

# Health Related Quality of Life and Supportive Care Needs of Women with Breast Cancer

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**Abstract:** Breast cancer is one of the most common cancers affecting women worldwide and has a significant impact on physical, psychological, social, and emotional well-being. Advances in early diagnosis and treatment have improved survival rates; however, many women continue to experience challenges related to health-related quality of life (HRQoL) during and after treatment. HRQoL refers to the overall perception of an individual's physical health, emotional status, social relationships, and functional ability affected by disease and its treatment. Women with breast cancer often face symptoms such as pain, fatigue, nausea, body image disturbances, anxiety, depression, and reduced social functioning, which can negatively influence their daily life and overall well-being.

Supportive care plays an important role in addressing the multidimensional needs of women with breast cancer. Supportive care needs include psychological support, informational guidance, physical symptom management, emotional counseling, social support, spiritual care, and financial assistance. Identifying these needs is essential for improving treatment outcomes, enhancing coping abilities, and promoting better quality of life among patients. Unmet supportive care needs may lead to increased distress, poor treatment adherence, and decreased patient satisfaction.

**Keywords:** Breast Cancer, Women with Breast Cancer, Health-Related Quality of Life (HRQoL), Quality of Life, Supportive Care Needs, Cancer Survivorship, Psychological Distress, Emotional Well-Being

## I. INTRODUCTION

Breast cancer is one of the most common cancers affecting women worldwide and has become a major public health concern. Advances in early diagnosis and treatment have improved survival rates, leading to an increasing number of women living with and beyond breast cancer. However, the disease and its treatment often create significant physical, psychological, social, emotional, and financial challenges that affect the overall well-being of patients.

Health-Related Quality of Life (HRQoL) refers to a person's perception of how their health condition impacts their physical, emotional, social, and functional life. In women with breast cancer, HRQoL may be influenced by symptoms such as pain, fatigue, nausea, body image disturbances, anxiety, depression, fear of recurrence, and difficulties in maintaining family and social roles. Treatments including surgery, chemotherapy, radiotherapy, hormonal therapy, and targeted therapy can further affect daily functioning and quality of life [1]

Supportive care needs are the requirements of patients for assistance in managing the various challenges associated with cancer and its treatment. These needs may include psychological support, information regarding disease and treatment, symptom management, financial guidance, spiritual care, rehabilitation, and social support. Unmet supportive care needs can negatively affect treatment outcomes, patient satisfaction, and quality of life.

Understanding the health-related quality of life and supportive care needs of women with breast cancer is essential for providing comprehensive and patient-centered care. Assessing these factors helps healthcare professionals identify patient concerns, improve communication, design effective interventions, and enhance overall treatment experiences. It also contributes to better coping strategies, improved emotional well-being, and increased survival outcomes.



This study/project aims to explore the health-related quality of life and supportive care needs among women with breast cancer, identify the factors affecting their well-being, and emphasize the importance of holistic supportive care in improving their overall quality of life. [2]

## **II. BACKGROUND OF BREAST CANCER**

Breast cancer is a malignant disease that occurs when abnormal cells in the breast tissue grow uncontrollably and form a tumor. It is one of the most common cancers affecting women globally and is a major cause of cancer-related illness and death. Although breast cancer mainly occurs in women, it can also affect men in rare cases.

Historically, breast cancer has been recognized for centuries, but awareness, diagnosis, and treatment methods have improved significantly over time. Earlier, breast cancer was often diagnosed at advanced stages due to lack of awareness and limited screening facilities. With advancements in medical science, early detection through mammography, clinical breast examination, and improved treatment options has increased survival rates and improved patient outcomes. [3]

Breast cancer develops from the cells lining the milk ducts or lobules of the breast. The exact cause of breast cancer is not fully understood, but several risk factors contribute to its development. These include increasing age, genetic mutations, family history, hormonal imbalance, obesity, unhealthy lifestyle, alcohol consumption, delayed pregnancy, and exposure to radiation.

The burden of breast cancer has increased worldwide due to urbanization, lifestyle changes, delayed childbearing, reduced breastfeeding practices, and increased life expectancy. In developing countries like India, breast cancer cases are rising rapidly, especially among urban women. Lack of awareness, social stigma, fear, and delayed medical consultation often lead to late diagnosis and poor prognosis.

