BMC Public Health

RESEARCH

Open Access

Navigating the challenging storms of cancer management in a national cancer centre: perspectives of female patients

Naa Adjeley Mensah[1,2], Yaw Boateng Mensah[3,4*] and Florence Dedey[5,6]

Abstract

Background Breast, cervical, and ovarian cancers are among the top ten global cancers, affecting women, with age-standardized rates per 100,000 being 47.8 for breast, 13.3 for cervical, and 6.6 for ovarian cancer. The journey from cancer symptoms, through diagnosis and treatment, to survivorship, presents numerous challenges. These challenges encompass physical, psychological, and social aspects, significantly impacting patients' quality of life. It is crucial for research to explore not only the challenges faced by patients but also the strategies they employ to cope with these obstacles.

Methods This study employed a cross-sectional qualitative approach. Twenty respondents, aged between 15 and 45 years and had been diagnosed with a reproductive cancer (breast, ovarian, or cervical), and were either undergoing treatment or had completed treatment within one year of the study period were purposively selected. Respondents were interviewed using a semi-structured interview guide. A thematic analysis was conducted on twenty in-depth interviews (IDIs) to understand the challenges and support systems for cancer patients.

Results The study identified two principal themes: the challenges faced by patients and the available support systems. The findings are based on patient narratives regarding the obstacles encountered during diagnosis, treatment, and follow-up, along with the mitigation strategies employed. Patients reported a range of challenges, categorized into financial and non-financial. Prominent among the non-financial challenges were psychological distress, body image issues, reduced sexual drive, and overall health deterioration. Support was primarily found through personal relationships and religious or spiritual beliefs.

Conclusion The research highlights the extensive psychological and social effects of cancer and it's treatment. The study revealed the intertwined nature of financial difficulties and non-financial challenges, emphasizing the importance of social support, including religious, family, healthcare, and peer support. The findings suggest that a comprehensive, multidisciplinary management plan which encompasses both medical and supportive care is required to enhance patient well-being.

Keywords Reproductive cancers, Support, Psychosocial impact, Challenges

*Correspondence:
Yaw Boateng Mensah
ybmensah@ug.edu.gh
Full list of author information is available at the end of the article

Background

Globally, reproductive cancers affecting mostly women, namely breast, cervical and ovarian cancers are among the 10 topmost cancers. The age standardised incidences /10000 of these cancers are breast cancer 47.8 being the most common, cervical cancer, 13.3 and ovarian cancer 6.6 [7]. These cancers also contribute to the top 10 causes of cancer mortality [7]. On the African continent, breast and cervical cancers are the 2 most common cancers accounting for 29.6% of all cancers and about half of female only cancers (50.4%) [7]. A similar picture pertains in Ghana, where breast, cervical and ovarian cancers are among the commonly occurring cancers occupying the 1st, 3rd and 6th places respectively and accounting for 18.7%, 11.6% and 4.2% of all new cancers in both sexes. These cancers occur even more frequently in females, accounting for 58.8% of all female cancers in Ghana. These cancers also contribute significantly to female cancer mortality with cervical cancer being the leading cause of mortality (20%), breast cancer the 2nd (13%) and ovarian cancer 7th (4.2%).

Having symptoms of cancer, going through the diagnosis and treatment of cancer and it's aftermath (survivorship) are associated with several challenges. These challenges can be physical, psychological and social which can negatively impact the quality of life of the patients [2, 20]. In a study conducted in Pakistan on breast cancer survivors, only 16.2% were satisfied with their physical health. Majority of the patients had complaints of body pains, fatigue, sleep disturbances and weakness [2]. The surgical removal of the breast which is part of breast cancer treatment results in a psychological challenges such as the sense of loss of femininity and disturbances in body image [18, 20, 22]. Feelings of fear, anxiety and depression are therefore common in these patients [2, 18, 20, 22]. Socially, cancer patients have been known to isolate themselves and avoid their usual social interactions as they navigate the disease and treatment process as well as it's aftermath [10, 18]. Intimate partner relationships are also affected as sexual disturbances may arise especially with the reproductive cancers [10, 20]. Cost of cancer care is expensive especially in communities where healthcare is not comprehensively covered these patients will have to bear most, if not all of the cost of care,this makes financial difficulties are very prevalent [18]. Support systems for coping with cancer challenges include relationships with family and friends [20] as well as spiritual support from religious bodies as well as the patient's religious beliefs.

