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THE MEANINGS OF DAILY ACTIVITIES AND ATTITUDES OF OLDER BREAST CANCER SURVIVORS: A CASE STUDY RESEARCH

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**THE MEANINGS OF DAILY ACTIVITIES AND ATTITUDES OF OLDER
BREAST CANCER SURVIVORS: A CASE STUDY RESEARCH**

A Dissertation Presented

by

Wadha A. Alquraini

Submitted to the Graduate School of the
University of Massachusetts Amherst in partial fulfillment
of the requirements for the degree of

DOCTOR OF PHILOSOPHY

September 2023

College of Nursing

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May 3, 2023

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DEDICATION

I dedicate this dissertation to my beloved people who have meant and continue to mean so much to me. First and foremost, to my husband Naif, who was my backbone during my Ph.D. journey. You have been a good companion, husband, and father. I know that words are not enough to express my gratitude for your sacrifices, but I pray to Allah to protect you for me and our kids.

Second, to the soul of my father Abdullah, who believed in and supported me from the beginning and taught me the value of hard work. Thank you so much; I will never forget you. Next, to my mother who raised and loved me, and taught me to be a strong and ambitious woman.

I also want to remember my kids, Talin, Abdulaziz, Leen, Daniah, and Judy, who made my hard times easy with their presence. My little ones, you were never a burden to me. You were the reason for which I was strong.

Last but not least, I dedicate it to my brother and sisters, who were keen to support me despite their preoccupations. They always remember to look after me. I love you all and wish to see you soon.

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A special thank you to all those whose support and friendship helped me to stay focused on this project and who have provided me with the encouragement to continue when the going got tough.

ABSTRACT

THE MEANINGS OF DAILY LIFE ACTIVITIES AND ATTITUDES OF OLDER BREAST CANCER SURVIVORS: A CASE STUDY RESEARCH

SEPTEMBER 2023

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Objectives: The aim of the study was to explore how older breast cancer survivors made meaning from daily activities and their attitudes to life and behaviors in it.

Method: Secondary data was analyzed from nine older women with breast cancer. Data on living women was used to elicit the influence of breast cancer on survivors' attitudes and behaviors.

Results: Eight significant themes were identified that were related to breast cancer meanings, attitudes to it, and behaviors that impact participants' survivorship; breast cancer means death or being close to death, survivor-provider relationships, social support, the meaning of dignity or a good prognosis, grief attitudes, everyday work, and biographical work.

Findings: The meaning of dignity and good prognosis could impact older breast cancer survivors' inner views and behaviors. However, throughout the survivorship years, the good prognosis could be interrupted by other influence factors that altered the inner views of the women.

Implications: Healthcare systems must enhance their interventions to involve dignity in the care of older breast cancer survivors and offer accessible programs for them. In addition, future research must use a meaning framework to represent the making-meaning

process and rethink the use of coexistence instead of the accept concept because the term coexistence describes deeply the adaptation state of anyone who has experienced a traumatic event such as breast cancer.

Keywords: daily activities, breast cancer survivors, breast cancer, living with, and meaning

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CHAPTER 1

INTRODUCTION

Breast cancer is the most common cancer worldwide and it affects mostly women (Momenimovahed & Salehiniya, 2019). In 2018, about two million new breast cancer cases were diagnosed, which was estimated to represent 11.6% of all cancers. Breast cancer is considered the most frequently diagnosed cancer in developed countries such as Australia, New Zealand, North and Western Europe, and North America (Bray et al., 2018). By the end of 2021, the number of estimated new cases in the United States will represent 15% of all cancers; the death rate is 7% and the survival rate is 90.3% (National Cancer Institute, n.d.). Survivorship is defined as the period that begins at cancer diagnosis and continues throughout the rest of the person's life; it may be characterized by numerous side effects that affect the quality of the patient's life (National Cancer Institute, n.d.).

The experience of facing breast cancer is critical in the lives of the women who receive this diagnosis. Diagnosis of a life-threatening disease such as cancer can influence how the survivor leads their life. Living with uncertainty about life, fear of disease recurrence, and loss of a natural role in some aspect of life can affect how this group of people make meaning from their lives. Different cultural, social and economic backgrounds also influence how cancer survivors make meaning from their daily lives. The inner view of survivors about survivorship is influenced by the cultural and religious meanings of body deprivation. For example, Kashmiri survivor women make meaning through their cultural beliefs that breasts are attractive and worthy body parts that are connected with their womanhood and femininity (Hamid, 2021). However, other

survivors ascribe other meanings to having breast cancer; Thai survivors make meaning of their experiences through their religion and belief that the occurrence of cancer is fated or is their karma due to their actions in their previous lives (Liamputtong & Suwankhong, 2016).

Research has identified that there is a significant relationship between survivors' meaning-making and attitudes. For instance, Kashmiri women, who felt that their breasts represented their symbolic identity, reported that breast cancer made them embarrassed about their selves and affected their confidence levels, and their position as daughters or wives made them feel guilty because of the financial load placed on their family (Hamid, 2021). In contrast, survivors in Thailand who relied on their religious perspectives that their breast cancer was karma due to their behavior in a previous life, believed that Buddha had sent the disease for them to avoid them suffering in their next life (Liamputtong & Suwankhong, 2016). Therefore, they were more accepting of their condition than were Kashmiri women.

Survivors' attitudes in turn direct how individuals manage their lives. Survivors who accept the disease usually manage their lives positively, keeping themselves busy through a daily routine, taking care of their physical health and forming good relationships with others (Hamid, 2021; Xia, 2018). Survivors who cannot adjust to the disruption caused by the disease show negative behavior such as avoidance of people and isolation (Hamid, 2021). Behavior influences also extend to other aspects of survivors' lives, such as family gatherings and work continuity (Lundequist et al., 2020; MacLennan et al., 2021).

In the United States (US), culture-specific beliefs about breast cancer have been associated with the breast cancer experiences of survivors. American women have reported different perspectives and coping behaviors after breast cancer diagnoses (Kimlin et al., 2004). White survivors, for example, perceive breast cancer as a dissatisfying experience and employ various coping strategies, many of which depend on social support (Kimlin et al., 2004).

Overall, survivorship is a dynamic process that is influenced by different factors that surround the survivors. The ways in which survivors make meaning of their experiences affect their attitude, which then translates to visible behavior. Multiple scholarly studies have shown how breast cancer survivors find meaning in their lives (Acebedo et al., 2021; Hamid, 2021; Liamputtong & Suwankhong, 2016; Xia, 2018). These studies focused on different cultures and different age groups (Acebedo et al., 2021; Hamid, 2021; Xia, 2018). To our knowledge, no researchers have explored the meaning of daily activities amongst older breast cancer survivors (aged 60 years and above) or the effect of their meaning-making on their attitudes and behaviors.

Purpose of this Study

Breast cancer survivors experience physical and emotional turmoil in the form of pain, fatigue, depression and anxiety. However, survivors respond to their cancer in various ways, perhaps because each person interprets their cancer event differently. Some make sense of their experiences negatively and fall into anxiety, uncertainty, fear, loneliness, and body image issues (Acebedo et al., 2021; Arikan Dönmez et al., 2021); others find strength in religion or community bonds to live in peaceful and healthy ways (Acebedo et al., 2021; Hamid, 2021; Xia, 2018). However, age has been found to be a significant

factor in the quality of life of cancer survivors (Klein et al., 2011; Kwan et al., 2010; Maria et al., 2019). When faced with traumatic events such as cancer, people of different ages interpret events differently due to differences in human development and life stage. Some researchers have found that the emotional impact of breast cancer is felt more intensely by young survivors than by those who are older because of family responsibilities (Kwan et al., 2010). Hence, much of the research that has been performed has focused on younger individuals (Congard et al., 2019; Iddrisu et al., 2020; Lundquist et al., 2019, 2020). Despite the research the older age group is two to three times more likely to be diagnosed with breast cancer in the US (National Cancer Institute, 2020). Therefore, the research conducted for this thesis was focused on the older population with breast cancer.

