

Access this article online
Quick Response Code:

Website: www.jehp.net
DOI: 10.4103/jehp.jehp_1591_22

Lived experiences of post-mastectomy women: A qualitative study of Western Rajasthan

Neha Patiyal, Vandna Pandey¹, Ashok Kumar¹

Abstract:

BACKGROUND: Women's breasts have biological functions to lactate, socially and culturally seen as sensual, and the essence of her femininity. In the world, breast cancer is the most constantly occurring non-cutaneous cancer among women. The qualitative phenomenological study aimed to explore the lived experiences of post-mastectomy women.

MATERIAL AND METHODS: A total of 14 post-mastectomy women were recruited through non-probability convenience sampling based on data saturation, at the radiation unit of a tertiary care hospital, in Basni, Jodhpur, Rajasthan, from September to November 2020. The data was collected using an in-depth interview schedule. It was firstly audio-recorded and transcribed, and then themes and subthemes were extracted. Experiences of women were recorded and analyzed using Colaizzi's framework (1978) and ATLAS.ti. 9 scientific software.

RESULT: This revealed five main themes and their subthemes: Body image changes, physical impacts, emotional impacts, treatment impacts, and coping and support sources.

CONCLUSION: In India, the lack of exploration regarding this topic is due to the stigmatization of very private parts, i.e., breast involvement and people rarely discuss it. Thus, there is a need for more such studies to be done, and more attention is required on the role of nurses to assist post-mastectomy women psychologically, spiritually, and physically to cope with their conditions. Findings highlight that mastectomy as a surgical treatment may negatively affect a woman's body image. It's highly recommended to address individual women's psychosocial needs and preferences before undergoing mastectomy in educational sessions by physicians involving nurses with them. Also, proper knowledge about reconstructive procedures should be provided to improve their body image. The counseling sessions can be conducted pre and post-mastectomy by a professional counselor.

Keywords:

Body image, breast cancer, mastectomy, women

Introduction

After cardiac diseases, cancer has emerged as an important cause of morbidity and mortality in India.^[1] The word "cancer" can bring out exorbitant fear among every person.^[2] Women's breasts have the biological function to lactate, also socially and culturally seen as sensual, the mark of her womanhood and the essence of her femininity. Breast cancer in both developed and developing countries,

considered as most constantly occurring non-cutaneous cancer in women.^[3] Its frequency is more in menopausal than younger females,^[4] impacting 2.1 million women each year, and also causes the greatest number of cancer-related deaths as reported by WHO.^[5] Now it has ranked first in India among all cancers with a mortality of 12.7 per 100,000 women.^[6] Globocan 2020 data shows that it is 1st most common overall malignancy worldwide and also 1st most common overall malignancy in India, by incidence, respectively. It was 4th and 1st most common cause of cancer-related deaths in

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: WKHLRPMedknow_reprints@wolterskluwer.com

How to cite this article: Patiyal N, Pandey V, Kumar A. Lived experiences of post-mastectomy women: A qualitative study of Western Rajasthan. *J Edu Health Promot* 2023;12:275.

Oncology Nursing
Officer, AIIMS, Bilaspur,
Himachal Pradesh,
India, ¹College of
Nursing, AIIMS, Jodhpur,
Rajasthan, India

Address for correspondence:

Vandna Pandey,
Assistant Professor,
College of Nursing, AIIMS,
Jodhpur, Rajasthan, India.
E-mail: vandna.pandey80
@gmail.com

Received: 06-11-2022

Accepted: 26-12-2022

Published: 31-08-2023

the world and India, respectively.^[7] In India, deaths due to breast cancer were 90,408 in 2020, i.e., 10.6% of total cancer deaths. Its incidence is 77 over 5 years (2016- 2020) in the Jodhpur district of Rajasthan.^[8]

Surgery is an inevitable part of its treatment.^[3] Talking about various surgical operations for its cure, the most prevalent was modified radical mastectomy (63%), while breast-conserving surgery (36%) was the second most used.^[4]

In the past two decades, in India, its incidence has peaked sharply and the number of its cases has projected in 2020 is 179,790 which forms about 10% of all cancer cases.^[9] Women experience different types and amounts of pain or discomfort after mastectomy.^[10] They no longer feel beautiful and feel a great loss of personal charm. This leads to decreased self-esteem which contributes to an attitude of introversion, withdrawal, insecurity, shyness, confinement, and/or social inhibition.