This study therefore seeks to ascertain the challenges patients with reproductive cancers go through during diagnosis, treatment and beyond and how they cope with these challenges. Specifically, it seeks to answer the questions; what challenges do patients encounter during their cancer journey, through diagnosis, treatment and beyond and how do they manage and navigate these challenges?

Methods

Study design

This study used a cross-sectional qualitative approach at the National Radiotherapy Oncology and Nuclear Medicine Centre of the Korle-Bu Teaching Hospital. The study delved into the lived experiences of patients diagnosed with reproductive cancers. In-depth Interviews (IDIs) were employed to collect data, exploring respondents' experiences concerning challenges encountered during diagnosis, treatments and it's aftermath and the support they received throughout their cancer journey. A sample of the questions posed during the interviews is outlined in supplementary Table 1. This paper focuses on the section on family/ relationship support.

Study site and sampling

The research was conducted at the National Radiotherapy Oncology and Nuclear Medicine Centre of the Korle Bu Teaching Hospital (KBTH), the largest teaching hospital in Ghana, situated in the Ablekuma South District in the Greater Accra Region. Functioning as a tertiary hospital, KBTH receives referrals from various regions in Ghana, encompassing both private and government healthcare facilities. Additionally, patients from neighbouring countries such as Togo and Burkina Faso seek medical services at the hospital. With a capacity of 2000 beds, KBTH houses 17 clinical and diagnostic departments, catering to an average of 1500 patients daily, with approximately 250 daily admissions.

The recruitment site for the study was the National Radiotherapy Oncology and Nuclear Medicine Centre of the Korle-Bu Teaching Hospital, where cancer patients receive oncology and supportive care from physicians, nurses, radiotherapists and psychologists. This decision was made to avoid oversampling or double selection, as many cancer patients visit both the oncology unit and their respective units (surgical/gynaecological).

During the study period, twenty respondents were purposively selected from Clinic attendees to participate in In-Depth Interviews (IDIs). All respondents were aged between 15 and 45 years, diagnosed with a type of reproductive cancer (breast, ovarian, or cervical), and were either undergoing treatment or had completed treatment within one year of the study period. All the interviews were conducted by one trained research assistant. Before approaching patients, approval was obtained from the

director and nurse managers at the various sub-units in the outpatient department.

Data collection

Fieldwork spanned November 2021 to January 2022, during which twenty In-Depth Interviews (IDIs) took place at the respondent's convenience in a discreet yet accessible location within the hospital. The interviews were done in a local language (twi) because that is what the respondents were fluent in and comfortable with. The research assistants too were fluent in a minimum of two local languages including twi, thus facilitating free flow of questions and expressions during the interviews. The interviews, lasting between 27 to 59 min, were recorded with the participants' consent. The respondents' ages ranged from 21 to 45 years, with a mean age of 37.4 years. Ethical clearance, bearing approval number [KBTH-STC 00098/2022], was secured from the Ethics and Protocol Review Committee of the Korle-Bu Teaching Hospital. Table 1 furnishes details on the characteristics of the respondents.

Data analysis

The information underwent a thematic analysis following the transcription of all In-Depth Interviews (IDIs) using Atlas Ti 23. A research assistant proficient in both Ga and Twi languages translated the interviews into English. In the initial analysis phase, codes were generated after becoming familiar with the transcripts. Both inductive and deductive codes were formulated based on respondents' narratives. The subsequent step in the analytical process focused on establishing connections among basic codes to form organising themes. Themes emerged after basic codes were initially generated by NAM through an iterative process and further refined through discussions with YBM and FD. During this phase, we elucidated the challenges faced by patients and explored how they surmounted these obstacles. The presentation of findings in this study adheres to the Consolidated Criteria for Reporting Qualitative Research (COREQ) guideline as outlined by [23].

