the cancer diagnosis: 1) what were your expectations of the wife role? 2) how have role expectations of wives changed since the illness? 3) how did you think about balancing the patient role and the wifehood expectations? Following the interview, the researcher immediately recorded the participants' tone of voice, facial expressions, and body language during the narration in a memo.

A pilot interview was performed and recorded with a participant, after which the order of the questions and general interview length were adjusted. All participant interviews were audio-recorded with their consent and subsequently transcribed to ensure accurate data analysis. All transcriptions were completed within 24 hours of the interview, and transcribed texts were supplemented with the participants' nonverbal responses to speaking, such as facial expressions and body language.

2.5. Data analysis

All the audio files were professionally transcribed as raw data for subsequent analysis. Two researchers (W. Gao and Q. Zhang) performed Verbatim transcription within 24 h. The recordings were repeatedly listened, and interviews were combined with the interviewers' memos and proofread by both researchers to ensure that the transcripts accurately reflected the source material. The resulting transcripts were numbered and imported into Nvivo 12 for analysis.

This study utilized a descriptive phenomenological paradigm and Colaizzi's 7-step method for data analysis [31]. The core analytical team consisted of two researchers (W. Gao, Q. Zhang) and a professor (J. Han) who was experienced in qualitative research. The two researchers completed theoretical courses in qualitative research and received specialized practical training in qualitative research methods. The research team meticulously reviewed the original transcripts multiple times and carefully jotted down all the ideas in another memo at any time during the reading process. To extract meaningful statements that matched the role of the wife, every word and sentence in the transcripts was scrutinized. The two researchers coded recurring or similar meaningful statements while attempting to bracket preconceived assumptions associated with the phenomenon as much as possible. We compared and clustered the codes by looking for common concepts or characteristics, thereby developing thematic archetypes. Based on this, further iterative analyses were used to capture sub-themes and themes. All themes initially obtained were described in detail, with each explanation corresponding to particular original statements, then repeated to compare, differentiate, and summarize. Ultimately, the final theme was distilled and the basic structure was developed. Participants were also requested to verify the authenticity of the study's findings. The codes and themes that emerged from the analysis were discussed and modified with all team members. When disagreements arose, the experienced professor was consulted to ensure consistency within the research team.

To ensure that the English translation retained as much of the meaning of the original Chinese interviews as possible, one researcher (W. Gao) translated the Chinese version of the interviews into English and then requested a professional English translation expert for a back translation. All researchers discussed and revised discrepancies between the original interviews and the back-translated versions with the professional translator and the expert to ensure that the English version was as faithful as possible to the original version [32].

2.6. Trustworthiness

A study's credibility, transferability, dependability, and confirmability were the four main criteria that establish its trustworthiness [33]. Member checking was conducted with participants in this study to ascertain whether the interpretations of their narratives aligned with their understanding of the intended meaning to convey. The purposive sampling methods were employed to include a diverse group of participants with varying demographics and disease treatments, guaranteeing the transferability of the findings. Additionally, we compared the information expressed in the spouses' and patients' perspectives, looking for consistency and accuracy to further improve the transferability of the study. To enhance dependability, we have ensured that the data under analysis was of high quality and that other researchers were involved in the data analysis process. All audio recordings, transcripts, and interview memos were regularly accessed for tracking during the data collection. While collecting and analyzing the data, the researchers bracketed any possible preconceived notions, personal thoughts, or feelings and fully immersed themselves in the participants' experiences objectively. After analyzing the information and obtaining the study's results, two additional participants confirmed that the research findings aligned with their experience.

3. Results

A total of 23 potential patients were contacted. Of these, three declined to be interviewed because the topic was too distressing for them to recall. The final sample included 20 patients and 6 male spouses (Table 1). The mean age of the patients was (35.95 ± 3.36) years, and the mean age of the spouses was (37.67 ± 5.28) years. Their mean length of marriage was (13.45 ± 4.83) years, and the

Table 1
Demographic and clinical information of the participants ($n = 26$).