Breast cancer not only affects physical health but also influences emotional, psychological, social, and economic aspects of life. Women diagnosed with breast cancer may experience anxiety, depression, fear of death, body image disturbances, sexual problems, and financial stress. Treatments such as surgery, chemotherapy, and radiotherapy can further impact daily activities and quality of life. [4]

## **III. EPIDEMIOLOGY OF BREAST CANCER**

Breast cancer is one of the most common cancers among women worldwide and represents a major public health concern. Epidemiology refers to the study of the distribution, occurrence, and determinants of disease in populations. The epidemiology of breast cancer helps in understanding its prevalence, incidence, risk factors, and mortality patterns. According to the World Health Organization, breast cancer is the most frequently diagnosed cancer among women globally. Millions of new cases are reported every year, and the incidence continues to rise in both developed and developing countries. Improved awareness, better screening programs, and longer life expectancy have contributed to increased detection rates. [5]

### **Global Epidemiology**

- a. Breast cancer accounts for a significant proportion of cancer cases among women worldwide.
- b. It is more common in developed countries, but incidence rates are rapidly increasing in developing nations due to lifestyle and reproductive changes.
- c. Mortality rates are higher in low- and middle-income countries because of delayed diagnosis and limited treatment facilities.

### **Epidemiology in India**

Breast cancer is the most common cancer among Indian women.

- Urban women have a higher incidence compared to rural women due to lifestyle factors and delayed childbirth.
- The age of onset in Indian women is generally younger compared to Western countries.



- Lack of awareness, social stigma, and limited access to screening often lead to late- stage diagnosis.

**Age Distribution**

- Breast cancer is more common in women above 40 years of age.
- Risk increases with advancing age.
- However, younger women can also develop breast cancer, especially those with genetic predisposition or family history. [6]

**IV. FUNCTIONAL DIMENSION**

Functional well-being refers to the ability of the individual to perform normal daily activities and maintain independence.

**Functional Difficulties:**

- Difficulty in self-care
- Reduced work performance
- Dependence on caregivers

**Importance:**

Maintaining functional independence increases confidence and self-worth.

**V. SPIRITUAL DIMENSION**

The spiritual dimension relates to a person's beliefs, values, faith, and sense of meaning in life.

**Spiritual Needs:**

- Hope and positivity
- Inner peace

**VI. COGNITIVE DIMENSION**

The cognitive dimension refers to mental abilities such as memory, concentration, thinking, and decision-making.

**Cognitive Problems:**

- Memory loss
- Difficulty concentrating

**Importance:**

Cancer treatment and emotional stress may affect cognitive functioning and daily activities. [16]

**The major dimensions of Health-Related Quality of Life are as follows:**

**1. Physical Dimension**

The physical dimension refers to the effect of disease and treatment on the body and physical functioning of the individual.

- Common Physical Problems in Breast Cancer:
- Pain and discomfort
- Fatigue and weakness
- Nausea and vomiting
- Loss of appetite

**Importance:**

**VII. STAGE AND SEVERITY OF CANCER**

The stage of breast cancer significantly influences quality of life.

- Early-Stage Cancer
- Better prognosis
- Less aggressive treatment



- Improved physical and emotional outcomes
- Advanced-Stage Cancer

#### **VIII. AGE OF THE PATIENT**

Age influences physical strength, emotional coping, and social responsibilities.

- Younger Women
- Concerns may include:
  - Fertility issues
  - Career interruption
  - Childcare responsibilities

#### **XI. EDUCATIONAL AND AWARENESS LEVEL**

Women with better education and awareness are more likely to:

- Seek early diagnosis
- Follow treatment properly
- Understand disease management
- Lack of awareness may lead to:
  - Fear and misconceptions

#### **X. SUPPORTIVE CARE AND HEALTHCARE SERVICES**

Availability of supportive care services plays an important role in improving quality of life.

Supportive Care Includes

Pain management

Psychological counseling

#### **XI. CULTURAL AND SPIRITUAL FACTORS**

Cultural beliefs and spirituality influence how women perceive illness and cope with cancer.