Meaning that drives individuals' attitudes and behaviors is a dynamic process that is often influenced by age (Tornstam, 1989). The ways in which older cancer survivors see the world and make meaning of their daily lives are shaped by the length of their lives so far and the experiences they have had, and may differ from how younger age groups make meaning of their situations. This notion is congruent with the symbolic interaction theory. Blumer (1969) asserts that individuals give meaning to their surroundings and experiences through a dynamic process, which is adjusted according to each individual's interpretation of events.

Previous studies have grouped all cancer survivors irrespective of age (Acebedo et al., 2021; Arikan Dönmez et al., 2021; Hamid, 2021). A lack of research focused on older breast cancer survivors was a gap in our understanding of breast cancer survivorship, particularly in terms of meaning-making. Unfortunately, the literature

contains few references to meaning-making, so it was vital to perform a study that explored how women of advanced age, characterized by long life experiences, made meaning of breast cancer. This research was designed to fill that gap. The goal was to describe the meaning-making, attitudes and behaviors of older breast cancer survivors concerning their survivorship. Therefore, I considered a sample of survivors who were aged 60 years and above. This age was chosen to avoid any chance that these women might be pregnant, which would be a confounding factor as they made sense of their futures.

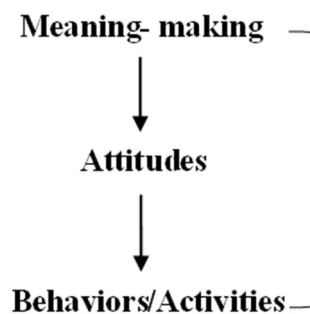


Figure 1 A diagram of the relationships between meaning, attitudes, and behaviors concepts

Inquiry Questions

1. What meaning do breast cancer survivors, aged 60 years and above, ascribe to their daily living?
2. What is the impact of their meaning-making on their attitude toward survival?
3. What is the impact of their attitudes on their behavior in their daily activities?

Philosophical Perspective

Symbolic interaction was the philosophical underpinning that was chosen for this study. Symbolic interaction means that reality is subjective and therefore varies from individual to individual. This philosophy relies on meaning to understand individual experiences and argues that the meaning that individual gives to their experiences is based on different factors such as culture, environments or events (Blumer, 1969). Symbolic interaction is based on three premises. The first premise is that individuals' actions depend on the meaning they give to things. The second premise is that social interaction between individuals or with themselves is a source of their meanings. The third premise is that the meaning is changed or handled differently depending on the individuals' interpretive processes. Within the phenomenon of breast cancer survivor experience, symbolic interaction theory is relevant because it shows that the meaning that survivors ascribe to their lives impacts their attitudes toward survival and their behavior to manage their lives. Moreover, this meaning can change as survivors age and their interpretive processes are redefined.

Throughout this inquiry, symbolic interaction theory guided the research questions that described breast cancer survivors' daily life experiences, the meaning of daily life, and attitudes of older women with breast cancer who still under or completed anti-cancer treatments. Concepts were identified and effects between concepts were described. By using a symbolic interaction lens, my research was focused on the interpretive processes of breast cancer survivors and how their meaning-making changed according to their social interactions and environments. The work should increase

healthcare providers' understanding of cancer survivors' behaviors and it is hoped that this increased understanding will lead to improved care of them.

Significance of the Study

In the US, healthcare expenses for cancer treatment have significantly increased over the last two decades. In 2001, \$57 billion was paid for cancer care; ten years later, this figure had increased to \$88 billion (Soni, 2014). Cancer survivors' care expenditures are four times higher than those for survivors of other diseases (Park et al., 2019). Healthcare expenditures were estimated by Park et al. (2019), who used cancer types and ages of survivors to identify the factors that contributed to high expenditures. The results showed that breast cancer survivors who were aged 60 years and above and had at least two chronic conditions had high healthcare expenditures. By 2040, the proportion of breast cancer survivors who will be older is expected to increase to 73%. Such growth will place huge financial burdens on Medicare and private insurance systems (Bluethmann et al., 2016). Therefore, it is likely that cancer survivors will be required to pay additional fees out of their own pockets (Park et al., 2019). This situation will put extra financial burdens on older-age survivors as they are usually not working, and could affect patients' quality of life, care satisfaction, and treatment adherence.

In addition to the high cost of cancer care, older survivors experience uncertainty regarding their symptoms, which are often attributed to old age instead of to cancer (Leach et al., 2016). This issue indicates a lack of communication between older cancer survivors and healthcare providers. Nurses must communicate clearly to older breast cancer survivors which symptoms are associated with cancer and which are associated with age. To communicate effectively, nurses must understand how older survivors make

meaning of their experiences and how this meaning influences their attitudes and behavior. When nurses know the meaning, they will be able to make interventions that are suitable to survivors' needs. Thus, through its emphasis on meaning-making, attitudes and behavior of older breast cancer survivors, my research study should inform nurses' practice and help them to manage patient needs effectively.

According to Tornstam's (1989) gero-transcendence theory, human development continues as people age, so older people acquire an increased understanding of their life experiences and behave with more maturity and wisdom than they did when they were younger (Wadensten, 2007). However, the achievement of wisdom may be obstructed or accelerated by traumatic life events (Wadensten, 2007). Previous studies have shown that age development may add positive meaning and attitudes to survivors (Lehmann et al., 2014). Therefore, highlighting experiences among this age group could provide a new sense of meaning and attitude toward survival. My research on older survivors could assist nursing researchers and practitioners to understand views that develop through old age maturation, which could help them to manage both aging and young survivors.

Overview of Methodology

I used a qualitative approach to explore the unique meaning-making of older breast cancer survivors as they engaged in their daily life activities. A qualitative approach provides a deeper and richer understanding of experiences than does a quantitative method (Bhattacharya, 2017), and therefore is an ideal method with which to study a complex subjective phenomenon such as older women's meaning-making, attitudes and behavior towards breast cancer.

To study their experiences, I used a case study method. A case study provides an “in-depth discussion and analysis of a bounded system” (Merriam & Tisdell, 2016, p. 37), and can be used to study people or programs (Stake, 1996). My research was bounded by the phenomenon (daily living experiences of breast cancer), the choice of participants (white women), their ages (60 and above), time (the year 2017) and geography (New England, US). Stake (1995) notes that the use of the case study method generates thick descriptions of the issues under study and this data must be interpreted by the researcher to understand the phenomenon (such as daily living experiences of older women with breast cancer). Thus, the study design was an instrumental case study because I focused on the issues around breast cancer, such as how survivors make meaning of their daily living with this disease.

I used secondary data to perform this analysis. Secondary analysis is generally used in qualitative research to find “answers to research questions that differ from the questions asked in the original research” (Long-Sutecall et al., 2011, p. 336). Sometimes analysis of this data can provide insight into areas that were not analyzed initially. Looking at secondary data through new eyes helps researchers to arrive at a different conclusion/view. Therefore, this researcher, who holds different beliefs and norms and comes from a different culture to those of the original study team, could add to the information regarding breast cancer experiences. In addition, the use of secondary data improves the work of beginner researchers because it is known how the data was gathered, analyzed, and synthesized; it also shows the method of knowledge and reality views of the research questions (Long-Sutecall et al., 2011).

I planned to analyze secondary data from the thrive-at-home study, which had been funded by the Susan G. Komen Foundation for Breast Cancer Research. The purpose of the study was to develop and evaluate a mailed biobehavioral intervention that would support persons treated for breast cancer to address their unmet needs during survivorship and to support their function and well-being through optimization of person-environment fit. The initial study comprised two phases. The first phase was launched between 2016 and 2017 by a team from the University of Massachusetts (UMASS) Amherst, who interviewed numerous breast cancer survivors to learn about their unmet needs, assess the best way to deliver possible support and investigate the required toolkit. Data for this phase, which we planned to use for the study discussed in this thesis, took the form of semi-structured qualitative interviews with persons who had been treated for breast cancer. The interviews were approximately one to two hours in length, some of which had been conducted by phone and some in-person. The study sample comprised 25 American participants with breast cancer who had received different cancer treatments. During the study, the participants' ages were between 33 and 79 years.

