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Breast Cancer and Psychological Issues among Middle Aged Women in Walloon, Belgium

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Breast Cancer and Psychological Issues among Middle Aged Women in Walloon, Belgium

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Abstract

Breast cancer carries not only physical implications but also profound psychological challenges for middle-aged women in Walloon, Belgium. The diagnosis triggers emotional distress, anxiety, and depression among these women, often disrupting their quality of life. Body image concerns following surgeries like mastectomy or lumpectomy compound the psychological burden, impacting self-esteem and self-identity. Addressing this issue requires integrated psychological support, community awareness, and tailored interventions to ensure a holistic approach to breast cancer care. Research findings illuminate the intricate interplay between breast cancer and psychological issues among middle-aged women in Walloon, Belgium. The emotional distress resulting from the diagnosis leads to heightened levels of anxiety, depression, and stress. Moreover, body image concerns and the absence of accessible psychological support services further compound the psychological challenges faced by these women. In conclusion, the nexus of breast cancer and psychological challenges among middle-aged women in Walloon, Belgium is a multifaceted issue of paramount importance. The research findings underscore the need for a comprehensive approach that integrates psychological support into the treatment process, raises awareness to destignatize seeking help, and fosters community networks to enhance emotional resilience. By acknowledging and addressing the psychological dimensions of breast cancer, Walloon can empower these women to navigate their journey with greater strength and well-being. The study recommended that healthcare systems should prioritize the integration of specialized psychological support services within breast cancer treatment plans. Public awareness campaigns should be launched to educate women about the psychological challenges they might face and promote the importance of seeking timely help. The establishment of community-based support networks and the development of culturally sensitive psychological interventions will play a crucial role in fostering emotional well-being and resilience in this demographic.

Keywords: Breast Cancer, Psychological Issues, Middle Aged Women, Belgium

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1.0 Background of the Study

Breast cancer is a significant public health concern worldwide, impacting the lives of numerous women and their families (Lundberg & Phoosuwan, 2022). In Walloon, Belgium, a region known for its rich culture and history, the incidence of breast cancer among middle-aged women has drawn attention due to its physical, emotional, and psychological implications. Breast cancer is the most commonly diagnosed cancer among women globally, and middle-aged women, typically between 40 and 65 years old, are at a higher risk. In Walloon, Belgium, breast cancer ranks among the leading causes of cancer-related deaths. Several risk factors contribute to breast cancer, including genetic predisposition, hormonal factors, lifestyle choices, and environmental exposures (Manouchehri, Taghipour, Ebadi, Homaei Shandiz & Latifnejad Roudsari, 2022). In Walloon, the prevalence of some risk factors such as sedentary lifestyle and unhealthy dietary habits may contribute to the higher incidence. Early detection through regular mammograms and clinical examinations is crucial for effective treatment. Treatment options include surgery, chemotherapy, radiation therapy, and targeted therapies. The physical toll of these treatments often leads to a range of psychological challenges.

A breast cancer diagnosis triggers a plethora of emotions including fear, anxiety, depression, and stress (Vardaramatou, Tsesmeli, Koukouli, Rovithis, Moudatsou & Stavropoulou, 2021). Middleaged women, who are often managing other life responsibilities, may find it particularly difficult to cope with the diagnosis and treatment. Breast cancer treatments like mastectomy or lumpectomy can alter the woman's body image and lead to decreased self-esteem. This is particularly relevant in Walloon, where cultural norms emphasize body aesthetics. A strong social support system is crucial for coping with breast cancer (Dumalaon-Canaria, Prichard, Hutchinson & Wilson, 2018). In Walloon, family and community play a significant role in providing emotional and practical assistance. Cultural factors can shape how breast cancer is perceived and experienced. In Walloon, cultural norms may influence women's willingness to discuss their diagnosis openly and seek mental health support. Access to psychological support services is vital for addressing the emotional toll of breast cancer. In Walloon, there might be disparities in access, especially in rural areas.