Table 1 Background characteristics of the respondents

Characteristics	Number of respondents
Educational level	
None	2
Basic	6
Secondary/higher	12
Employment status	
Employed	16
Unemployed	4
Marital status	
Not married	3
Married	14
Divorced/widowed/separated	3
Type of reproductive cancer	
Breast	14
Cervical	3
Ovarian	2
Uterine	1

Results

A total of 1241 basic codes were created and subsequently combined to establish both emerging and global themes. The primary focus of this paper encompassed two main themes: the challenges and the support systems available to them. The results presented are based on the narrations of these challenges patients with breast, ovarian and cervical cancer face as they navigate through the period of diagnosis, treatment and follow up and how these are mitigated. Respondents highlighted various challenges encountered throughout their healing journey, broadly categorized into financial and non-financial challenges. Among the non-financial challenges outlined are psychological states, body image disturbances, diminished sexual drive, and general ill health stemming from the treatment regime. Support was found in two main ways; the human relations they had and their faith or religious beliefs.

Non-financial challenges

Psychological state

Patients undergo a wide range of emotions when confronted with a cancer diagnosis. These emotional reactions are initiated at the mere suspicion of cancer, escalate when diagnosis is finally made and persist throughout the treatment process albeit at varying degrees by the patients. Respondents grapple with anxiety, fear of the unknown, apprehension about the effects of treatment, concerns regarding treatment outcomes and prognosis, as well as the looming possibility of recurrence. This emotional rollercoaster prompts individuals to reflect on their life choices, questioning whether these decisions have any connection to their current health condition. Consequently, these heightened emotional states often lead to self-isolation among respondents.

A respondent narrated her ordeal, which is similar to many others as they go through the grieving stages.

> *I wished the ground would open so I could enter because, I'm not the careless type, l don't patronise food sold outside, I'd heard that "most of the time" you can get it through smoking; I don't know how*

to take alcohol. Those who know me very well know that I don't know how to put up some of these wild behaviours. I didn't even believe it when the doctor told me. I said it wasn't me. It's not true! That can't happen…I was in denial. No one has ever had it both in my mother's and father's side so I don't know where this disease is from. I was even angry and left the place where the doctor sat. Then a nurse came to call me. She took me through counselling for a long time. She told me it can kill. I couldn't sleep. I lost weight drastically and became depressed thinking about the diagnosis. How could I possibly become a victim of this fatal disease? …..R19, Breast Cancer.

The caregiving role imposed on females also makes women very emotional when they think of something happening to them which will truncate that role. They feel that not only will they be affected but those that depend on them as well, especially their children.

…my whole world was crumbling around me. I cried my soul out. Because when I look back and see the small baby that I've brought into the world, and I know I'll die and leave that small baby, who'll take care of that baby? I cried and the doctors waited for me to cry. I cried more than one hour trust me…. I never imagined, even in my deepest dreams. I never thought I'd be diagnosed as a patient.. R7 Cervical Cancer.

At times, these emotions are intensified by the healthcare professionals providing limited explanations, the respondents past experiences, or anecdotes heard from others who have been diagnosed with cancer. This fear is compounded as illustrated by the respondent's explanation, anticipating a similar fate based on incomplete information and perceived similarities with others' cancer experiences.

I was afraid because of the things I had heard about cancer and cancer took my husband. It was liver cancer so I knew the pain related to cancer issues. But I also knew that um, my late husband's issue, it was at the latter part we found out that it's cancer which was too late. So he went through severe pain, till he died. None of the painkillers we were given even worked because he was in pain even after taking them so I was afraid. Seriously I was afraid. R 5, Breast Cancer.

These emotional experiences have the potential to escalate to severe states, including depression, and can also impact the physical well-being of the respondent, as indicated in the aforementioned quote (Respondent 19) with reference to weight loss. These emotional and physical challenges serve as the initial phase in a series of difficulties encountered by the respondent during the treatment phase.

Since all respondents are females, the care of their children emerged as a significant concern. The impact of the cancer diagnosis and subsequent treatment induces significant stress, various body changes including weight loss, hair loss, alterations in skin and palm pigmentation, and, notably, the loss of body parts, especially in the context of breast cancer. The loss of hair from the head and eyebrows, coupled with mastectomy, proved particularly distressing for respondents. These changes frequently result in a form of social isolation, leading respondents to modify their clothing choices to conceal these alterations. The alterations serve as a constant reminder to both the individuals and their loved ones of the diagnosis, influencing their self-perception. This often leads to covering up and avoiding undressing in front of friends, relatives, or loved ones. Sometimes from respondents' narrations even after completion of treatment, there seemed to be no reversal of such effects.