NO.	Age (years)	Educational level	Employed	TNM stage	Treatment received	Marital age (years)	Interview time (min)	Number of children
P1	39	Junior high school	No	II	Chemotherapy	17	53	1
S1	41	Senior high school	Yes	_	_		42	
P2	35	Junior high school	Yes	III	Chemotherapy	15	40	2
P3	39	College	Yes	II	Surgery	17	54	1
P4	32	Junior high school	Yes	II	Chemotherapy	16	61	2
P5	39	Junior high school	Yes	III	Radiotherapy	18	47	2
S5	44	Senior high school	Yes	_	_		31	
P6	38	College	Yes	II	Chemotherapy	16	62	2
P7	38	College	Yes	I	Chemotherapy	13	42	1
P8	26	College	Yes	II	Chemotherapy	1	20	1
P9	39	College	Yes	III	Surgery	18	38	2
P10	39	Senior high school	Yes	II	Surgery	17	46	2
P11	38	Primary school	No	I	Surgery	17	62	1
P12	37	Junior high school	Yes	II	Chemotherapy	15	54	1
P13	35	College	Yes	III	Rehabilitation	8	25	2
S13	37	College	Yes	_	_		27	
P14	33	College	Yes	I	Chemotherapy	3	36	1
S14	31	Senior high school	Yes	_	_		22	
P15	36	Junior high school	No	II	Surgery	10	27	1
P16	32	Junior high school	No	II	Chemotherapy	11	55	1
S16	32	Junior high school	Yes	_	_		25	
P17	34	Junior high school	No	II	Chemotherapy	11	42	2
P18	35	Junior high school	Yes	II	Chemotherapy	15	38	1
P19	36	Junior high school	No	I	Chemotherapy	14	36	2
P20	39	Junior high school	No	II	Surgery	17	26	1
S20	41	College	Yes	_	_		43	

Note: TNM = tumor-node-metastasis. P = patient. S = spouse.

number of children ranged from 1 to 2. Three of the patients (15%) underwent breast-conserving surgery, and the rest underwent total mastectomy. The mean interview length was (40.54 ± 12.84) min.

Twenty-five codes were obtained from the interviews' content, eight sub-themes were received through comparison and clustering, and three themes were refined (Appendix A). The three themes concerning young women's expectations of the role of wife after a breast cancer diagnosis were self, couple, and family. These themes were interconnected to create a triangular vision focused on wife role expectations (Fig. 1). Preserving self-love and self-esteem, adjustment of conjugal relationships, and assisting in family recovery constituted the three corners of the wife role expectations. Based on Bury's biographical disruption theory, young women diagnosed with breast cancer initially engaged in self-reflection and subsequently began to adapt to the disease [24]. This process resulted in role expectations for their marriages and families. Hence, we found that reflection on the self was the foundation for supporting the other two themes, forming an inverted triangle view.

3.1. Preserving self-love and self-esteem

Breast cancer paused the patients' busy lives, allowing them to take notice of themselves, which had always been overlooked. Preserving self-esteem and self-love was a good start to embracing their renewed lives. They believed that the first step to fulfilling their roles as wives in a satisfactory and lasting manner was to love and care for themselves.

3.1.1. Attention to physical health

The diagnosis of cancer made them realize that life is the root of everything. Patients sought to ensure physical health through

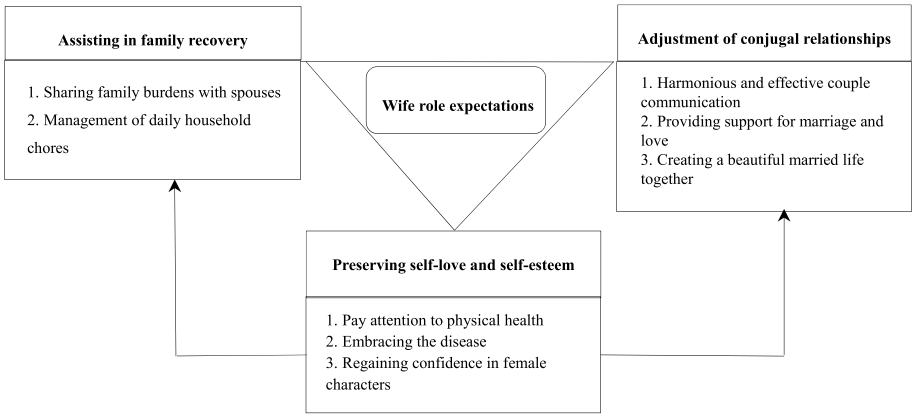

Fig. 1. A triangular view focused on wife role expectations.

aggressive treatment, rehabilitative exercise, and dietary modifications, enabling them to spend more time with their families. The spouse also indicated that the priority was to treat the disease.

> *"We followed the doctor's treatment recommendations and adhered to my postsurgical shoulder exercises. I look forward to being with my spouse and children all the time. Now, I am very mindful of my diet and daily routine, such as avoiding fried foods and other unhealthy options. In addition to my rehabilitation routine, I practice yoga to stay fit."* (P18)

> *"I hope she listens to the doctors, treats this disease well, and doesn't think about other problems."* (S1)

Some began to emphasize the importance of self-examination for promptly detecting any abnormalities in the body.