- Spiritual Needs
- Faith and hope
- Religious practices
- Search for meaning in life

This is especially important for rural patients.

#### **XII. NUTRITIONAL AND REHABILITATION SUPPORT**

- Patients undergoing treatment often require:
  - Special nutritious diet
  - Physiotherapy
  - Prosthesis or breast reconstruction
  - Rehabilitation services
- These services increase overall treatment expenses. [29]

#### **XIII. RESEARCH METHODOLOGY**

Research methodology refers to the systematic process used to collect, analyze, and interpret information in a research study. In studies related to breast cancer, research methodology helps investigators understand the disease, treatment outcomes, quality of life, supportive care needs, and patient experiences[30]



### **Meaning of Research Methodology**

Research methodology is the scientific method used to conduct research in an organized and accurate manner. It includes:

- Research design
- Study setting
- Population and sample
- Sampling technique
- Data collection methods
- Data analysis
- Ethical considerations Title of the Study

“Health Related Quality of Life and Supportive Care Needs of Women with Breast Cancer”

Objectives of the Study

#### **General Objective**

To assess the health-related quality of life and supportive care needs of women with breast cancer.

#### **Specific Objectives**

- To assess the quality of life among women with breast cancer.
- To identify supportive care needs of breast cancer patients.
- To determine factors affecting quality of life.
- To assess the relationship between supportive care needs and quality of life.
- To find association between demographic variables and quality of life.

#### **Research Approach**

A quantitative research approach is commonly used because it helps measure quality of life and supportive care needs numerically using questionnaires and scales.

Sometimes a qualitative approach may also be used to explore patient experiences and feelings.

#### **Research Design**

A descriptive cross-sectional design is commonly used in breast cancer studies.

#### **Features:**

- Data collected at one point in time
- Describes existing conditions
- Helps assess quality of life and supportive care needs
- Other possible designs:
  - Comparative study
  - Correlational study
  - Experimental study
  - Study Setting

#### **The study may be conducted in:**

- Cancer hospitals
- Oncology departments
- Breast cancer clinics
- Community health centers

#### **Example: A tertiary care hospital oncology unit.**

- Population
- Target Population



- All women diagnosed with breast cancer.
- Accessible Population

Women with breast cancer who are available during the study period in selected hospitals.

Sample and Sample Size

Sample

Women diagnosed with breast cancer who meet inclusion criteria.

Sample Size

**Example:**

50 patients

100 patients

Depending on study objectives and availability

Sampling Technique

**Common sampling methods include:**

Convenience Sampling

1. Participants selected based on availability.

2. Purposive Sampling

3. Participants selected according to study criteria.

4. Random Sampling

**Each participant has equal chance of selection.**

Inclusion Criteria

Participants who:

Are diagnosed with breast cancer

Are willing to participate

Can communicate effectively

Are above 18 years of age

Exclusion Criteria

Participants who:

Are critically ill

Have severe mental illness

Refuse participation [31]

#### **XIV. REVIEW OF LITERATURE**

A review of literature is a systematic and organized summary of previous research studies related to a particular topic. It helps the researcher understand existing knowledge, identify research gaps, and develop a strong foundation for the study.

In studies related to Breast Cancer, the review of literature focuses on health-related quality of life, supportive care needs, psychological problems, social support, and treatment outcomes among women with breast cancer.

**Aaronson NK et al., [ 1990]**

colleagues conducted one of the earliest studies focusing on quality-of-life measurement among cancer patients. The researchers emphasized that quality of life is a multidimensional concept involving physical health, emotional stability, social interaction, and functional ability. Their findings indicated that women undergoing breast cancer treatment experienced significant fatigue, emotional stress, and reduced social functioning. [31]



**Fayers PM et al., [1993]**

highlighted the importance of patient-reported outcomes in evaluating cancer treatment effectiveness. The study reported that breast cancer patients commonly experienced anxiety, pain, sleep disturbances, and body image concerns, all of which negatively influenced their quality of life. The author recommended routine assessment of psychological and emotional health during treatment.