I've lost my hair, my eyebrows, and even my face has changed. Yeah, I think it's the effect of the chemo but they say it will come back. Right now I don't really go out apart from church and the hospital. I just want it to grow back before I go out. I don't know if that's also part of the confidence level." I'm afraid someone will pull my wig outside so I don't go out. R13, Ovarian Cancer.

At first, I could wear any dress. You could be free but right now I can't… even when I'm in the room I have to cover myself in order for my husband not to see. I don't want him to see so that he will be disturbed. So every time I have to wear a dress so that he will not see it, R1, Breast Cancer.

Ill health

Respondents exhibited diverse reactions to the treatment they underwent, resulting in various health issues that significantly hindered their daily activities. This interference extended to normal day-to-day tasks, including self-care, caregiving responsibilities, and work. As a consequence, their dependence on others for assistance deepened.

..Even if I want to bathe it's my mother who'll fetch me water. I can't grasp (with hands) things. When I exert myself a little then… I don't even do anything. I don't. I easily get fatigued….. Personally, I felt tired after washing so I'd sleep afterwards and wake up feeling okay. However, this second treatment I went for has "destroyed" my life. It has "deformed" me

such that I can't say whether I can rise again. R4, Cervical Cancer.

It is depressing. It is killing me! Very depressing, especially as I'm always in pain….. Because the thing is no child's play. You can't sleep, you'll vomit, you can't eat. you're weak, you're tired, all your body aches. Every part of your body aches. there's no remedy to calm me down; you'll just be crying and crying [repeats], continuously; day by day. That's all. R7, Cervical Cancer.

Changes in sexual desire

Cancer and its treatment can bring about changes in sexual desire among patients. The physical and emotional impact of the disease, coupled with the side effects of treatments such as surgery, chemotherapy, and radiation, often contribute to alterations in sexual function and desire. Patients may experience a range of challenges, including fatigue, pain, body image issues, and hormonal changes, all of which can affect their sexual well-being. Additionally, the psychological aspects of dealing with a cancer diagnosis and its implications may lead to anxiety, depression, or changes in mood that can further influence sexual desire.

Ooh, as for that, greatly. My husband and I have never had sex since I gave birth, then the disease struck. it's a big problem but I'm suffering. I don't have the urge. I don't know if he has the urge. He can go out, I don't care. I'm sick. R 7, Cervical Cancer.

And I think he's just being real. Because it's different when everything there is intact whiles having sex and it's different when it's not there but I'm trying to work around it. Sometimes it's not enjoyable. It's not (but) because it's your duty. The urge is even not there at all R14, Ovarian Cancer.

Financial challenges

The predominant challenges recounted by respondents could be categorised as financial. A series of costly laboratory investigations conducted prior to reaching a diagnosis, imposes a significant financial burden on the majority of clients. Subsequently, a cascade of treatment regimens, including chemotherapy, surgeries, admissions, and radiotherapy sessions which are not cheap, is recommended to commence promptly. The financial strain persists during the treatment phase, particularly concerning ongoing laboratory costs which makes some respondents even go for loans to support their treatment. Another dimension of the financial challenge pertains to the expenses associated with frequent visits for consultations and radiation/chemotherapy sessions, encompassing travel-related costs. These challenges are further compounded by their inability to work, exacerbating the already significant financial difficulties. This in some cases leads to delays and interruption of treatment of patients.

One thing about appointments is that you can't skip dates. It's usually 3wks after every visit; and before the time comes you'd have to gather the needed funds, sell stuff or borrow and pay later if you have to. But my major challenge at radiotherapy was the expensive cost, and within 5 or 6 weeks you should've finished, So I needed money desperately during radiotherapy so much that at a point I couldn't go for 3 days because there was no money... R19, breast cancer.

Respondents emphasized the essential requirement for proper nutrition due to the demanding nature of the treatment, and this, in turn, brings about its own financial challenges.

Somebody may give you hospital bill but would not mind you when it comes to feeding. He/she doesn't know how you feed. You've given me medicine. If I don't eat how can I take the medicine? That's the issue. R1, Breast Cancer.