> *"Usually, I check my armpits and breasts for any signs of lumps, as I am concerned about the possibility of recurrence or metastasis. I will have regular checkups later in life to catch it early if it comes back. Delaying may result in losing my home."* (P14)

3.1.2. Embracing the disease

The unexpected onset of cancer was a challenge for young women. They believed that accepting cancer and freeing themselves from psychological burdens were the inevitable ways to return to the family and be a good wife.

> *"I'm truly, truly glad I have come to terms with it, unlike before when I was afraid to even look at the words associated with cancer. If I am always sad, he will worry about me constantly. This would make me a bad wife and harm our marriage."* (P10)

Spouses were also desperate for their wives to come to terms with cancer, enabling them to recover more quickly and return to their married life with renewed energy.

> *"I'm just hoping now that she will accept the fact that she has this disease and return to her former self instead of wallowing in sadness every day. I truly miss and need that once-optimistic wife."* (S1)

3.1.3. Regaining confidence in female characters

Most participants in this study received total mastectomies, but many were still struggling to come to terms with the loss of breasts. Additionally, hair loss from chemotherapy was a prevalent occurrence alongside surgical side effects, creating a double challenge for women. Some individuals maintained their feminine outward features by wearing prosthetic breasts or wigs and found beauty in dressing themselves. They were trying to accept their new bodies, regain their confidence as women, and make their spouses feel that they were still attractive. Doing so will help them feel more confident and make it easier to resume normal business with their spouses.

> *"Although I lost my breasts, I survived cancer. I can wear a prosthetic breast to appear like any other person. During chemo, I felt fine. I dressed up whenever I went out with my spouse, hoping to make him think I was still confident, pretty, and attractive."* (P1)

> *"I am not unattractive. To maintain my feminine appearance, I would like to wear breast prostheses, which make me feel better."* (P9)

3.2. Adjustment of conjugal relationships

Good marriages were invaluable to the female participants, as their partners often gave them the greatest encouragement and support. It was the cornerstone to adjusting to life with cancer and building a good family. Maintaining good conjugal relationships was the most important expectation for young breast cancer patients.

3.2.1. Harmonious and effective couple communication

The experience with cancer made participants aware that closing themselves off would only harm their spouses and push them away. To maintain a healthy couple relationship, they felt it was important to share and listen to each other and appropriately disclose negative emotions. Daily communication between couples should be harmonious, and even when conflicts arise, they should be resolved rationally rather than through arguments. Daily bickering can be harmful to both physical and psychological well-being, as well as the longevity of relationships.

> *"Sometimes when he came home from work, I talked to him about the sadness in my heart and even cried right in front of him. I should share what's on my mind with him. Otherwise, he will have to guess, which can be exhausting."* (P11)

> *"I used to lack patience and could not discuss anything more than three times. My impatience often led to conflicts between my spouse and me. He didn't dare to argue with me and always kept it inside … Losing my temper is not beneficial for my health or our relationship. If any issues arise, we will calmly discuss them."* (P16)

3.2.2. Providing support for marriage and love

Cancer affects participants both physically and psychologically and places a significant burden on their families, particularly their spouses. The preservation of marriage and love requires mutual support. Patients believe that, as wives, the trust in their relationship is crucial for overcoming cancer, and understanding their partners' devotion is also essential. Some partners suggested that they would like their wives to provide them with emotional support, for example, verbal encouragement and practical help, such as a glass of water when they were exhausted.

> *"Even though I don't have it (breasts) now, I believe that he won't cheat on me. We are together every day. As his wife, I know that trust is crucial for our marriage. I have no work now; the family's financial burden is on him. He is tired, and I can't doubt him."* (P19)

> *"I wish I could receive a glass of water and encouragement every time I return home. This would motivate me more."* (S5)

3.2.3. Creating a beautiful married life together

Participants perceived that if they had a happy marriage, they would have greater resilience in beating cancer. Maintaining appropriate sexual intimacy was deemed crucial by participants. When sexual activity was suspended, adding expressions of affection, such as kissing and hugging, to daily activities was indispensable.

> *"At the end of this phase of chemotherapy, I hope to begin a fulfilling sexual relationship, which is important for both of us. Now, my physical condition doesn't allow us to engage in sexual activity during this time. I will express my affection by kissing and cuddling more."* (P17)

Moreover, some younger couples expressed the desire to travel and enjoy the world as a couple after chemotherapy.