Overview of the Chapters

In this chapter, the significance of the current inquiry for the development of nursing practice and knowledge has been described. One assumption of the study was that nursing practice would improve through the study of a significant phenomenon for a concerned population. The significance of this inquiry was to understand how older women with breast cancer perceived their traumatic experiences and how they adapted their daily living to their needs. A case study approach was used because there was

limited information available regarding meaning-making, attitudes and behaviors of older women with breast cancer.

In Chapter Two, the theoretical framework of the current study is discussed in detail. There is also a review of the relevant literature related to the experiences of women living with breast cancer, and a consideration of how the published literature has discussed women's experiences concerning the relationship between making-meaning, attitudes, and behaviors. Chapter Three details the research method and processes that were utilized to collect and analyze the data. Finally, the findings are presented in Chapter Four, and Chapter Five describes the implications of the findings for nursing practice.

Definitions

Breast cancer survivors: women \geq 60 years who were diagnosed with breast cancer more than one year prior to the interview.

Attitudes: the inner views that breast cancer survivors hold to survive (Vargas-Sánchez et al., 2016).

Daily activities: everyday actions such as eating, bathing and working.

Meaning: the interpretation that survivors give to breast cancer disease and treatments that could transform their daily lives or survivorship (Nikoloudi et al., 2021).

Daily living: "the zone where acting persons conduct or lead their lives" (Dreier, 2008, in Brinkman, 2012, p. 17).

Behavior: how an individual acts in response to a particular event (Merriam-Webster, 2023).

CHAPTER 2

INTEGRATIVE REVIEW OF LITERATURE

The challenging experience of having breast cancer has been well-researched. Researchers have considered the meaning of breast cancer (Hamid et al., 2021; Liamputtong & Suwankhong, 2016; Phensiri & Pranee, 2017), treatment (Gershfeld-Litvin, 2021; Lai et al., 2017), and symptoms (Acebedo et al., 2021; Arikan Dönmez et al., 2021). In its general sense, the importance of *meaning* is often mentioned concerning the survivors of breast cancer of diverse ages. Meaning-making is a perception process that individuals create to make sense of a particular event such as the development of breast cancer. However, not much is known about *meaning-making* within the context of the daily lives of older survivors of breast cancer. The present author investigated this topic by reviewing a broad selection of peer-reviewed literature. The literature review showed that not much was known about the meaning-making attitudes and behaviors of older breast cancer survivors. In this chapter, I present a synthesis of my review of selected peer-reviewed literature on this topic.

Methods

I searched for and synthesized knowledge from existing literature on the meaning-making attitudes and behaviors of older breast cancer survivors through the use of the integrative review method of Whitemore and Knafl (2005). The purpose of the integrative review was to answer the questions below.

1. What is known about the daily lives of breast cancer patients?
2. What is known about the meaning-making attitudes and behaviors of women with breast cancer?

3. How does published literature discuss the daily lives of women with breast cancer?

I drew up these guide questions with a narrow focus to ensure that only significant literature was reviewed, and I limited the literature collected to that published between 2016 and 2022 to provide pertinent results.

Search Strategy

The research databases named the Cumulative index of nursing and allied health literature (CINAHL), the Web of Science, PubMed, and PsycInfo were accessed in October 2021 through the online library of UMASS Amherst. To achieve transparency in our selection of articles, the search was performed according to the preferred reporting items for systematic reviews and meta-analyses (PRISMA) method. A PRISMA table was drawn up (Figure 2) to guide the systematic literature search and reporting (Moher et al., 2009). I followed the five suggested steps of Whitemore and Knafl (2005) regarding the inclusion of articles. The search keywords were *daily activities, breast cancer survivors, breast cancer, living with, and meaning*. The Boolean search terms, as shown here, were AND and OR: *daily activities AND breast cancer survivors OR breast cancer AND living with, and meaning AND breast cancer OR breast cancer survivors AND living with*. This strategy focused on articles relevant to breast cancer meaning-making. Included articles were peer-reviewed academic papers that had been published in English, , and full articles that were referenced included articles that had been published between 2016 and 2022. The initial search produced 85 articles. After duplicates had been removed, 47 articles remained. Another 18 studies were removed because they were not peer-reviewed or not related to our research topic, and eight more, because they were unrelated to the main topic or the study, was of low quality. This process left 21 articles

for review. The eight articles that were excluded at the final stage and the reasons for their exclusion are shown in Table 1. The final list of articles is shown in Table 2.

Table 1 Articles excluded from the integrative review and reasons for their exclusion

First author	Article title	Reason for exclusion
Buki	“Our organs have a purpose”: Body image acceptance of Latina breast cancer survivors	The topic is survivors’ image concerns
Carrion	“I told myself to stay positive”: Perceptions of coping among Latinos living with a cancer diagnosis	The topic is different types of cancer
Congard	The self-reported perceptions of the repercussions of the disease and its treatments on the daily life of young women with breast cancer and their partners	The topic is a comparison of self-reported perceptions of breast cancer survivors
Smith	The lived experience of body alteration and body image with regard to immediate breast reconstruction among women with breast cancer	The meaning of the topic was not discussed
Rees	A qualitative exploration of the meaning of the term “survivor” to young women living with a history of breast cancer	The topic is the meaning of the “survivor” concept and whether or not the survivors accepted it
Cocchiara	Women with breast cancer living with one breast after a mastectomy	The study is a systematic review; it did not focus on the meaning of breast cancer
Xiong	Women’s experiences of making healthcare decisions about their breast cancer: A phenomenological study	The topic is the meaning of healthcare decision-making
Sukartini	Women with breast cancer living with one breast after a mastectomy	The article is published in a low-impact-factor journal and the grammar is not good.