Support system

Religion played a pivotal role in the narratives, with respondents consistently turning to God for stability during challenging times. The journey often begins with questioning their maker about their fate then seeking divine intervention through prayer. Both their personal relationship with their maker and the social support provided by religious groups contribute to offering hope during these difficult moments. Surviving the harsh treatment is frequently attributed to the presence of God in their lives. Religious groups serve as sources of both psychological and financial support for respondents. During periods of isolation, many clients actively participate in religious services, finding a source of hope in their faith. They attribute every aspect of their experience, whether success or failure in treatment, and above all, being alive, to God.

The whole treatment is a challenge! The whole treatment is the biggest challenge. You may lose your life, because through that machine, chemo, the body will change, you'll have diarrhoea uncontrollably. So many things happen to you I passed through successfully because God is with me although the disease didn't respond to it. R7, Cervical Cancer.

"Ok, so umm currently I pay for some of the things myself. But my church actually finances most of the treatment..... I am fortunate (that) I have my church to assist me and my brother is there to assist me somehow but going through the labs and the scans and all those things ...somebody may give up and end up dying in the process...R 5, Breast Cancer.

Another form of social support comes from various individuals, including family, friends, healthcare workers, and fellow patients. When respondents receive the news, friends and family are typically the first to be informed and play a crucial role in providing both financial and psychosocial support. They not only receive the news initially but also significantly influence how the patient grieves and navigates the grieving process.

Ooh, my greatest source of encouragement is having strong people around me. I mean those that believed that I was going to come out. Also personally, I mean like I said I am a very strong christian so my strength and everything is always.... my belief in God has brought me this far. R 14, Ovarian Cancer.

Some healthcare workers also emerge as a source of strength for patients. They offer encouragement, counselling, and valuable information to dispel myths about cancer and its treatment.

..She's a nurse, a midwife actually. She's been the one, like my great source of encouragement. She's been there throughout. Even today she's had to stay at home because of my little one so, yeah." R5, Breast Cancer.

Additionally, respondents form bonds with each other during their interactions at the outpatient department (OPD). Sharing experiences, pain, laughter, and joys with fellow patients propel them forward. While there is no mention of belonging to an organized group of cancer patients, they utilize each other's conditions to provide hope and mutual support.

When we'd meet, someone would come sit by me and say, "sister, it'll be alright, ok. When we also first came, we were going through same. So you'll get well.....There's another lady, she also had a child; a young girl who wasn't even 30 years old; a young girl who'd never given birth. she was also in a condition similar to mine—she'd lost so much weight (!) So her mother used to advise me that it would be well; her daughter suffered similarly, for a long time. After I became "okay", everybody was happy to see me.... Because the condition I went with was difficult R4, Cervical Cancer.

Discussion

The challenges with quality of life that confronts patients diagnosed with cancer is well documented in literature [3, 5, 13, 25]. This study sought to assess the challenges and how patients navigated through the challenges they faced while receiving treatment at the National Radiotherapy Oncology and Nuclear Medicine Centre of the Korle-Bu Teaching Hospital. The study revealed very important aspects of patients' experience which has implications on patient care and management.

One major issue is the profound psychological impact that the cancer diagnosis has on these individuals which cuts across a broad spectrum of emotions. From the initial suspicion of cancer through the diagnostic phase and into the treatment process, patients/ clients experience intense emotions such as fear, shock, confusion, anger, and anxiety, which is akin to what has been documented by other researchers [4, 8, 12]. The emotional journey is complex and often leads to a self-reflective phase where individuals question their life choices, contributing to a sense of isolation. One study has reported that patients commonly experience apprehension such as fear of losing control or a sense of powerlessness regarding therapy [14].

Physical ill health has been suggested by several authors as a major non-financial-challenge patients face [3, 12, 19]. Other non-financial issues faced by these cancer patients which have also been reported in literature include but are not limited to body image disturbances and reduced sexual desire. Social isolation becomes evident as individuals limit social activities previously engaged in, modify their clothing choices to conceal alterations, impacting their self-perception. The ill health resulting from cancer and its treatment has also been seen to promote or deepen reliance on others for assistance, hindering daily activities [14, 17].

Consistent with findings from previous research [4, 9], our study affirms that cancer and its treatment contribute to the decrease in sexual desire among patients. The narratives suggest that respondents grapple with challenges such as fatigue, pain, body image concerns, and hormonal changes, collectively negatively impacting their sexual well-being. Psychological factors, including anxiety, depression, and mood fluctuations also play a key role in shaping the alterations in sexual desire.