> *"After having children, it became increasingly difficult to have time alone as a couple. I hope to have time with my partner, whether watching a movie, shopping, or a tour. As long as we're together, it's good."* (S14)

3.3. Assisting in family recovery

When young women are temporarily unable to fulfill their wifely role due to illness, much of the family business is often transferred to their partners. If this kept up, the breakup of the family was not far off, which was the last thing they wanted. Thus, as they recovered physically, the patients hoped that they would have enough energy to assist their spouses in facilitating the restoration of family functioning, which was their eventual goal.

3.3.1. Relieving stress on spouses from caregiving and finances

Initial treatment consumed a great deal of women's energy. Thus, the responsibility of caring for children and earning money usually fell on their spouses. However, this was only a short-term solution. As their health improved, participants reported being able to travel to the hospital for follow-up treatment independently without disrupting their spouses' work schedules.

> *"When it is time to go to the hospital for chemotherapy, I prefer to go alone. Going back and forth is difficult, as he has work the next day. It would be inconvenient for him to take a lot of time off … While recuperating at home, I can also look after young children, not just eat and drink at home."* (P6)

Some of them expressed a desire to return to work after fully recovering to alleviate their spouses' financial burden.

> *"Surgery and chemotherapy are expensive. Although we save on daily expenses and have enough money to get by, we still need to plan for the future. I needed to earn my own money, didn't I? I couldn't rely on him completely."* (P11)

3.3.2. Management of daily household chores

In the present social context, men are typically the primary source of income for the family, while women are primarily responsible for household chores. As a result, female participants perceived daily household upkeep as a defining characteristic of a good wife. Although she was sick, the wife should still perform some household chores and plan daily expenses within her capacity.

> *"I am currently unable to exert force with my hands. However, I can still perform simple tasks such as washing and chopping vegetables at home. I had to find something to do instead of always lying around at home. Just like dinner, I prepare the ingredients to be used at home for his cooking when my partner returns from work quickly."* (P5)

The patient expressed reluctance to relinquish control and preferred to remain the primary decision-maker in family matters. The reason for this was that she did not believe her spouse was capable of handling the responsibility.

> *"I still handle most of the big and small things in the house because I don't think he's capable enough to do that; he's not cut out for it."* (P5)

4. Discussion

This study described what young breast cancer women and their spouses desired to achieve in their roles as wives after being diagnosed with breast cancer. Three main areas emerged: preserving self-esteem and self-love, maintaining conjugal relationships, and assisting in the rehabilitation of the family. Breast cancer, as a biographical disruption, gave young women the opportunity to reflect, they began to recognize that cherishing themselves is fundamental. To better adapt to living with cancer, they sought to maintain good conjugal relationships and move toward assisting their spouses in the restoration of their family function. By doing so, they were able to return to their marriages and families faster. Young breast cancer women and their spouses eventually anticipated achieving a new equilibrium among individuals, families, and illnesses that coexist. We focused on the wife role expectations that young women and their spouses assumed, as these appeared to be underrepresented in the existing literature.

The first and basic expectation of the young women's roles as wives after breast cancer diagnosis was to preserve their self-esteem and self-love. Rashidi et al. also reported that breast cancer patients undergo a positive transformation during diagnosis and treatment, moving from a diseased self to acceptance of their transformed selves [34]. We found that young women desired to reconstruct their identity with a positive outlook and to prioritize self-care over familial obligations. Actually, it diverges from what traditional Asian social culture expected wives to play and is more aligned with the norms of Western culture. Wives are expected to prioritize the interests of their families above their own by prevailing Asian cultural and societal norms [14,15]. Consequently, young women who need to care for children are more prone to situations where they neglect themselves to give to their families. The cancer experiences provide an opportunity for young women to take a temporary break from their roles as hardworking wives, allowing them to reflect on themselves and their identities. They begin to re-examine their neglected selves, seeking to establish healthier and more satisfying roles as wives to better return to their marriages and families [35].

Maintaining good conjugal relationships was important to the wife's role expectations. In this study, young women and their spouses expressed expectations of maintaining harmonious and effective communication. Favorable communication between couples often bodes well for a better relationship and is essential for a good marriage [36]. Krok et al. reported that for patients, supportive partner communication was positively associated with marital satisfaction [37]. Some studies on breast cancer spouses have indicated that husbands focus on caring for and pleasing their ill wives to the detriment of their self-expression, leading to loneliness and incomprehension in the marital relationship [38–40]. We discovered that young women perceive demonstrating trust, understanding, and emotional support to their spouses as essential wife role expectations to foster marital stability in the context of cancer. There have been reliable resources for helping patients restructure their couple relationships and promoting the restoration of their marriage, such as the "Helping Her Heal" program developed by Lewis et al. [41]. Sex is a vital aspect of daily marital life and could contribute to protecting conjugal relationships, particularly for young women. Nevertheless, a proportion of