There are numerous kinds of literature in Western countries regarding the lived experiences of post-mastectomy women, but unfortunately, this topic has been barely explored in India, due to the stigmatization that breasts are involved and seen as very private and rarely discuss diseases related to this part. There is a need for more such studies to be done in India and more attention is required on the role of nurses to assist post-mastectomy women psychologically, spiritually, and physically to cope with their conditions.^[11]

The experiences of women with breast cancer and their quality of life after mastectomy have been studied in many quantitative studies, which translate their subjective experiences into objective quantified data. Though, there are only some qualitative studies from Western countries, which examine the experiences of post-mastectomy women with breast cancer, their living conditions, and expressing their experiences from a healthcare professional and caregiver's perspective. But no previous study has addressed this issue in India.

Healthcare provider especially nurses can understand their perception of their illness and treatment modalities and thus can plan individualized appropriate interventions. Nowadays, their role has extended from giving physical care to providing education to patients to resolving their various emotional conflicts related to treatment and disease. Hence, they may help such women to develop skills and various kinds of coping strategies, thereby introducing more sense of gratification.^[12] The findings of this study also have theoretical implications concerning research, education, practice, and administration.

So this study can provide theoretical knowledge for the development of appropriate nursing care for mastectomized women and give them better conditions to cope with a changed life. Also, it emphasizes the importance of the active participation of nursing professionals in providing human care to these women and their family members to adapt to their new images.

This study aimed to reveal the lived experiences of post-mastectomy women. Lived experiences refer to a representation of the experiences of women after at least 1 month of mastectomy who were diagnosed with breast cancer by taking an in-depth interview with the help of a semi-structured open-ended questionnaire.

Material and Methods

Study design and setting

A qualitative research approach and phenomenological design were used for the study.

Study participants and sampling

A total of 14 post-mastectomy women who were fulfilling inclusion criteria are recruited using a non-probability convenience sampling technique, and data was collected from September 2020 to November 2020 in the radiation unit of tertiary care hospital, in Basni, Jodhpur, Rajasthan. Women who had undergone breast reconstruction after mastectomy were excluded.

Data collection tool and technique

An in-depth interview method was used for data collection with the help of a self-structured open-ended questionnaire. Each interview took approximately 20–25 minutes, and an audio tape was recorded.

Ethical consideration

Ethical approval was obtained from the Institutional Ethical Committee (Reference number- AIIMS/ICE/2020-21/3001). Written informed consent was obtained from the patient for participating in the study.

Statistical analysis

Colaizzi's framework (1978) was used for thematic analysis. The data was transcribed verbatim, and themes and subthemes were extracted from the statements of the participant. Bracketing was done before data collection through peer review and self-review techniques. Data analysis was done with help of scientific software, ATLAS.ti. 9. using a free trial license. The study used the following steps of thematic analysis: familiarization with the data, identifying the significant statement, formulating the meaning, clustering themes, developing an exhaustive description of the phenomenon under study, producing a fundamental structure, and seeking verification of fundamental structure. The rigor of the

study was done to increase the trustworthiness using Lincoln and Guba’s framework (1985) gave four criteria as follows.^[13] Credibility is maintained by recruiting women willing to participate. Also, observation, memo writing, and interactive and reflective questioning were used. Each interview was audio-recorded and using them individual transcription was made. Besides this, a few visits to the research area were done before the actual interviews. Transferability is maintained by providing sufficient descriptions necessary for each theme and subthemes. The findings were stated along with direct quotations under the theme with participant number. Also, data were collected at the main tertiary hospital, irrespective of the hospital in which they had undergone a mastectomy to examine probable different responses among these women. Dependability is maintained by conducting an audit trial. The panel of experts had a consensual agreement on the findings of the study. Confirmability was done by approaching three participant women after secondary data analysis, and they confirmed findings were suggestive of statements they have given during the interview. Audio recordings were checked at various stages of data analysis by the supervisor to ensure the congruency of transcriptions.

Results

The data saturation was obtained after 14 interviews of women ages ranging from 30 to 70 years from both Hindu and Muslim religions. Women’s education status ranged from illiteracy to post-graduation. All women were married except one unmarried and one widowed, and among them, only two married women had no children. The majority of women had undergone mastectomy within the last 5 months. The demographic details of women are given in Table 1. Analysis of data revealed that lived experiences of post-mastectomy women can be divided into five main themes and several subthemes which are represented in following Table 2.