Articles Excluded from the Integrative Review and Reasons for Their Exclusion

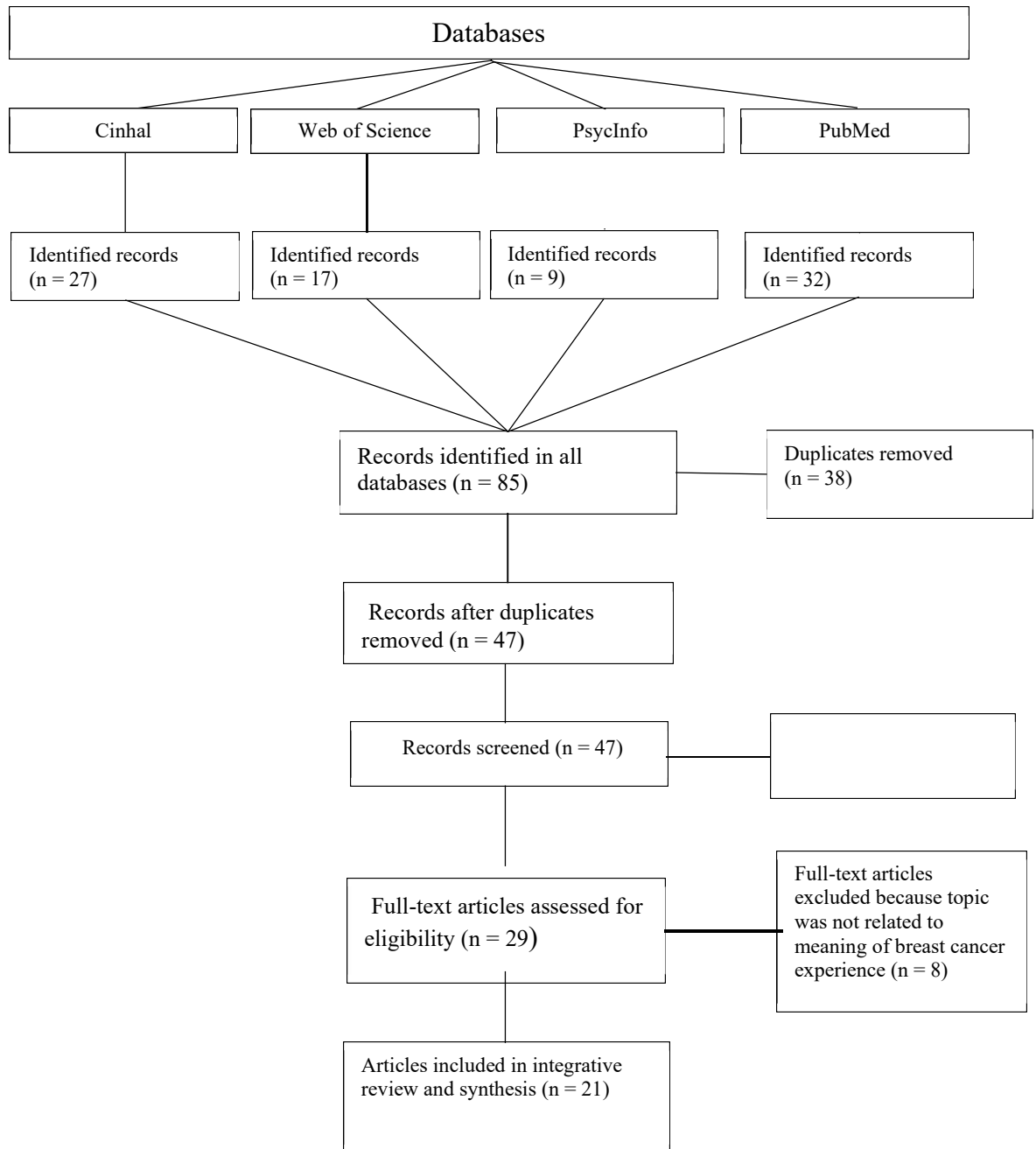


Figure 2 A flow diagram of the literature search process based on PRISMA

The remaining 21 articles were assessed using a Microsoft Excel spreadsheet, which aided in the organization and management of the literature contents such as citations, annotations, and memos. All included articles were read to identify the specifics of their topic and how the authors discussed the different types of meanings, particularly meaning-making, attitudes, and behaviors. Then articles were scoured for similar meanings under a specific code. Then I searched for and coded attitudes and behaviors that were mentioned in the articles according to whether or not they were related to a specific meaning.

Qualitative Content Analysis

Use of clear methods to present the findings of a literature review help to make the review transparent. They give the reader a sense of control over reviews of several studies by focusing on the critical parts of the studies. For example, the use of Excel spreadsheets supports researchers in the visualization of article contents efficiently. The researcher organizes the contents and citations to help the reader make a conclusion and connection between several articles. In this study, the author managed articles using the Gerrard matrix method. Each study was detailed in a column with respect to its citations; study objective/s; sample characteristics; study results; study design; and presentation of meaning, attitudes, and behaviors. A column was left blank for the researcher's comments or memos. The column comments included questions about the research questions and variables — for example, “Is the meaning presented clearly in the article? If yes, is this meaning the main topic of this article? If yes, is the meaning discussed as making-meaning type? Is the meaning discussed in the context of daily life?” Regarding the attitudes and behaviors, the questions were: “Did the researcher discuss the survivors’

attitudes in the study and connect the meaning, attitudes, and behaviors?” In some cases, the article did not discuss the meaning clearly, but the study approach was used to infer the meaning. For example, the phenomenological approach is well known as a way to articulate the meaning of any phenomenon. The phenomenologist usually describes the essence of meaning from the participants’ narratives. From this notion, the meaning was inferred from articles that did not express meaning and relied on a specific qualitative approach to represent breast cancer meaning.

Characteristics of the Review Sample

The characteristics of the 21 reviewed articles are shown in Table 3. They all discussed breast cancer experience, but some did not focus on making-meaning of breast cancer. All of them were published within the last six years.

Table 2 Summary of reviewed articles

First author	Year	Topics covered		
		Search for meaning	Making-meaning	Meaning made
Acebedo	2021			X
Arikan Dönmez	2021			X
Assaf	2017		X	
Bilodeau	2019	X		
Drageset	2020			X
Gershfeld-Litvin	2021			X
Guité-Verret	2021			X
Hamid	2021			X
Xia	2018			X
Lai	2017			X
Lam	2017		X	
Leão	2021		X	
Lewis	2016			X
Liamputtong	2016		X	
Lundquist	2020			X
MacLennan	2021	X		
Nikoloudi	2021		X	
Phensiri	2017		X	
Trusson	2016			X
Williams	2016	X		
Yan	2019		X	

Table 3 Characteristics of the reviewed articles

Characteristics	N
Meaning is the main topic	12
Qualitative research	
Denzin's interpretive interactionism approach	1
Grounded theory	2
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Symbolic interactionism

Symbolic interactionism was used as the theoretical framework of this study. Symbolic interactionism is a theory that relies on interactions between individuals within a society (Bulmer, 1969). Individuals communicate with each other through language and the meaning that they give to symbols. According to symbolic interactionism, individuals are part of society, and the meaning they give to their lives or things is affected by the meaning given by society (Bulmer, 1969). Human responses are not arbitrary; meaning originates from the interaction between the individual's mind and self and from the interaction of that individual with other people in society (Bulmer, 1969). When an event happens, individuals interpret it according to the meaning that they or that society gives to it, and then they react to it depending on their perceptions.

The concept of symbolic interactionism was introduced by George Herbert Mead (1863-1931), although the term itself was developed by his student, Herbert Blumer (Benzies, 2001). Mead divided the concept of self into two parts: the individual *I* and the societal *me*. *I* is about the individual self, and *me* is about society's expectations (Benzies, 2001). *I* and *me* work together to create meaning for the individual (Benzies, 2001).

Blumer elaborated on Mead's work by identifying the theory as symbolic interactionism and formulating its three assumptions. The first of these is that individuals act depending on their perception of the meaning of things (Benzies, 2001; Bulmer, 1969). The second assumption is that individuals' meaning-making and actions are also the results of the social interaction between individuals in a society (Benzies, 2001; Bulmer, 1969). The second suggests that the meaning that a breast cancer survivor ascribes to an event can change through interaction with other breast cancer survivors; for example, a negative meaning can become positive if the survivor sees other survivors living healthily. The third assumption is that meaning-making is an interpretive process; that is, it changes as an individual's experiences change (Benzies, 2001; Bulmer, 1969).

The symbolic interactionism perspective asserts the importance of individuals' understanding of their world and their meaning-making as a motivator of their attitudes and behavior. Basically, how people act in a certain situation depends on their outlook or perspective and the meaning they give to that situation. Shibutani (1955) stated:

"... a perspective is an ordered view of one's world — what is taken for granted about the attributes of various objects, events, and human nature. It is an order of things remembered and expected as well as things actually perceived, an organized conception of what is plausible and what is possible; it constitutes the matrix through which one perceives his environment. The fact that men have such ordered perspectives enables them to conceive of their ever-changing world as relatively stable, orderly, and predictable. As Riezler puts it, one's perspective is an outline scheme which, running ahead of experience, defines and guides it" (p. 564).

Thus, symbolic interactionism maintains that the perspectives of individuals shape their attitudes. These perspectives are developed in the context of the society of which an individual is a part. Therefore, when studying the behavior of individuals, the researcher must look at all aspects of the individual's internal and external world. For example,

nursing researchers must look at the relationships between the individual nurses and at their relationships with their patients and their environment to make sense of their experiences and actions.

Benzies and Allen (2001) advised researchers studying a group of people to be sensitive to the people's environmental surroundings, because society plays such an important role in how an individual develops meaning. This is the heart of the symbolic interactionism theory—that culture and individual perceptions work together to formulate people's perspectives. Therefore, to understand a particular person's experience, the researcher must be sensitive to the person's values and norms. The research is not just a tool for collecting data; instead, it is a commitment from the researcher to be part of the participant's experience. Therefore, when developing interview questions, the researcher must be aware of the participants' cultures and their norms and values (Benzies & Allen, 2001).