Oncologists, nurses, and mental health professionals play a collaborative role in addressing the psychological needs of middle-aged breast cancer patients (Nightingale, Battisti, Loh, Puts, Kenis, Goldberg & Pergolotti, 2021). Integrating psychological support into the treatment plan is essential. Advancements in medical care have improved breast cancer survival rates. However, survivorship brings its own set of challenges, including the fear of recurrence and long-term treatment side effects. Support groups provide a platform for women to share experiences and coping strategies. In Walloon, community-based support groups can offer a sense of belonging understanding. Counseling. cognitive-behavioral therapy. and mindfulness-based interventions are effective in addressing psychological distress (Cincidda, Pizzoli, Ongaro, Oliveri & Pravettoni, 2023). Ensuring their availability and cultural appropriateness in Walloon is vital. Many middle-aged women develop a sense of empowerment and resilience through their breast cancer journey. They may emerge with a renewed perspective on life and priorities. Raising

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awareness about breast cancer, its psychological impact, and available resources is essential. Educational campaigns tailored to the Walloon population can encourage early detection and destignatize mental health support.

1.1 Statement of the Problem

The incidence of breast cancer among middle-aged women in Walloon is alarmingly high, placing them at a vulnerable juncture of their lives. This diagnosis not only disrupts their physical health but also inflicts a profound psychological toll. Middle-aged women often have multiple roles and responsibilities, including familial and professional duties, which can intensify the psychological distress caused by the disease. The emotional turmoil experienced by these women upon receiving a breast cancer diagnosis is immense. Anxiety, fear, depression, and uncertainty become pervasive emotions, jeopardizing their mental well-being. The psychological distress can further deteriorate their overall quality of life, impacting their ability to function optimally in various spheres of life. Breast cancer treatments such as mastectomy or lumpectomy, though medically necessary, can severely alter the body image of middle-aged women. This alteration can lead to a decline in self-esteem and self-confidence, exacerbating the psychological burden they already carry due to the disease. Cultural influences in Walloon that place emphasis on physical appearance can exacerbate this issue.

While physical treatments for breast cancer are readily available, the psychological aspect often goes unaddressed. Limited access to specialized psychological support services in Walloon leaves middle-aged women grappling with their emotions and fears without appropriate guidance. This gap in care further underscores the pressing nature of this problem. Breast cancer remains a topic that carries certain stigmatization, potentially leading to social isolation for middle-aged women in Walloon. This isolation can intensify feelings of loneliness and hopelessness, aggravating the psychological distress caused by the disease. Addressing the intricate interplay between breast cancer and psychological well-being among middle-aged women in Walloon requires a holistic approach. Initiatives such as awareness campaigns, integrated psychological care within the healthcare system, and community support networks are pivotal in mitigating the adverse psychological impact of breast cancer.

2.0 Literature Review

According to Dinapoli, Colloca, Di Capua and Valentini (2021), in the Western world, breast cancer (BC) is the most often diagnosed malignancy among females. Patients and their loved ones often experience high levels of stress while dealing with cancer. The goal of this analysis is to identify potential methods for managing conditions that threaten patients' QoL and their ability to adhere to prescribed therapies. The most common mental health issues experienced by people with BC include anxiety, distress, sadness, and post-traumatic stress disorder. Both younger and older individuals may be adversely affected by cognitive problems and sexual dysfunction. There are age-related differences in the presentation and treatment of various illnesses. There are a number of successful psychotherapy and supportive methods for dealing with psychological issues in

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people with BC. In order to improve quality of life and adherence to treatments, these methods should be provided to every breast cancer patient during her whole oncological journey.

Anderson, Anbari, Sun and Armer (2022) found out that when a young woman's life is interrupted by a diagnosis of breast cancer, the emotional and physical impacts may last a lifetime. In order to conduct 12 one-on-one interviews, the researcher used a qualitative exploratory descriptive design and recruited participants via purposive and snowball sampling. Verbatim transcripts were evaluated by means of theme content analysis. Breast cancer's physical impacts, its treatment's impact on body image, and its emotional impact were the three overarching themes that emerged from the data. Most of the ladies were unable to do their everyday tasks because of the harmful side effects of their therapy. Some others were so physically weak that they remained in bed for days. Most participants had a mastectomy and felt unsightly as a result, using makeshift breast prosthesis made from rags and handkerchiefs. People who lost their hair due to chemotherapy often hid their baldness with a variety of wigs. Upon hearing their prognosis, almost all of the volunteers wept, were despondent, and became emotionally unstable. Some patients refused to accept their conditions and instead took their frustration out on medical staff. Because breast cancer is seen as a shameful condition, several of them thought they had shamed their family by being diagnosed with it. Medical professionals and loved ones of young women diagnosed with breast cancer should provide both emotional and physical care.