Lived experiences of post-mastectomy women

A total of 5 themes and 22 subthemes were extracted after the final data analysis by categorizing codes from various useful statements of the participants. Their description is given below:

Theme 1: Body image changes

Body image is the perception of individuals about the sexual gracefulness and elegance of their bodies in the eyes of themselves and others in society.^[14] Mastectomy can adversely affect a woman’s body image and their feelings of self-confidence and femininity.

Altered self-image is shown in most women as they recall negative feelings associated with their altered bodies when they look at themselves in the mirror and used

Table 1: Demographic details of women are given (n=14)

Demographic variable	F	%
Age		
a. 18–30 years	1	00.71%
b. 31–45 years	9	64.00%
c. 46–60 years	3	21.42%
d. 60 years and above	1	00.71%
Religion		
a. Hindu	11	78.57%
b. Muslim	3	21.42%
Educational status		
a. Illiterate	2	14.28%
b. Primary	8	57.14%
c. Diploma	1	00.71%
d. Graduation or above	5	35.71%
Occupation		
a. Homemaker	11	78.57%
b. Professional	2	14.28%
c. Self-employed	1	00.71%
Marital status		
a. Married	12	85.71%
b. Unmarried	1	00.71%
c. Widow	1	00.71%
Family income		
a. 10 thousand or below	3	21.42%
b. 11–20 thousand	8	57.14%
c. 20 thousand or above	3	21.42%
Family members		
a. Five or less	10	71.42%
b. More than five	4	28.57%
Total children		
a. No child	3	21.42%
b. Two or less	4	28.57%
c. More than two	7	50.00%
Breastfeeding		
a. No feeding	3	21.42%
b. Good	9	64.28%
c. Poor	2	14.28%
Family planning		
a. Yes	6	42.58%
b. No	8	57.14%
Family cancer history		
a. Yes	3	21.42%
b. No	11	78.57%
Mastectomy months passed		
a. 1-5 months	12	85.71%
b. 6-12 months	1	00.71%
c. >1 year	1	00.71%
Associated problem		
a. Yes	7	50.00%
b. No	7	50.00%

various negative words to describe their feelings like loss of femininity, loose body, and weirdness. The loss of hair due to chemotherapy has also created more tension than breast removal. They also felt the need to modify their clothing styles as statements indicate that they

Table 2: Themes and subthemes are represented

Objective	Themes	Subthemes
To explore the lived experiences of post-mastectomy women.	1. Body image changes	Altered self-image
		Impaired dressing sense
		Sexual inactivity
		Social isolation
		Shift to parent's home
	2. Physical impacts	Unwillingness for reconstruction
		Prickling pain
		Enormous swelling and tenseness
		Hand movement restrictions
		Limited household work
	3. Emotional impacts	Early morning depression
		Worries about children's future
		God's will and their luck
		Fear of death and future
	4. Treatment impacts	Weakness/ill self
		The disease recovered and saved the life
		Enhanced financial concerns
		Satisfaction with hospital
	5. Coping and support sources	Belief/Praying God
Adequate husband and family support		
Adequate social support		
Positive attitude		

adjusted by wearing loose-fitting clothes and also have lost interest in grooming. Also showed concerns about the inability to wear their brassier. This has caused such physical and emotional changes due to which they have lost interest in sexual activity now, as we're afraid that chemotherapy might cause side effects on their husband and feel to be remaining socially isolated as imagining the reaction of society toward their changed appearance which caused more pain and suffering, thus limited their social activities and started to avoid social functions.

Some women choose to shift to their parent's home, and some women have accepted these body image changes that now they are unwilling to undergo any breast reconstruction procedure.

Theme 2: Physical impacts

Most of the women shared the physical impacts which mainly emphasized pain, enormous swelling and tenseness around the axillary region, and hand movement restrictions.

They felt pain from deep inside like ants crawling which tends to increase more while moving hands for any work. Some mentioned a kind of prickling and burning sensation at the operated site. The appearance of swelling mainly occurs in the upper arm which causes the limited activity of that particular hand and also expressed the feeling of tenseness, numbness, and heaviness of the operated site due to accumulation of the excessive

lymph, which require further treatment to remove the fluid to relieve heaviness or tightness.