Since in this study, I used secondary data on the life experiences of white US breast cancer survivors, I did not have to consider the aforementioned sensitivities in the data collection process. However, as a non-white, non-American researcher, I had to make extra efforts to consider American norms and values when I analyzed the data.

Symbolic interactionism has been widely used in the health profession. Clarke and Star (2003) identified the health research areas in which it was used as professional system classifications, clinical interventional studies, social areas, and the settings in which health work took place. In addition, symbolic interaction has been used to study individual behaviors, interactions between patients and nurses, and nursing care (Burbank & Martins, 2010). In the nursing literature, research based on symbolic interactionism has

focused on organ transplantation, age identities with chronic conditions, and the relationships between nurses and patients and nurses and families (Edgar, 2009; Prip et al., 2019; Rozario & Derienzis, 2009).

In this study, the symbolic interaction theory was used to understand the meanings, attitudes and behaviors that pertained to breast cancer among older women, aged 60 and above. As people age, their meanings, attitudes, and behaviors may mature or change. Framing this study within the symbolic interaction theory allowed me to focus on the attitudes and behaviors of older breast cancer survivors towards breast cancer as functions of their particular perspectives on life, which were based on their interpretive process as they aged.

Breast Cancer Experience

As mentioned above, symbolic interactionism indicates that meaning is the first step in individuals' living their lives. Meaning is an inner view that is influenced by factors that mediate the breast cancer experience. However, the way that individuals live their lives varies from one individual to another. The meaning of specific events differs according to the experiences and factors that people face, to which they, in turn, react depending on that meaning. For example, in breast cancer literature, the attitudes and behaviors of survivors reflect the sense that they have made of their experience. Survivors with children have seen life through the lens of family. Their behaviors were worries and thoughts regarding taking care of children and parents, and wider family cares. Some survivors commanded the challenges playfully, while others used passive ways to get through such an experience. Thus, they used different strategies to survive the experience.

The literature review was challenging because of the subjective meanings of the meaning terms that were hidden in the researchers' thoughts, their writing styles, or the participants' narratives. Therefore, the author of the study described in this thesis used the meaning framework of Moye et al. (2020). In this framework, *meanings* were classified into a *search for meaning*, *making-meaning*, and *finding meaning*. *Search for meaning* is the survivors' attempts to find an explanation for traumatic events. *Making-meaning* is an internal process that individuals use to explain a traumatic event. Finally, *finding meaning* is accepting a new meaning of a specific event. This framework was used to distinguish between searching for the meaning of breast cancer, making-meaning out of breast cancer, and finding the meaning of breast cancer (Dondanville et al., 2016; Lee, 2008; Park, 2010). To do so, the following "meaning" questions were used so that the author could understand, organize and distinguish the articles.

- (1) Why does breast cancer happen?
- (2) How does breast cancer happen?
- (3) What is the accepted meaning of breast cancer experience?

To present the findings, the literature was classified into three themes: direct meaning discussion, indirect meaning discussion, and meaning of life because it was discussed as a coping strategy. Furthermore, as necessary, subthemes were created for each theme. These were: searching for meaning, making-meaning, and finding meaning. Finally, the effects among breast cancer survivors' meanings, attitudes, and behaviors were discussed across the board, since no relationships had been discussed and no differences among meaning types, attitudes, and behaviors.

Direct Meaning

The meaning was the main topic in nine articles (Assaf et al., 2017; Drageset et al., 2020; Gershfeld-Litvin, 2021; Lam et al., 2017; Liamputtong & Suwankhong, 2016; MacLennan et al., 2021; Nikoloudi et al., 2021; Phensiri & Pranee, 2017; Xia et al., 2018). However, some of these studies are discussed later under the *meaning of life* theme.

Search for Meaning

Some studies discussed the meaning of work among breast cancer survivors. MacLennan et al. (2021) and Bilodeau et al. (2019) reported that survivors questioned the priority of work in their life after they had been diagnosed with or treated for breast cancer, particularly in cases in which there was not enough information from healthcare providers to help survivors to decide about their level of ability to work. Thus, the experience of breast cancer changed the meaning of work in a survivor's life. The sense of work varied depending on support from others such as healthcare providers, colleagues, and employers. The main goal of the workers who had been diagnosed with breast cancer and who were quoted in the literature was to *find normality*.

Making-Meaning

The making-meaning process of breast cancer was discussed in four articles (Lam et al., 2017; Liamputtong & Suwankhong, 2016; Nikoloudi et al., 2021; Phensiri & Pranee, 2017). In these studies, meaning-making in breast cancer was described as a process. Survivors make meaning from factors that generate new meaning about their experience. For example, some studies showed how cancer patients' religious beliefs and the fatality of breast cancer made meaning in survivors' lives. Liamputtong and Suwankhong (2016) reported that Thai breast cancer survivors made their meaning based on the Buddhist religion. The survivors believed that breast cancer occurred because of karma. Similarly,

African-Americans believed in the influence of God in their daily lives (Yan et al., 2019). Another article discussed breast cancer as a transition process; that is, being diagnosed with breast cancer is painful, and with time, breast cancer means death (Nikoloudi et al., 2021). Levels of social support and psychological stress were shown to be factors that influenced breast cancer meaning (Lam et al., 2017; Phensiri & Pranee, 2017). For example, the availability of social support for breast cancer survivors generated a positive perspective on breast cancer (Phensiri & Pranee, 2017), while psychological distress transformed the meaning of breast cancer into a disaster (Lam et al., 2017).

Finding Meaning

It is well known that breast cancer treatments have disruptive physical, emotional, and cognitive side effects; yet treatment offers a way to survive. One of the studies found that mastectomy meant a life-saving procedure, and breast reconstruction eliminated the meaning of physical and emotional loss (Gershfeld-Litvin, 2021).

Indirect Meaning

Meaning is a complex concept that is hidden in the survivors' narrations of their experiences with breast cancer. In the reviewed studies, it was discussed under the umbrella of *the breast cancer experience*. In ten articles, the meaning of breast cancer and the meaning of life were discussed but not as the main topics, or they were discussed only indirectly (Acebedo et al., 2021; Arikan Dönmez et al., 2021; Guité-Verret & Vachon, 2021; Hamid et al., 2021; Lai et al., 2017; Lewis et al., 2016; Lundquist et al., 2020; Trusson et al., 2016; Williams & Jeanetta, 2016; Yan et al., 2019).

Search for Meaning

The experience of breast cancer is painful and challenges survivors to identify the meaning of their experiences. In some cases, the meaning of breast cancer was not well

identified because of the ambiguity of the meaning of breast cancer for survivors. As they transition from diseased to healthy, survivors are unsure of what it means to be survivors, since usually, no healthcare support is given during the survivorship (Williams & Jeanetta, 2016).

Finding Meaning

The meaning of loss was the most discussed meaning in the literature on breast cancer, its symptoms and treatment (Acebedo et al., 2021; Arikan Dönmez et al., 2021; Hamid et al., 2021; Lai et al., 2017; Trusson et al., 2016). *Loss* carries different meanings: physical loss, cognitive loss, or identity loss. Physical loss is usually related to the lack of ability of the survivor to perform daily activities (Acebedo et al., 2021; Arikan Dönmez et al., 2021; Lai et al., 2017; Trusson et al., 2016). Cognitive loss is related to a sense of loss of independence in daily activities because of cancer and the side effects of its treatment (Arikan Dönmez et al., 2021). Identity loss occurs when breast cancer challenges survivors' lives (Hamid et al., 2021); for example, Kashmiri women who had breast cancer worried about their families' socioeconomic status (Hamid et al., 2021). Metastatic breast cancer means war against the progression of the disease; and when survivors confront it, they are aware of the possibility of their failure (Guité-Verret & Vachon, 2021).