patients and spouses were reluctant to discuss their sexuality in detail in this study, possibly due to concerns about privacy or cultural influences. Previous research has also indicated that couples in some Asian countries diagnosed with cancer tend to perceive the topic of sexuality as taboo, making it challenging for them to engage in meaningful discussions about it [42,43]. The presence of cancer invariably impedes the physical and emotional expression of sexual intimacy. Psychosexual counseling would facilitate open discussion and resolution of sexual concerns, which could enhance the quality of cancer women's sexual experiences [44]. Moreover, intimate physical contact, such as hugging and kissing, could compensate for the lack of sex [42]. It is recommended that young cancer couples explore intimate forms of physical contact to enhance their sexual satisfaction.

The final expectation of the young breast cancer patients' role as wives was to assist in family recovery. Young women in this study believed that they should share the responsibility of managing the household and caring for children and older adults with their spouses rather than just assuming the role of the patient. It is particularly important for young families to raise their children together [45]. From their perspective, if they were always a burden to the family, it would be unfair to the spouses and detrimental to family harmony. Daniel et al. interviewed women with breast cancer in India and also reported that women would feel anxious and helpless if they were unable to perform their wifely expectations due to the disease [18]. The phenomenon may be related to the Asian sociocultural context, where women were usually the primary caregivers of the family [46,47]. Therefore, assisting in family recovery with spouses provided women with a sense of fulfillment that everything was on track and greater confidence in the future of living with cancer [48]. The research in England found that halting in family and working life threatened patients' identity and perceived normality as young adults but also helped them recognize the importance of family [49]. A Singaporean study also highlighted family was the biggest motivator for women with breast cancer to recover [50]. Future research should investigate functional home rehabilitation for cancer patients, with consideration for targeted care in diverse cultural settings.

5. Strengths and limitations

These findings support the theory of breast cancer family recovery in women with breast cancer by complementing their role expectations. These can be used to expand nursing education content for students and professionals. It can also be applied to home health education for patients. This study offers new insights for healthcare providers to develop interventions related to family rehabilitation for cancer. It would facilitate better role transitions and adjustments for young women with breast cancer and increase life satisfaction for families affected by cancer.

This study has the following limitations. First, it did not include patients who were reluctant to express their experiences or whose spouses had chronic illnesses or cancers. The exclusion of these individuals likely influenced the comprehensiveness of the results. Second, our sample population was located in a region of China with moderate economic development. Geographic biases and cultural difference factors may make the findings unrepresentative of the entire population. Therefore, there are limitations in terms of generalization. Third, we analyzed all participants from the female perspective. Although some male spouses were interviewed, potential differences in gender perspectives remained in our analysis.

6. Conclusion

This study summarized the specific wife role expectations of young breast cancer women when returning to their families after diagnosis. These expectations encompassed three central aspects: self, couple, and family. Self-esteem and self-love are the most fundamental expectations of the wife role, while the adjustment of the couple's relationship and assistance in family rehabilitation represent higher expectations. Our findings emphasized the importance of self-love and self-esteem. As patients' self-reserve improves, they can adjust their marital relationships more easily and restore family function. The results of this study can help healthcare professionals and cancer families gain a fuller understanding of the wife role expectations for young women with breast cancer. Healthcare professionals can develop couple-centered interventions based on the findings to promote patient and family recovery. In the future, extensive research should explore varying role expectations in different sociocultural contexts.

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Data availability statement

The datasets generated during and/or analyzed during the current study are available from the corresponding author upon reasonable request.

CRediT authorship contribution statement

Wenjuan Gao: Conceptualization, Methodology, Validation, Formal analysis, Investigation, Data curation, Writing – original draft, Writing – review & editing. **Qian Zhang:** Conceptualization, Methodology, Validation, Formal analysis, Investigation, Data curation, Supervision, Writing – review & editing. **Dan Wang:** Conceptualization, Methodology, Validation, Supervision, Writing – review & editing. **Xiaoxu Li:** Conceptualization, Methodology, Validation, Supervision, Writing – review & editing. **Linping Zhang:** Conceptualization, Methodology, Validation, Investigation, Writing – review & editing. **Mengjiao Xu:** Conceptualization, Methodology, Validation, Investigation, Writing – review & editing. **Jing Han:** Conceptualization, Methodology, Validation, Formal analysis, Funding acquisition, Writing – review & editing, Supervision, Project administration.

Declaration of competing interest

The authors declare that they have no competing interests.

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Appendices. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.ijnss.2024.05.001.

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