Most women pointed out the difficulty in moving their hand against gravity above the heart level. These impacts have limited their capacity to perform activities at home like sweeping, preparing meals, washing dishes, doing laundry, cleaning bathrooms and dusting, and outside occupational work. Thus, required help from others to complete the tasks.

Theme 3: Emotional impacts

Feelings of depression, anguish, uncertainty, and fear are most experienced by the women from the moment they are told to undergo mastectomy and further take cycles of chemotherapy as per their reports. Most of the women were even well known for the essentiality of surgery; they experienced long periods of gloominess due to the loss of their breasts and experienced early morning depression. Sometimes they express emotional responses by sobbing at their condition. Also, they had worries about providing a good future for their children and getting them married. One woman expressed worry about a small kid still requiring breastfeeding and she had to leave him at this time due to this mastectomy operation.

Women acknowledged that the reason for their current condition is all due to Allah/God's will and their luck. They felt guilty about their past sins and find it a result of some bad works in their previous life. Some women shared that it's all in the hand of God. The plans he had made for them; accordingly, they have to live the life and can't do anything. Fears of death and recurrence or severity of the disease and uncertainties of the future have made them emotionally weak and experienced the probability of dying from this disease in the upcoming time.

Theme 4: Treatment impacts

Treatments that women underwent for breast cancer and their side effects as experienced by them have a significant impact on their lives. Most women expressed weakness all over the body and lack of strength as an important impact of past and ongoing treatment. Women expressed that they feel grateful for being still alive and life is more significant than the loss of a breast. Mastectomy has helped them in recovery from the disease and life being saved from deadly disease.

Women experienced enhanced financial concerns for their post-mastectomy surgery and ongoing chemotherapy as belonging to middle-class families. Arranging money was difficult for them and family, thus have to borrow it from others, while some were able to pay for the whole treatment on their own.

Some women also expressed satisfaction with the care provided in the current hospital and willingness to recommend others to take their treatments here. Also, they admired the communication of the staff with their patients.

Theme 5: Coping and support sources

The fifth main theme refers to those sources which helped participants to deal with the life obstacles that come post-mastectomy. They coped by using several ways to decrease the sense of loss. One was to pray and believe in God which provide them some peace of mind and relaxation. They loved to spend time doing religious practices. They emphasized trust and gratitude for God as their coping strategy.

They admired the adequate support that they get from family and society in dealing with all the abnormalities after being operated on with mastectomy. Particularly their spouse supported in many ways like help in bathing, changing bandages, and enhancing their courage. Moreover, they have become very caring and even more supportive than before.

Also, immediate family, which include their mother, brother, sister-in-law, etc., provided emotional comfort and also helped them with their routine activities like taking them to the hospital for chemotherapy treatments and assisting in household chores. They also supported them psychologically.

Most of the women shared some positive attitudes even after losing a normal body appearance.

Discussion

The current study was conducted to assess the lived experiences of post-mastectomy women. Most women spoke about the negative effect on their self-image and altered bodies after mastectomy when they look at themselves in a mirror which is similar to findings from the study conducted by Sema Koçan and Ayla Gürsoy in which they mentioned how women see themselves using different words like ugly, scary, horrible, imperfect or half body, etc.^[4]

Mastectomy has negatively affected a woman's sexual relationship with her spouse as now they have lost sexual interest. This finding can be compared with the findings from the study conducted by Olalekan Olasehinde *et al.*^[15] which revealed decreased libido post-mastectomy.

A study conducted by Sema Koçan and Ayla Gürsoy mentioned that mastectomy caused a need to hide their breast loss while facing society and thus limited social life.^[4] This finding is similar to the present study findings

in which the majority of women expressed ashamed feelings when going out.

Some of the women revealed their worries about providing a good future for their children and getting them married, as they were unknown of the results of their treatment. This finding is similar to findings from the study conducted by Laila Hussain *et al.*^[16] which revealed raising children was one of the worries of participants because of the uncertainty of their disease consequences.