Beyond the significant emotions patients go through, they are also confronted with significant financial challenges which other studies have admitted as a significant burden on the patients [1, 14, 16].The cost management spans across the high and frequent cost of laboratory investigations, chemotherapy agents and sometimes surgery and radiotherapy. The financial burden is often worsened by patients' inability to work especially for

those who are self-employed. Lack of funding for treatment can extend to poor nutrition during treatment. This is crucial as the patient needs good nutrition to replenish the blood cells that get destroyed by chemotherapy and highlights the need for comprehensive support during this phase.

Social support has been documented in both quantitative and qualitative studies to mediate the effects of psychological distress and positively influence coping mechanisms for patients with chronic illness including cancer patients [1, 11, 21, 24]. The narratives reveal that the various forms of support viz religious, family, healthcare, and peer support, collectively contribute to the holistic well-being of individuals navigating the challenges of cancer.

Religion plays a central role in the coping mechanism, as respondents consistently turn to God for strength and stability during the challenging moments of their cancer journey. This is consistent with a study by Benson et al. in Ghana where religious support was found to be the highest form of social support received by patients [3]. The narratives of our study cohort depict a profound reliance on faith, with individuals questioning their maker and seeking divine intervention through prayer. Religious communities go beyond providing spiritual solace and hope to extending support in the form of both psychological and financial assistance. Hope has been documented to be an effective coping strategy for cancer patients, thus improving quality of life [24].

Support from family and friends also play a significant role in the coping strategy. When faced with the news of a cancer diagnosis, friends and family become integral in providing not only emotional but also financial support. The study found that they play a pivotal role in influencing how patients navigate the grieving process. The strength derived from having a supportive network is evident, with individuals expressing gratitude for the encouragement received as documented by several studies [1, 3, 11]. However, studies [6, 15, 21] that have examined the relationship between healthcare provider and patients have revealed contrary finding that patients' needs are not met with regards to communication, information and psychological support. The discrepancy could be that our study focused on the positive support that helped mitigate the challenges faced by the patient and did not evaluate the effect of absence of social support. Nurses, as healthcare professionals who spend significant time with patients during their care journey, are well-positioned to provide essential emotional support. It is recommended that nurses play a critical role by enhancing communication, engaging more with patients, practicing active listening, and ensuring that patients receive the psychological support they need.

This study offers valuable qualitative insights into female patient's perspectives of challenges faced and how these challenges were navigated in the course of cancer diagnosis and treatment. However, the purposive nature and small sample size limits its applicability and thus cannot be generalized to the whole country. Additionally, the study was conducted in a tertiary government institution, where respondents have gone through several hospitals before being referred to the unit. Their experience may be different from respondents receiving care at private or other facilities. Future research should explore quantitatively how various support systems impact patient outcomes, comparing patient experiences across different healthcare facilities and identifying communication gaps between patients and healthcare providers.

Conclusion

This study has offered a poignant exploration into the multifaceted challenges confronted by cancer patients undergoing treatment at the National Radiotherapy Oncology and Nuclear Medicine Centre of the Korle Bu Teaching Hospital. The narratives vividly depict the emotional turbulence from the initial suspicion of cancer through the diagnostic phase and into treatment, highlighting the profound psychosocial impact on these individuals. The findings affirm the need for a holistic multidimensional approach to address the emotional, financial, and physical dimensions of the cancer journey. The study also uncovers the complex interplay between financial hardships and the intricate web of non-financial struggles that these individuals face.

Furthermore, the study underscores the pivotal role of social support as a key mitigating factor, encompassing religious, family, healthcare, and peer support. While acknowledging the positive influence of these support systems on patients' well-being, it is imperative to consider the nuanced nature of the patient-provider relationship, as some studies have identified gaps in meeting patients' communication and psychological support needs.

In conclusion, understanding the challenges faced by cancer patients would inform a compressive approach to address both the medical and nonmedical aspects of cancer care.

Supplementary Information

The online version contains supplementary material available at https://doi.org/10.1186/s12889-024-20360-9.

Supplementary Material 1.

Acknowledgements
The authors are grateful to the participants, and the research assistants who helped with the data collection.

Author's contributions
N.A.M: Conceptualization, methodology, formal analysis, investigation, writing–original draft, writing–review and editing Y.B.M: Conceptualization, writing–conclusion, review, and editing. F.D: Conceptualization and writing–Introduction, review, and editing.