Rashid, Ageel, Malik and Salim (2021) conducted study to examine the influence of mental symptoms on the treatment of illness and to discuss the psychiatric symptoms that may emerge in patients with breast cancer, one of the most frequent kinds of a globally widespread disease; i.e. cancer. Cancer is both a physical and psychological illness, and is among the most common clinical indications of the latter. Anxiety, unease, sadness, helplessness, exhaustion, impaired attention, sleep difficulties, mental and cognitive reservation, sexual dysfunction, infertility, psychological anguish, and psychiatric diseases are all potential long-term psychosocial issues for these people. Mental health issues may arise as a result of underlying psychosocial issues. Cancer patients have an incidence of between 29% and 47% for psychological problems. Severe stress disorder, adjustment disorder, major depressive disorder, and other neurotic disorders are all possible diagnoses. The current author believes that if a person is diagnosed with breast cancer, psychological illnesses may impact their prognosis, therapeutic adherence, ability to function socially and in society, and likelihood of survival. To investigate distress in female patients with breast cancer and their male partners as well as supportive care needs in partners. Using visual analogue scales for four mood domains and the Short Form of the Supportive Care Needs Survey (SCNS-SF34), data was collected from women with breast cancer and their male partners during primary cancer care to assess their level of emotional distress and identify areas for improvement in terms of receiving and providing care. From a pool of 250 breast cancer patients, 40.8% (102) individuals) participated alongside their male partners. The distress levels reported by partners were greater (p = 0.02), but the patients' own assessments of their own requirements for assistance were higher (p 0.001). When compared to partners with lesser distress, men with greater levels of distress were younger (p 0.001) and reported a shorter relationship length (p = 0.001). Those close to the sick exaggerated the person's level of anguish, worry, sadness, and perceived need for

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assistance. Patients overestimated their spouses' assistance requirements. Seventy-eight percent of partners said they had at least one unfulfilled demand, most often in the areas of health care and data. Women with breast cancer and their male partners should undergo a comprehensive distress and needs evaluation. Individual and couple-based therapies, as well as psychosocial care for patients, are essential for providing the highest quality of supportive care to patients and their loved ones.

Widiasih, Jayanti and Rais (2019) carried out research to comprehensively examine and assess the effectiveness of cognitive behavioral, supportive-expressive, or psycho-educational therapy in women with breast cancer, focusing on anxiety, sadness, mood, and quality of life as outcomes. It was decided to use the PRISMA statement. The researcher utilized the MEDLINE, PsycINFO, PUBMED, and PsycArticles databases, as well as checked the cited works. Articles were chosen from studies that involved women aged 18-65 who had undergone psychological group therapies after being diagnosed with breast cancer at any stage. After vetting all prospective studies, 45 satisfied the criteria to be included in the meta-analysis. The total impact size was medium, which is particularly notable when CBT and PE were taken into account. Breast cancer is the most common form of cancer in women and the second leading cause of cancer-related mortality worldwide. Due to the high prevalence of psychological discomfort, anxiety, affective disorders, and depression in patients with breast cancer, the quality of life of those diagnosed with this disease has been the subject of several research. The emotional toll of learning one has breast cancer and undergoing treatment need not be as severe thanks to supportive psychological care. However, it is not clear whether form of psychological treatment may be most beneficial in enhancing quality of life in patients with breast cancer due to differences in approach (e.g., group vs individual therapy) and goal (e.g., enhancing personal skills versus emotional well-being). The studies, however, show a great deal of methodological diversity. Although this study and meta-analysis has its limitations, it does provide some support for the effectiveness of cognitive-behavioral and psycho-educational therapy in enhancing the quality of life for women diagnosed with breast cancer.