In this study, women experience fear of death and recurrence of disease, and uncertainties of the future still after the mastectomy. This finding is similar to the findings from the study conducted by Esmat Mehrabi in which although, some participants were not thinking about their condition at the start of the interview but when going into more depth, a fair amount of fear was revealed from their expressions.^[17]

Feeling ill and weak from ongoing chemotherapy was reported by most women this is similar to findings from the study conducted by Thayse Gomes de Almeida *et al.*^[18] in which they expressed chemotherapy made them sick.

Women expressed that they feel grateful for being still alive and life is more significant than the loss of a breast. This finding is similar to the findings of the study conducted by Avital Gershfeld-Litvin which showed that women have taken mastectomy as lifesaving, as they feared death due to cancer. Also, they allowed breast removal to survive.^[12]

Women coped by using several ways to decrease the sense of loss. Most of the women believed that praying and belief in God enables post-mastectomy women to feel peace of mind, and relaxation and they love to spend time doing religious practices. This finding is similar to the findings from the study conducted by Dr. Geeta Patel-Kerai in which participants described that doing religious activities like praying to God supported them and given the power to cope with ongoing life problems.^[19]

The support, particularly from their husband and family members, was very important in helping women to deal with their experiences post-mastectomy. This finding is similar to the finding from the study conducted by NE Stecher, MA Cohen, and EJ Myburgh in which they revealed that family and friends were the main support sources for most of the participants.^[3] Also the findings from the study conducted by Fatma Cebeci *et al.*^[20] in which she revealed that family provided a holistic kind of support including physical, social, and emotional

aspects at the time of both diagnosis and therapy for breast cancer women.

Most women stated they received support from others in doing household work as well as help psychologically as they come for talking and spending some time with them. This finding is similar to the findings from the study conducted by Olalekan Olasehinde *et al.*^[15] in which participants recognized co-workers and church communities as their support system.

The study also highlighted a positive attitude as a coping strategy that helped women to bear the psychological and emotional effects of the mastectomy. Many of them expressed not thinking much about the past as no solution to the thing that already happened, and now they have to move on. This finding is similar to the findings from the study conducted by Laila Hussain *et al.*^[16] which showed that to suffer all side effects of oncological treatment, fighting back and the brave attitude of participants relieved them so much.

Some women expressed that they do not take much stress and had enough strength in this stressful condition. This finding is similar to findings from the study conducted by Wasia Hamid in which women deal with their situation with hope for a good future and disease recovery that helped them to defeat negative thinking and worries.^[21]

This study contributes to the experiences of the post-mastectomy women after one month of their surgeries, which emphasized the emotional aspects, such as how difficult was the time for them after initiation of the treatment for breast cancer and then undergoing mastectomy. Most women expressed their feelings through mourning at their lost part as an individual and various adjoining physical impacts. Although most of them were unhappy regarding their new appearance but did not want to go for any further reconstruction surgery. The research findings also revealed that as per the Indian scenario, most women coped with the condition because of their spouse and utmost family support and belief in the almighty God. These experiences can be used in planning the various treatment modalities for such women.

Strengths

- Audio recording and transcription were made for each interview to ensure the credibility of the data.
- More sophisticated software, ATLAS.ti. 9, practiced for precise qualitative data analysis.
- The use of direct quotations under each theme with detailed narrations has corroborated the transferability of the study findings.

Limitations and recommendation

The limitation is the generalizability of research findings as the study is limited to the radiation unit of the hospital. Recruiting phenomenology as a method of the present research, the study is limited to small sample size.

Further studies such as mixed method studies can be conducted in a similar context in India to develop counseling services and support groups for post-mastectomy women. Interventional studies can be carried out to assess the effectiveness of individual or group support programs that are already working to support breast cancer women and other educational and counseling sessions for them involving the nurses in decision-making. The multicenter study can be done in a similar context.

Conclusion

The finding of the study adds to the body of research regarding women's struggles after mastectomy and the embodiment of illness. Exploring their experience can give theoretical support to the development of appropriate nursing care for post-mastectomy women as this enables nurses to better understand the emotional and body image concerns of each woman following the mastectomy operation and thus help them in the adaptation of their changed image in various ways. The findings suggest that mastectomy as a surgical treatment for breast cancer may adversely affect a woman's body image and appearance. Thus, it is highly recommended to address individual women's psychosocial needs and preferences before undergoing mastectomy in the various education or teaching sessions by physicians involving nurses. The counseling sessions should be conducted at least two weeks before the mastectomy to help such women cope with their life situation effectively.