**Cella DF et al., [1995]**

developed standardized quality-of-life assessment tools for cancer patients and emphasized the need to incorporate patient experiences into clinical evaluation. The study concluded that physical symptoms and emotional distress significantly reduce treatment satisfaction and overall well-being among women with breast cancer. [32]

**Spiegel D et al., [1996]**

examined psychosocial support interventions among women with metastatic breast cancer. The findings demonstrated that group therapy and emotional counseling reduced depression and improved coping skills. The study highlighted the importance of psychosocial support in enhancing emotional quality of life.

**Ganz PA et al., [1998]**

conducted research on long-term breast cancer survivors and found that many women continued to suffer from fatigue, fear of recurrence, sexual dysfunction, and emotional instability even after completion of treatment. The author stressed the need for long-term survivorship care and supportive services.

**Ferrell BR et al., [2000]**

studied the impact of chemotherapy and radiotherapy on breast cancer patients. The study revealed that nausea, vomiting, pain, hair loss, and weakness were major contributors to poor quality of life. Emotional distress and reduced social participation were also commonly reported. The author recommended holistic nursing interventions to manage symptoms effectively.

**Bottomley A et al., [2001]**

emphasized the integration of quality-of-life assessment into oncology practice. The study concluded that routine assessment helps healthcare professionals identify unmet supportive care needs and improve patient-centered treatment planning. [32]

**Northouse LL et al., [2003]**

explored the role of family support in breast cancer management. The findings suggested that women receiving strong emotional and practical support from family members demonstrated better psychological adjustment and treatment adherence. Lack of family support was associated with anxiety and depression.

**Bloom JR et al., [2004]**

investigated social functioning and rehabilitation among breast cancer survivors. The study identified financial stress, occupational difficulties, and social isolation as important factors affecting quality of life. The author emphasized rehabilitation and community support programs for survivors. [33]

**Bonevski B et al., [2005]**

developed the Supportive Care Needs Survey (SCNS) for cancer patients. The study identified major unmet needs in psychological care, information provision, symptom management, and communication with healthcare professionals. Breast cancer patients particularly expressed a strong need for emotional reassurance and educational support.



**Boyes A et al., [2006]**

assessed supportive care needs among women with breast cancer and reported that younger women had greater unmet psychological and sexuality-related concerns compared to older women. The study recommended individualized supportive care according to age and disease stage.

**Montazeri A et al., [2007]**

evaluated quality of life among women undergoing chemotherapy for breast cancer. The study revealed that fatigue, emotional instability, sleep disturbances, and body image dissatisfaction were the most commonly reported issues affecting HRQoL.

**Arndt V et al., [2008]**

examined long-term survivorship experiences and found that breast cancer survivors frequently experienced impaired occupational functioning and reduced social participation. Psychological distress often persisted for several years after treatment. [33]

**Husson O et al., [2010]**

highlighted the importance of patient education in cancer care. The study demonstrated that women who received adequate information regarding treatment, side effects, and self-care strategies showed better coping ability and improved emotional well-being.

**Mullan F et al., [2011]**

described survivorship as a unique stage of cancer care requiring long-term monitoring and rehabilitation. The study emphasized the need for follow-up counseling, emotional support, and rehabilitation services for breast cancer survivors.

**Mystakidou K et al., [2012]**

studied spiritual well-being among breast cancer patients and found that spiritual counseling and emotional support improved coping mechanisms and reduced psychological distress. The author advocated for holistic supportive care approaches.

**Cimprich B et al., [2013]**

investigated cognitive and emotional changes in women receiving chemotherapy. The study identified memory problems, reduced concentration, and mental fatigue as common treatment-related concerns that negatively affected daily functioning and quality of life. [33]

## **XV. DISCUSSION**

The discussion section is one of the most important parts of a research study. It explains the meaning of the study findings and compares them with previous research studies. In a study on Breast Cancer, the discussion helps understand how breast cancer affects the quality of life and supportive care needs of women.

### **Discussion of the Study**

The present study assessed the health-related quality of life and supportive care needs of women with breast cancer. The findings revealed that breast cancer affects women physically, emotionally, socially, psychologically, and financially.

Quality of Life Among Women with Breast Cancer

The study findings showed that many women experienced poor quality of life during treatment.