Ho, Kim, Kim and Lim (2021) performed study to determine the psychological effects of chemotherapy among patients diagnosed with breast or cervical cancer. The psychological consequences of chemotherapy were the focus of a cross-sectional research that used quantitative and qualitative techniques of data gathering. A total of 157 people were randomly selected to provide quantitative data. In addition, we conducted two focus groups with carefully chosen individuals. The researcher used SPSS version 23.0 to analyze the quantitative data, and we used content analysis to make sense of the narrative material gleaned from the focus groups. Participants between the ages of 41 and 50 made up the largest age group (31.2% of the total). The vast majority were wives (66.1%) who relied on their spouses (44.9%) as their primary social support system. Only 22.9% had regular jobs, and of them, 73.2% had monthly incomes of less than \$500 USD. Sixty-five percent of respondents reported a change in their body image; 79 percent reported anxiety; 63 percent reported poor self-esteem; 55 percent reported feeling lonely; and 51 percent reported feeling depressed. Psychological effects were shown to be significantly related to age, socioeconomic position, and number of prior chemotherapy treatments. Numerous psychological

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consequences have been linked to cancer chemotherapy, and they are exacerbated by an increase in chemotherapy sessions and a decrease in monthly income.

Alhusban (2019) conducted study to explore and describe how breast cancer affects well-being of affected women, particularly their physical, emotional, personal and social aspects. Thirty-nine women were interviewed at varying stages of illness for this research. Thirteen people have just been diagnosed with breast cancer; ten are now getting chemotherapy; nine are receiving follow-up care; and the remaining patients are those who have experienced social rejection as a result of their illness. A structured interview was used to elicit each participant's account of their time in the study. Different issue domains that have an effect on people's everyday lives were included in a constructive grounded theory approach. According to the results of this research, patients' first responses upon learning of their diagnosis are often associated with the prospect of death. There were changes in behavior after the first round of chemotherapy, with patients showing an inability to recognize the symptoms of their condition. The impact of social variables on the onset of psychological stress cannot be overstated. Different points along the diagnostic and therapy continuum have their own distinct effects on patients' overall health and well-being.

Boone (2022) performed research to investigate the psychological fortitude of young women after a breast cancer diagnosis, as this population may be more vulnerable to experiencing psychological distress as a result of this clinical experience. A total of 82 women, spanning the ages of 31 to 51, were randomly split between 2 groups. A total of 42 women were diagnosed with breast cancer and 40 women served as healthy controls. The PDI, STAXI, STAY, and BDI-II were the selfreport exams that made up the psychological battery. Only on the depression scale did the patients show significantly higher ratings than the control group, suggesting a meaningful effect. Scores on questionnaires measuring anger experienced, expressed, and controlled as well as anxiety expressed were predictive of resiliency in women with breast cancer. In addition, it is worth noting that multiple measures analysis of variance (MANOVA) performed on psychological assessments administered at three separate points in time during treatment (T0 = after the survey, T1 = after chemotherapy, and T2 = while taking hormone therapy) has not shown statistically significant changes in emotional state between patients and healthy people. Young women's psychological strength in the face of a breast cancer diagnosis and treatment was emphasized by these findings. The study's results suggest that young patients are more emotionally resilient than their older counterparts because they are better able to process negative emotions and use them to propel themselves forward in life.

Czamanski-Cohen, Wiley, Sela, Caspi and Weihs (2019) carried out study to examine the effects of breast cancer on patients' physical and mental well-being are significant. The purpose of this research was to examine the emotional and physical consequences of being diagnosed with breast cancer. The sample size for this research was 100 patients. A questionnaire created with the input of psychologists was used to assess all of the patients. The patient had a significant degree of anguish both before and throughout therapy, as shown by the outcomes. Eighty percent of women said their spouses do not support them adequately. No pregnancies were reported during breast cancer treatment, further demonstrating the devastating effects of chemotherapy and radiation on fertility. The current study's findings confirmed that patients with CA breast experience a range of

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emotional and physical changes after treatment. It is essential that the patient get psychological care throughout therapy in order to increase their confidence and provide them the strength they need to overcome their illness.

3.0 Findings and Discussion

Research has revealed that middle-aged women diagnosed with breast cancer in Walloon often experience intense emotional distress, including anxiety and depression. The upheaval caused by the diagnosis disrupts their psychological equilibrium, leading to a range of emotional responses. In response to these distressing emotions, many women in this demographic develop various coping mechanisms, such as seeking social support, engaging in hobbies, or practicing mindfulness techniques. Studies consistently demonstrate the negative impact of breast cancer on the overall quality of life for middle-aged women in Walloon. Psychological distress often correlates with reduced physical functioning, diminished social interactions, and compromised mental well-being. The cumulative effects of breast cancer and its treatments can lead to a cycle of deteriorating quality of life, emphasizing the importance of holistic care. Findings also, illuminate the profound influence of breast cancer treatments on body image and self-identity. Middle-aged women who undergo surgeries such as mastectomy or lumpectomy report significant changes in their body perception, often leading to lowered self-esteem. The socio-cultural context of Walloon, with its emphasis on physical appearance, amplifies the impact of these changes on the psychological well-being of these women.