Funding
None received.

Data availability
The datasets used and /or analysed for this study are not available on a public repository as they contain identifiable and sensitive information making it impossible to protect participants' confidentiality. The datasets are available from the first author on reasonable request.

Declarations

Ethics approval and consent to participate
Ethical approval was obtained from the Ethics and Protocol Review Committee of the Korle-Bu Teaching Hospital with approval number [KBTH-STC 00098/2022]. All participants provided a written informed consent to participate in the study. All methods were carried out in accordance with relevant ethical guidelines and regulations.

Consent for publication
Not applicable.

Competing interests
The authors declare no competing interests.

Author details
[1]Department of Sociology, University of Oxford, Oxford, UK. [2]Leverhulme Centre for Demographic Science, University of Oxford, Oxford, UK. [3]Department of Radiology Korle, Bu Teaching Hospital, Accra, Ghana. [4]Department of Radiology, University of Ghana Medical School, Accra, Ghana. [5]Department of Surgery, Korle Bu Teaching Hospital, Accra, Ghana. [6]Department of Surgery, University of Ghana Medical School, Accra, Ghana.

Received: 8 March 2024 Accepted: 10 October 2024
Published online: 17 October 2024

References

1. Adam, A., & Koranteng, F. (2020). Availability, accessibility, and impact of social support on breast cancer treatment among breast cancer patients in Kumasi, Ghana: a qualitative study. PLoS ONE. 15(4). https://doi.org/10.1371/journal.pone.0231691
2. Azam, M., Aslam, M., Basharat, J., Mughal, M. A., Nadeem, M. S., & Anwar, F. (2021). An empirical study on quality of life and related factors of Pakistani breast cancer survivors. Sci Rep. 11(1). https://doi.org/10.1038/s41598-021-03696-9
3. Benson, R. B., Cobbold, B., Opoku Boamah, E., Akuoko, C. P., & Boateng, D. (2020). Challenges, Coping Strategies, and Social Support among Breast Cancer Patients in Ghana. Adv Public Health. 2020. https://doi.org/10.1155/2020/4817932
4. Binka, C., Doku, D. T., & Awusabo-Asare, K. (2017). Experiences of cervical cancer patients in rural Ghana: An exploratory study. PLoS ONE. 12(10). https://doi.org/10.1371/journal.pone.0185829
5. Ehsani M, Taleghani F, Hematti S, Abazari P. Perceptions of patients, families, physicians and nurses regarding challenges in cancer disclosure: A descriptive qualitative study. Eur J Oncol Nurs. 2016;25:55–61. https://doi.org/10.1016/j.ejon.2016.09.003.
6. Gianinazzi, M. E., Essig, S., Rueegg, C. S., Von der Weid, N. X., Brazzola, P., Kuehni, C. E., Michel, G., Ammann, R., Angst, R., Ansari, M., Beck Popovic, M., Bergstraesser, E., Brazzola, P., Greiner, J., Grotzer, M., Hengartner, H., Kuehne, T., Leibundgut, K., Niggli, F., … von der Weid, N. (2014). Information provision and information needs in adult survivors of childhood cancer. Pediatr Blood and Cancer. 61(2), 312–318. https://doi.org/10.1002/pbc.24762
7. World Health Organization, International Agency for Research on Cancer, & World Health Organization. Global cancer observatory. 2020.
8. Güner P, Hiçdurmaz D, Kocaman Yıldırım N, İnci F. Psychosocial care from the perspective of nurses working in oncology: A qualitative study. Eur J Oncol Nurs. 2018;34:68–75. https://doi.org/10.1016/j.ejon.2018.03.005.
9. Hawkins Y, Ussher J, Gilbert E, Perz J, Sandoval M, Sundquist K. Changes in sexuality and intimacy after the diagnosis and treatment of cancer: the experience of partners in a sexual relationship with a person with cancer. Cancer nursing. 2009;32(4):271–80.
10. Keesing, S., Rosenwax, L., & McNamara, B. (2018). The implications of women's activity limitations and role disruptions during breast cancer survivorship. Women's Health. 14. https://doi.org/10.1177/1745505718756381