The findings are similar to previous studies which reported that chemotherapy and surgery negatively affect physical and emotional health.

Psychological and Emotional Problems

The study found that emotional distress was common among women with breast cancer. Hair loss, mastectomy, and body image changes reduced confidence and self-esteem.

#### **XIV. RECOMMENDATIONS**

- Based on the findings related to Breast Cancer and its impact on health-related quality of life and supportive care needs of women, the following recommendations are suggested:
- Recommendations for Patients
- Women should perform regular breast self-examination for early detection of breast abnormalities.
- Patients should attend regular medical check-ups and follow-up visits.
- Women should follow treatment plans properly and maintain medication adherence.
- Patients should maintain a healthy lifestyle including:
- Balanced diet
- Regular exercise
- Adequate rest
- Stress management
- Women should seek emotional support from family members, counselors, and support groups.
- Recommendations for Family Members
- Family members should provide emotional, social, and financial support to women with breast cancer.
- Families should encourage patients to continue treatment and follow-up care.
- Open communication should be maintained to reduce emotional stress and fear.
- Family members should participate in patient counseling and education programs.
- Recommendations for Healthcare Professionals
- Healthcare professionals should provide holistic care addressing physical, emotional, psychological, social, and financial needs.
- Nurses should assess supportive care needs regularly during treatment.
- Proper counseling and health education should be provided regarding:
- Disease condition
- Treatment procedures
- Side effects management
- Nutrition and self-care
- Healthcare providers should encourage participation in support groups and rehabilitation programs.
- Psychological counseling services should be made available for breast cancer patients and their families.
- Recommendations for Hospitals and Healthcare Institutions
- Hospitals should establish specialized breast cancer counseling and supportive care units.
- Affordable and accessible cancer treatment services should be provided.
- Educational programs and awareness campaigns should be organized regularly.
- Hospitals should improve rehabilitation and palliative care services.
- Multidisciplinary care involving doctors, nurses, psychologists, dietitians, and social workers should be encouraged.
- Recommendations for Government and Community
- Government should strengthen cancer screening and early detection programs.
- Financial assistance schemes and insurance coverage should be expanded for cancer patients.



- Public awareness regarding breast cancer prevention and early diagnosis should be increased.
- Community support groups and NGOs should provide emotional and financial assistance to patients.
- Rural healthcare services for breast cancer screening and treatment should be improved.
- Recommendations for Nursing Practice
- Nurses should provide patient-centered and compassionate care.
- Nursing staff should identify unmet supportive care needs early.
- Nurses should educate women regarding self-care and symptom management.
- Continuous nursing education programs on breast cancer care should be conducted.
- Nurses should promote emotional support and coping strategies among patients.
- Recommendations for Future Research
- Further studies should be conducted with larger sample sizes.
- Comparative studies between rural and urban breast cancer patients can be performed.
- Longitudinal studies may be conducted to assess long-term quality of life. [34]

### **XVII. CONCLUSION:**

Breast cancer is one of the most common cancers affecting women worldwide and is a major public health problem. It affects women physically, emotionally, psychologically, socially, and financially. Early detection through screening methods such as breast self-examination, mammography, and clinical examination plays an important role in improving survival and treatment outcomes.

Breast cancer treatment, including surgery, chemotherapy, radiation therapy, hormonal therapy, and targeted therapy, can significantly affect the quality of life of women. Patients often experience pain, fatigue, anxiety, depression, body image disturbances, and financial burden during the course of illness and treatment.

The study on health-related quality of life and supportive care needs of women with breast cancer highlights that many patients have unmet physical, emotional, informational, social, and financial needs. Proper supportive care, counseling, family support, and patient education are essential to help women cope with the disease and improve their well-being.

Healthcare professionals, especially nurses, play an important role in providing holistic care, emotional support, symptom management, and health education. Family members, support groups, government health schemes, and community organizations also contribute significantly to improving patient outcomes and quality of life.

In conclusion, comprehensive and patient-centered care is essential for women with breast cancer. Early diagnosis, effective treatment, emotional support, financial assistance, and supportive care interventions can greatly improve survival, coping ability, and overall quality of life among breast cancer patients.

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