Meaning of Life

Breast cancer, its treatment and symptoms, and work after a breast cancer diagnosis, were given fluid meanings by survivors, and they reported other meanings that enabled them to cope with the disease. The meaning of life is a belief that motivates an individual to reach life normality. In the literature, five articles discussed the meaning of life as a coping

strategy to survive well during or after breast cancer (Assaf et al., 2017; Drageset et al., 2020; Leão et al., 2021; Lewis et al., 2016; Xia et al., 2018).

Making-Meaning

Gaining meaning in life is also a result of some activities or beliefs about life. For example, Leão et al. (2021) and Assaf et al. (2017) found that the spirituality of survivors led them to retain their meanings of life successfully. However, the meaning of life was not the survivors' only coping strategy; several strategies were found to support survivors as they coped with their cancer.

Finding Meaning

Having meaning in life meant coping with the new life. Some studies showed that a positive meaning of life helped survivors to lead positive lives and to achieve satisfaction in life and a peaceful mind (Drageset et al., 2020; Xia et al., 2018). Other studies showed that holding a positive meaning of life helped survivors to reach some normality in their lives (Lewis et al., 2016).

Age and Breast Cancer Meaning

Finding Meaning

Aging is the group of transformations that are responsible for changing individuals' perspectives about life and their environments. The importance of such transformations lies in their imparting to individuals the ability to understand traumatic events such as the development of breast cancer. However, the discussion in the literature regarding meanings linked to breast cancer in specific age groups is unclear. All the studies that were included in the literature review tended to focus on mixed-age survivor groups. In one study, an indirect discussion of the meaning of breast cancer showed that the disease held different meanings for young breast cancer survivors compared with their older

peers. Lundquist et al. (2020) focused on the experiences of women with metastatic breast cancer who were aged between 25 and 39 years. All the participants were mothers. Being a mother in this age group shaped the meaning of the disease in terms of the family for the study participants, although in other studies, participants with advanced breast cancer saw it as meaning death and a short life (Guité-Verret & Vachon, 2021).

Coping Strategies

Coping occurs with distress, usually by transformations, in order to maintain everyday life. Life stressors may be positive or negative; however, they are usually discussed as negative events, such as breast cancer disease. Coping strategies are thoughts, behaviors, or activities that individuals adapt to new life. Therefore, coping styles vary depending on the individual, environment, and situational factors. The current study distinguishes among coping methods that have been categorized as behavioral attitudes, social engagement, and cognitive and emotional strategies.

Behavioral Attitudes

To respond to the side effects of treatment that they experienced, the participants in the studies adjusted their lifestyles in various ways: they changed their diets, re-organized their time, warmed themselves, decreased the amount of housework that they performed, and increased their level of outside activities. To manage their cancer or treatment symptoms, such as digestive symptoms, pain, or infection, they set life goals and busied themselves with tasks (Lai et al., 2017; Xia et al., 2018). Some took part in religious activities as a support strategy (Liamputtong & Suwankhong, 2016), and many found ways to cover the signs of their mastectomies (Gershfeld-Litvin, 2021).

Social Engagement

Examples of social engagement in which survivors engaged included watching TV, returning to work on a flexible schedule, planning daily activities (Lai et al., 2017), and making connections with surrounding communities, families, and health professionals (Lai et al., 2017; Lam et al., 2017; Phensiri & Pranee, 2017). On the other hand, some participants withdrew from social relationships because they felt exhausted due to cancer or its treatments or because they thought their friends misunderstood their cancer experiences (Lai et al., 2017). In some cases, support from others helped survivors to make decisions. For example, according to MacLennan et al. (2021), participants' decisions regarding whether or not to continue working depended on the support they received from others, such as healthcare providers, managers, and co-workers.

Cognitive and Emotional Strategies

The cognitive strategies that participants cited in the literature to manage their distress included seeking spiritual support or support from family members and other patients, and avoidance of thinking about their cancer (Lam et al., 2017; Lai et al., 2017; Xia et al., 2018). Some survivors based their decisions to undergo a mastectomy and chemotherapy or radiation therapy on fate; they believed that the use of this strategy helped them to cope with the disease (Liamputtong & Suwankhong, 2016; Phensiri & Pranee, 2017). Other coping strategies were minimization of the sense of loss (Gershfeld-Litvin, 2021), persistence, and avoidance of situations that reminded them about their condition (Lam et al., 2017). Distressed women transiently used other cognitive strategies to cope with their cancer, including disease acceptance and making decisions that reduced the negative effect of the disease on them (Lam et al., 2017). For example, some participants opted to

take on less stressful jobs than those in which they had been involved before the diagnosis (MacLennan et al., 2021).

Discussion

Significant studies have been conducted on the meaning of breast cancer disease, treatment, and symptoms (Acebedo et al., 2021; Arikan Dönmez et al., 2021; Hamid et al., 2021; Lai et al., 2017; Trusson et al., 2016). Breast cancer patients use *meaning* to cope with the disease, such as through a search for meaning, making-meaning, and finding meaning. This study facilitated understanding of meaning-making among breast cancer survivors by exploring the prevalence of, and the differences among, searching for meaning, the meaning-making process, and meanings that are made, through the use of the framework to distinguish meanings that were devised by Moye et al. (2020). The use of this framework informs the reader and those interested in cancer regarding what is meant by making-meaning in the research described in this thesis.

Search for Meaning

Ambiguity was the main reason why survivors searched for meaning during or after their experience of breast cancer. In some studies, survivors were unsure whether they could continue their work because they were unsure whether that work held significant meaning for them. This hesitation arose due to various personal factors such as energy levels and agency factors such as how much support they could obtain from their employers (MacLennan et al., 2021). For other survivors, the meaning of survivorship was not clear because the change from a diseased state to well-being was a sudden conversion that left them confused regarding what being free of cancer meant (Williams & Jeanetta, 2016).

Meaning-making Process

The meaning-making process was discussed in six articles (Assaf et al., 2017; Leão et al., 2021; Lam et al., 2017; Liamputtong & Suwankhong, 2016; Nikoloudi et al., 2021; Phensiri & Pranee, 2017). Two types of meaning-making processes were discussed. One set of meanings was made from influencing factors, while the other was made from learning to cope with a new life. Regarding the former, researchers discussed how factors such as religion, psychosocial distress, levels of social support, and their experience of their cancer affected survivors' lives and made new meanings for them. However, making-meaning of life was regarded as an advanced stage in the process of recovery; it was considered a post-traumatic step of breast cancer. Survivors made meaning of life from factors such as spirituality, not to understand the experience but to cope with it (Assaf et al., 2017; Leão et al., 2021).

Finding Meaning

Finding meaning involved the agreement of survivors on a certain meaning. The experience of breast cancer is known to be challenging; therefore, there was agreement on the meaning of loss, either physical or cognitive, which occurred in the course of this disease due to the limitations it imposed on the survivors' lives (Acebedo et al., 2021; Arikan Dönmez et al., 2021; Lai et al., 2017; Trusson et al., 2016). Meaning-making of the experience of breast cancer was considered a life-saving procedure that helped survivors to cope with the disease (Gershfeld-Litvin, 2021). In addition, in a study that was focused on young breast cancer survivors, there was agreement on the meaning of family as a sense generated from the reality of being mothers (Lundquist et al., 2020).

The review of the literature was focused on the following main concepts: *meaning-making in breast cancer, attitudes, and behaviors, within the idea of daily life.* Unfortunately, the concept of meaning-making in breast cancer has been researched and mentioned infrequently in the literature. The process of meaning-making in breast cancer was found only in the articles that focused on the meaning as the main topic. This may be because different types of meanings barely differ and the concept of *meaning* is complex. Meaning is considered a subjective term that is expressed with terms such as sense, experience, and perspective. Therefore, researchers and readers may find it difficult to distinguish meanings from each other without a clear framework.

In general, the effects of meanings on attitudes and behaviors in all the articles were comparable. There was no difference between the types of meaning in the survivors' attitudes and behaviors. Survivors who found positive meanings also held positive attitudes and behaved positively. However, no discussion has explicitly shown the relationship among meanings, attitudes, and behaviors, and this finding adds to the importance of this study. Through a literature review, I have shown and discussed the relationship among the meaning-making, attitudes, and behaviors of breast cancer survivors in order to increase understanding of how survivors perceive and manage their breast cancer.