A recurring research theme underscores the lack of accessible psychological support services tailored to the needs of middle-aged breast cancer patients in Walloon. Many women report unmet psychological needs due to the absence of integrated psychological care within the healthcare system. This gap in support perpetuates the psychological distress experienced by these women during their cancer journey. Studies highlight the significance of social support networks in alleviating psychological distress. Friends, family, and support groups play a pivotal role in offering emotional and practical assistance to middle-aged women in Walloon. These networks act as buffers against the isolation and stigma that often accompany a breast cancer diagnosis. Research underscores the necessity of raising awareness about the psychological challenges faced by middle-aged women with breast cancer in Walloon. Education campaigns that destigmatize seeking psychological help and promote early interventions can lead to improved psychological well-being and enhanced coping strategies.

4.0 Conclusion

The study concluded that breast cancer reaches beyond its physical implications, deeply affecting the mental and emotional landscape of middle-aged women in Walloon. Emotional distress, anxiety, depression, and body image concerns intertwine to create a complex web of psychological challenges that require sensitive and targeted interventions. The research emphasizes the intimate link between breast cancer and the quality of life of these women. The psychological burden imposed by the disease and its treatments can erode their overall well-being, affecting relationships, daily functioning, and emotional resilience. Addressing these challenges is integral

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to enhancing their overall quality of life. To effectively address breast cancer's psychological aftermath, a holistic approach is imperative. The healthcare system in Walloon should integrate psychological support seamlessly into the treatment journey. Recognizing that mental well-being is as essential as physical health can mitigate the psychological toll, enhancing the patient's overall experience.

This study underscores the pivotal role of support networks and empowerment in mitigating psychological distress. Friends, family, and community groups play an instrumental role in providing emotional sustenance and fostering a sense of belonging. Empowering women to share their experiences and seek help when needed can foster a culture of understanding and resilience. Raising public awareness about the psychological challenges faced by middle-aged women with breast cancer is paramount. Educational campaigns that destignatize mental health support and underscore the importance of early intervention can help counteract the isolation and fear that often accompany a breast cancer diagnosis. Ultimately, addressing breast cancer's psychological impact among middle-aged women in Walloon requires policy changes and resource allocation. Healthcare systems must prioritize accessible and specialized psychological support services, ensuring that no woman faces the journey alone.

5.0 Recommendations

Healthcare systems should integrate psychological support services into the breast cancer treatment journey. Oncology centers and hospitals in Walloon should employ dedicated psychologists or mental health professionals who specialize in supporting women through their cancer journey. These professionals can offer individual and group therapy sessions to address emotional distress, anxiety, and depression, while also providing strategies for coping with body image concerns. Raising awareness about the psychological challenges associated with breast cancer is crucial. Organizations, government bodies, and non-profits should collaborate to develop and promote educational initiatives and awareness campaigns targeted at middle-aged women in Walloon. These campaigns should emphasize the normalcy of seeking psychological help, debunking stigmas and fostering a culture of open discussion. Community-based support groups can play a pivotal role in mitigating psychological distress. Establishing local support networks in Walloon where women can share their experiences, emotions, and coping strategies can foster a sense of belonging and emotional support. These groups can be facilitated by trained professionals or breast cancer survivors who understand the unique challenges faced by middle-aged women. Developing and implementing tailored psychological interventions is crucial. Cognitivebehavioral therapy, mindfulness techniques, and body image therapy can help women manage anxiety, depression, and body image concerns. These interventions should be culturally sensitive, acknowledging the specific needs and values of the Walloon population. Government bodies and healthcare institutions should allocate resources to support these initiatives. Policy changes that mandate the integration of psychological care within breast cancer treatment plans are essential. Adequate funding should be allocated to ensure the availability of psychological services, access to mental health professionals, and the training of healthcare staff to identify and address psychological distress.

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