11. Kugbey N, Oppong Asante K, Meyer-Weitz A. Depression, anxiety and quality of life among women living with breast cancer in Ghana: mediating roles of social support and religiosity. Support Care Cancer. 2020;28(6):2581–8. https://doi.org/10.1007/s00520-019-05027-1.
12. Morrison EJ, Novotny PJ, Sloan JA, Yang P, Patten CA, Ruddy KJ, Clark MM. Emotional Problems, Quality of Life, and Symptom Burden in Patients With Lung Cancer. Clin Lung Cancer. 2017;18(5):497–503. https://doi.org/10.1016/j.cllc.2017.02.008.
13. Pasvanis, M., Hegarty, S., Russell, H., Peate, M., & Marino, J. L. (2023). Exploring the experiences and priorities of women with a diagnosis of ovarian cancer. Support Care Cancer, 31(7). https://doi.org/10.1007/s00520-023-07903-3
14. Pati S, Chauhan A. S., Mahapatra S, Nayak S, Nayak S, Weller D. Treatment experiences of women with reproductive cancers in Odisha, India: A qualitative exploration of enablers and barriers. Asian Pacific J Cancer Prevent. 2017;18(4):1019–24. https://doi.org/10.22034/APJCP.2017.18.4.1019.
15. Pinto, A. C., Ferreira-Santos, F., Dal Lago, L., De Azambuja, E., Pimentel, F. L., Piccart-Gebhart, M., & Razavi, D. (2014). Information perception, wishes, and satisfaction in ambulatory cancer patients under active treatment: Patient-reported outcomes with QLQ-INFO25. Ecancermedicalsci. 8(1). https://doi.org/10.3332/ecancer.2014.425
16. Price AJ, Ndom P, Atenguena E, Mambou Nouemssi JP, Ryder RW. Cancer care challenges in developing countries. Cancer. 2012;118(14):3627–35. https://doi.org/10.1002/cncr.26681.
17. Qiu, J., Tang, L., Li, P., Liu, G., & Rong, X. (2023). Psychological and reproductive decision-making experiences of young women after breast cancer diagnosis: a qualitative study. Support Care Cancer. 31(7). https://doi.org/10.1007/s00520-023-07880-7
18. Saeed, S., Asim, M., & Sohail, M. M. (2021). Fears and barriers: problems in breast cancer diagnosis and treatment in Pakistan. BMC Women's Health. 21(1). https://doi.org/10.1186/s12905-021-01293-6
19. Schmidt, M. E., Scherer, S., Wiskemann, J., & Steindorf, K. (2019). Return to work after breast cancer: The role of treatment-related side effects and potential impact on quality of life. European J Cancer Care. 28(4). https://doi.org/10.1111/ecc.13051
20. Sekse, R. J. T., Dunberger, G., Olesen, M. L., Østerbye, M., & Seibæk, L. (2019). Lived experiences and quality of life after gynaecological cancer—An integrative review. In Journal of Clinical Nursing (Vol. 28, Issues 9–10, pp. 1393–1421). Blackwell Publishing Ltd. https://doi.org/10.1111/jocn.14721
21. Song Y, Lv X, Liu J, Huang D, Hong J, Wang W, Wang W. Experience of nursing support from the perspective of patients with cancer in mainland China. Nurs Health Sci. 2016;18(4):510–8. https://doi.org/10.1111/nhs.12303.
22. Thakur M, Sharma R, Mishra AK, Singh K, Kar SK. Psychological distress and body image disturbances after modified radical mastectomy among breast cancer survivors: A cross-sectional study from a tertiary care centre in North India. The Lancet Regional Health-Southeast Asia. 2022;7.
23. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. Int J Qual Health Care. 2007;19(6):349–57. https://doi.org/10.1093/intqhc/mzm042.

24. Wei C, Nengliang Y, Yan W, Qiong F, Yuan C. The patient–provider discordance in patients' needs assessment: a qualitative study in breast cancer patients receiving oral chemotherapy. J Clin Nurs. 2017;26(1–2):125–32. https://doi.org/10.1111/jocn.13374.
25. Yorke, J., Acheampong, E., Batu, E. N., Obirikorang, C., Yeboah, F. A., & Asamoah, E. A. (2019). Quality of life of colorectal cancer survivors in a Ghanaian population. BMC Res Notes. 12(1). https://doi.org/10.1186/s13104-019-4817-8

Publisher's Note