Summary

In this chapter, I used the integrative review method to understand the process of making meanings among breast cancer survivors. Research questions were set in order to interrogate how previous research had discussed meaning-making and the relationships among meaning, attitudes, and behaviors. To override any ambiguity in the discussion of

meaning, the results were organized according to the framework of Moye et al. (2020), which required the distinguishing of the meaning framework from the discussion of the clarity of meaning. For Moye et al. (2020), there are three types of meanings: searching for meaning, making-meaning, and finding meaning. Application of the framework helped the author and, it is hoped, the reader to understand the different types of meanings and what I mean by meaning-making.

CHAPTER 3

METHODS

I used Stake's case study approach and data from the parent study (*reducing symptom impacts on sedentarism and associated biomarkers following breast cancer: Phase 1*) to answer the research question "How do older women experience breast cancer in their daily lives?" The research used several cases (nine survivors from different communities within a region) to explore participants' experiences. The outcome was an in-depth description of the experience of breast cancer survivorship, meaning-making, attitudes, and behaviors of older survivors. The existing data was used to answer questions that had not been considered when the parent interviews had been analyzed, in order to improve survivors' well-being. More specifically, previous research had failed to discuss older survivors thoroughly. To our knowledge, most studies have not been focused on the experiences of older women with breast cancer, particularly their meaning-making, attitudes, and behaviors. The focus of this study on the experiences of women over the age of 60 years would improve the literature with the addition of the views reached by older survivors, since the participants' long experiences in life could reflect on their understanding of breast cancer. Also, the literature showed inconsistency in the meaning-making discussion. Therefore, this study could decrease the level of inconsistency by discussing how older survivors understood and reacted to their breast cancer experiences.

Purpose

The purpose of this qualitative, descriptive case study was to explore how older survivors experienced breast cancer. The current multiple case study was bounded by the phenomenon (breast cancer), the nature of the sample (white women), the ages of the

participants (60 years and above), time (the year 2017) and geography (predominantly New England, US).

Goal

The proposed dissertation was intended to extend previous research, especially the work of Corbin and Strauss (1991) and Walker (2015), who had focused broadly on breast cancer experiences. Corbin and Strauss (1991) and Walker (2015) argued that for survivors aged 60 and above, meaning-making "identity" was a cornerstone that survivors required to work toward their normalcy after breast cancer treatment. This research added depth to previous works by describing survivorship, "normalcy", the situations at diagnosis, during and after the experience of breast cancer, and survivors' ways of handling the knowledge that survivorship could be maintained or interrupted at any time. Also, a goal was to identify how older survivors felt and reacted to their experiences.

Research Aim

The proposed research aims were to describe "breast cancer meaning-making, attitudes, and behaviors" that were demonstrated by older breast cancer survivors.

Research Questions

The study aimed to provide an in-depth and comprehensive description of meaning-making, attitudes, and behaviors, through the use of a secondary analysis of transcribed interviews and current literature to answer the research questions listed here.

- a. What meaning do breast cancer survivors, aged 60 years and above, give to their daily lives?
- b. What is the effect of their meaning-making on their attitude towards survivorship?

c. What is the effect of their attitudes on their performance of their daily activities?

Parent Study

The parent study, which involved the conduct of semi-structured interviews with community-dwelling individuals who had been treated previously for breast cancer, was conducted during the period 2016-2018. Data were analyzed using qualitative fundamental analysis. The purpose of this study was to inform the co-creation of a mailed, biobehavioral intervention that was designed to support the assessment of unmet needs, engagement in meaningful activities, and overall well-being during breast cancer survivorship. Transcripts from a subset of the interviews that had been collected during this study were analyzed to answer a new research question; therefore, a discussion of the parent study introduced the current case study approach.

Background

The Susan G. Komen Foundation for Breast Cancer Research funded a biobehavioral intervention study named “thrive-at-home”, which had been focused on reducing the impacts of symptoms on the performance of meaningful activities and overall well-being after breast cancer treatment. The study had been designed by a nurse-led team at UMASS Amherst. The goal of the parent study had been to create an “off-the-shelf” toolkit for people who were undergoing treatment for breast cancer. The toolkit would help them to create environments that supported their well-being and ability to engage in activities and life roles that were important to them. The research resulted in the production of 24 edited and fully transcribed interviews (of 19 women and five men with breast cancer); all of the interviews had been conducted between 2016 and 2017.

Design

The parent study, which was called ‘Reducing symptom impacts on sedentarism and associated biomarkers following breast cancer: phase 1’, had been approved by the UMASS Amherst internal review board. The exploratory, community-based participatory study had been designed in partnership with breast cancer patient advocates and a multi-disciplinary team of clinicians, researchers, and technologists. The study involved the conduct of semi-structured interviews with breast cancer survivors. The interviews included questions on breast cancer history, activity patterns, changes since breast cancer diagnosis, and symptom management. The interviews lasted for one to two hours on average, and they had been conducted either by phone or in-person in the study volunteers’ homes.

Sample

For the study described in this thesis, once the university review board had approved it, transcripts from the parent study were received from a faculty in the nursing college at the university. The inclusion criteria for this study were that participants were white women aged 60 years or above who had received a breast cancer diagnosis at least one year previously.

Methods

The parent study had been a community-based study of survivors that had added to our understanding of breast cancer survivorship. Recruitment involved advertisements in local newspapers, communication via email lists held by local partners and cancer patient advocates, community/public publication boards, and other public spaces. Participants had been offered multiple ways in which they could participate and the type of interview (phone or face-to-face) was determined by the participant. To maintain research

confidentiality, the parent study researchers protected their participants' information from unauthorized access and disclosure.

Interpretive content analysis was applied to the described data (Hsieh & Shannon, 2005). The result was a descriptive summary of breast cancer survivors' views on the management of symptoms and ways to reduce sedentarism during breast cancer therapy.

Summary

The data that had been collected during the 2016-2018 parent study was analyzed through the use of qualitative, fundamental, content analysis. The parent study had been approved by the UMASS Amherst internal review board. Study volunteers had been asked about their experiences of breast cancer diagnosis and treatment, cancer-related symptoms, the effects of cancer therapies, energy levels and daily responsibilities, and their home and occupational environments. The data that had been collected in the parent study was appropriate for use to answer new questions about breast cancer survivors' meaning-making, attitudes and behaviors in their daily lives. The women had shared fully their experiences of breast cancer over the period from the date of diagnosis to that of the interviews, which helped me to conclude how each participant had felt and reacted to having breast cancer.

Case Study Method

The researcher in this study aimed to better understand what factors influenced and supported well-being during breast cancer survivorship. The research question was: "How do older women with breast cancer experience their daily lives?" Stake's case study approach was used to describe older breast cancer survivors' experiences in-depth (Stake, 1996). The researcher used categorical aggregation, which required the collection of

several instances from the data to support the issue that was relevant to older breast cancer survivors' meaning-making. The analysis included reading, writing memos, coding and making themes, interpretation, and representation (Creswell & Creswell, 2013). Lincoln and Guba (1985) criteria were used to ensure the trustworthiness of the study data. The criteria were credibility, transferability, dependability, and confirmability. The case study methodology and data trustworthiness are discussed in this section.

Theoretical Framework

The parent study was a phase 1 pilot of an interventional study that was focused on how breast cancer survivors lived in society. Preliminary analyses involved the performance of descriptive and interpretive analyses of the content of the interviews to catalog any unmet needs, requests regarding packaging/content for the toolkits, preferences regarding words that researchers used to describe the modules, etc. The researchers who had performed the parent study had been interested in unmet needs and barriers to well-being and engagement in priority activities, which might be addressed through the use of a mailed toolkit. Therefore, symbolic interaction was used in the current case study approach to explore older breast cancer survivors' meaning-making, attitudes, and behaviors in their daily lives. The symbolic interactionism framework was applied to discover how survivors made meaning of their experiences and what attitudes and behaviors they exhibited, based on the assertion that cultural norms influenced individuals.