Acknowledgment

I would like to express my deep and sincere gratitude to my Guide and Co-guide for their continuous guidance and valuable suggestions throughout the completion of this study.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

References

1. Singh M, Prasad CP, Singh TD, Kumar L. Cancer research in India: Challenges and opportunities. *Indian J Med Res* 2018;148:362-5.
2. Cancer. World health organization. 2020. Available from: <https://www.who.int/news-room/fact-sheets/detail/cancer>. [Last accessed on 2021 Jan 02].

3. Stecher NE, Cohen MA, Myburgh EJ. Experiences of women in survivorship following mastectomy in the Cape Metropole. *S Afr J Surg* 2019;57:19-23.
4. Kocan S and GURSOY A. Body image of women with breast cancer after mastectomy: Qualitative study. *J Breast Health* 2016;12:145-50.
5. Omar A, Bakr A, Ibrahim N. Female medical students' awareness, attitudes, and knowledge about early detection of breast cancer in Syrian Private University, Syria. *Heliyon* 2020;6:e03819.
6. Malvia S, Bagadi SA, Dubey US and Saxena S. Epidemiology of breast cancer in Indian women. *Asia Pac J Clin Oncol* 2017;13:289-95.
7. Globocan. 2020. Available from: <http://globocan.iarc.fr/Default.aspx>.
8. Khatri NK, Kumar P, Arora V. Retrospective analysis of incidence of breast cancer from North Western India-single institute study. *J Adv Med Dent Sci Res* 2021;9:113-7.
9. Maurya AP and Brahmachari S. Current status of breast cancer management in India. *Indian J Surg* 2021;83:316-21.
10. Mastectomy:Instructions after Surgery. The Regents of the University of California. 2020. Available from: <https://www.ucsfhealth.org/education/mastectomy-instructions-after-surgery>. [Last accessed on 2020 Nov 24].
11. Silvestri, A. (2019) A holistic approach to care for women struggling after Mastectomy: an Interpretative phenomenological Analysis. (Unpublished Doctoral thesis, City, University of London)
12. Gershfeld-Litvin A. Women's experiences following mastectomy: Loss, grief, and meaning reconstruction. *Illness Crisis Loss* 2018;13:267-78.
13. Polit DF, Beck CT. *Nursing Research: Generating and Assessing Evidence for Nursing Practice*. New Delhi: Wolters Kluwer. 2016. 10th ed. p. 492.
14. Body image. 2019 [Last accessed on 2020 Dec 20]. Available from: https://en.wikipedia.org/wiki/Body_image#:~:text=Body%20image%20is%20a%20person's,have%20been%20set%20by%20society.&text=A%20person%20with%20a%20negative,that%20others%20are%20more%20attractive.
15. Olasehinde O, Arije O, Wuraola FO, Samson M, Olajide O, Alabi T, et al. Life without a breast: Exploring the experiences of young Nigerian women after mastectomy for breast cancer. *J Glob Oncol* 2019;5:1-6. doi: 10.1200/JGO.18.00248.
16. Hussain L, Kanji Z, Lalani S, Moledina S, Sattar AK. Exploring lived experiences of married Pakistani women post-mastectomy. *Asia Pac J Oncol Nurs* 2019;6:78-85.
17. Mehrabi E, Hajian S, Simbar M, Hoshyari M, Zayeri F. The lived experience of Iranian women confronting breast cancer diagnosis. *J Caring Sci* 2016;5:43-55.
18. Almeida TG, Comassetto I, Alves KMC, Pereira dos Santos AA, Silva JMO, Trezza MCSF et al. Experience of young women with breast cancer and mastectomized. *Esc Anna Nery* 2015;19:432-8.
19. Kerai GP, Harcourt D, Rumsey N, Naqvi N. Exploring the lived experience of breast cancer diagnosis and treatment amongst Gujarati speaking Indian women. *Divers Equal Health Care* 2015;12:9-17.
20. Cebecia F, Yangina HB, Tekelib A. Life experiences of women with breast cancer in southwestern Turkey: A qualitative study. *Eur J Oncol Nurs* 2012;16:406-12.
21. Hamid W, Jahangir MS, Khan TA. Lived experiences of women suffering from breast cancer in Kashmir: A phenomenological study. *Health Promot Int* 2021;36:680-92.