Research Design

Anthony and Jack (2009) conducted an integrative review to identify nursing studies that used case study methodology. They found a large number of case studies in

nursing research, and some studies cited the Stake approach as a methodology for answering research questions (Boblin et al., 2013). Stake (1995) defined a case study as “a specific, a complex, functioning thing”; a particular case has its own “integrated system” with "a boundary,” “working parts” and purpose (p. 2). According to Stake (1995), a case study could follow either an intrinsic or an instrumental approach. The intrinsic case study approach focuses on the case itself. The researcher tries to understand a particular phenomenon without expanding their focus to related parts around the phenomenon. In contrast, an instrumental case study focuses on the related parts of a phenomenon. The researchers examine a particular issue related to the phenomenon. Therefore, an instrumental case study is more holistic than an intrinsic study. The current case study was an instrumental case study that aimed to describe the phenomenon of older breast cancer survivors’ meaning-making, attitudes, and behaviors. I used symbolic interactionism as the analytical lens and the Stake case study as a methodological lens, which emphasized the importance of having a conceptual structure and research questions (Stake, 1995).

Conceptual Structure

Stake (1995) maintained that filling knowledge gaps in literature, organizing a case study process in a manner that helped with data analysis, and interpretation required a conceptual framework. The construction of a useful framework begins with a statement of the study's aim or hypothesis (Stake, 1995). However, an excellent conceptual framework begins with a statement or questions about an issue (Stake, 1995). An issue helps to draw individual attention to the complexity of any experience. According to Stake (1995), "people and systems become more transparent during their struggles"

(p.16). The foci of an instrumental case study are the issues (Stake, 1995). Researchers use issue statements or questions to remove uncertainty about a phenomenon. In this instrumental case study, the issue was breast cancer. The author wanted to identify any meaning that was made by survivors and how making-meaning influenced survivors' attitudes and behaviors. The study questions were in line with Stake's view that the issues could represent cause-and-effect relationships.

Research Questions

The study provided an in-depth description of older breast cancer survivors' meaning-making, attitudes, and behaviors through a secondary analysis of interviews and literature to answer the following research questions.

1. What meaning do breast cancer survivors, aged 60 years and above, give to their daily lives?
2. What is the impact of their meaning-making on their attitude towards survival?
3. What is the impact of their attitude on their behavior during their daily activities?

Trustworthiness

Qualitative research is a subjective method that mainly relies on the researcher to translate a particular phenomenon into measurable data. Qualitative researchers' roles vary; there are advocate researchers, biographical researchers, and analytical researchers. It is difficult to ensure the credibility of research findings that are obtained by the performance of one of these roles. Doubt is always created when one represents a personal story. Therefore, it is vital in qualitative research to show trustworthiness or

rigor. Trustworthiness is defined as the audience's level of confidence in particular research findings (Guba & Lincoln, 1985). The researchers must apply a strategy to specific research to control rigor. Therefore, Guba and Lincoln (1985) identified four criteria that must be met to establish research trustworthiness. These criteria were credibility, dependability, confirmability, and transferability. The rigor of the proposed research relied on the rigor of the data that was collected during the parent study and the rigor of the planned data analysis.

Credibility

Credibility indicates the findings' accuracy. It requires the use by researchers of certain techniques to convince the audience that findings are trustworthy. Therefore, Guba and Lincoln (1985) suggested five strategies to establish study credibility. The strategies are the methods that should be used to ensure the truth of findings. They are triangulation, peer debriefing, negative case analysis, referential adequacy, and member checking (Guba & Lincoln, 1985, p. 301). This study author triangulated the data sources, investigators, and theory. This issue is discussed under the triangulation subheading.

Transferability

Transferability means that the qualitative research findings can be applied to other contexts, situations or populations (Guba & Lincoln, 1985). However, there is no absolute transferability (Guba & Lincoln, 1985). Therefore, qualitative researchers should provide an in-depth description of how the study was conducted so that readers can decide whether or not the study applies to other situations (Guba & Lincoln, 1985). In this study, the data analysis process, which followed the sequence of memoing, coding and theme formation, and interpretation and presentation of the findings, provided a thick

description that was based on the raw data. This clear process improved the transferability of this study's findings.

Dependability

Dependability refers to the reliability of a particular study (Guba & Lincoln, 1985).

Reliability in qualitative research means that different researchers, using the same data, would produce the same findings. It is ensured through the provision of detail in the study description. Qualitative researchers must provide sufficient detail about their research to ensure that others can review and critique the work (Guba & Lincoln, 1985). In this study, the author gave thorough information regarding the current stage of the parent research and the current study to give readers a complete description of the research process.

Confirmability

Confirmability refers to the readers' ability to be sure of study findings. It is built through the delineation of the findings process (Guba & Lincoln, 1985). Through the data analysis process, I made memos for each interview, which served as an audit trail. Memos and themes were organized in a manner that helps the reader to observe the study's findings. In addition, I relied on experts to validate my conclusions about older breast cancer survivors to prevent bias. I discussed this study's findings with some committee members who are experts on older breast cancer survivors' experiences.

Triangulation

Qualitative research has a subjective design that requires authoritativeness to present a trusted interpretation that can persuade an audience. Researchers need to show readers that they can rely on the available data without prejudice. Qualitative researchers apply

triangulation practices to enhance data interpretation. To establish trustworthiness, the following practices were used (Denzin, 1984): data source triangulation, investigator triangulation, theory triangulation, methodology triangulation, and member checking.

Data Source Triangulation

Data source triangulation is established by reporting the exact meaning of the phenomenon to each participant during interviews to see how they interact in different ways (Stake, 1995). I analyzed nine interviews with breast cancer survivors who were aged 60 years or above at the time of the interviews. This quantity of interviews provided insight into older breast cancer survivors' experiences. In addition, the interview questions were organized to add in-depth descriptions and data collection rigor. The parent study team had drawn up holistic research questions that touched on breast cancer history, symptoms, daily activities, and the survivors' management of their environments.

Investigator Triangulation

Investigator triangulation means using different investigators in one project. Typically, a team acts as an evaluation tool for any research. For the triangulation, each researcher analyzes the research with the use of the same qualitative method (in this case, a transcribed interview). Then, the researchers compare their findings. If the findings from different perspectives produce the same conclusion, then validity is established. On the other hand, if the findings vary considerably, further investigation is required to reveal the "real" and "certain" findings. Dr Walker, one of the research committee members, analyzed and transcribed the parent interviews to establish interpretations. Investigator triangulation was enacted through a discussion of the new findings with Dr Walker to improve the trustworthiness of the results.

Theory Triangulation

Theory triangulation requires the use of different viewpoints by recruiting expert perspectives from outside the research field. It is assumed that individuals from different fields draw different perspectives. Therefore, validity is established when researchers from other disciplines reach the same conclusion. The author consulted with experts on the methodology. The experts' views of the methodology could add to the use of the chosen social theory (symbolic interaction theory) through analysis of the meaning-making, attitudes, and behaviors of senior breast cancer survivors.

Sample

The sample consisted of transcripts of previously recorded interviews from the parent study, which was entitled "Reducing symptom impacts on sedentarism and associated biomarkers following breast cancer: Phase 1." The study was conducted in 2016-2017 with participants who had been treated for breast cancer. The study involved the performance of semi-structured qualitative interviews that were of lengths between one and two hours on average; some had been conducted by phone and others in-person. The interviewers used an interview guide that explicitly asked about the general experiences of breast cancer survivors during diagnosis. There are 24 edited and fully transcribed interviews on file, which were prepared by the research team. The study plan involved the collection of demographic data that included age at diagnosis, age at the time of the interviews, gender, time since diagnosis, number of children at the time of diagnosis, and type of cancer treatments received.

Data Collection

The transcribed interviews are available on UMASS's secure online storage system. Data was not collected until the present author received approval from the internal review board to conduct the study. To ensure privacy, all of the transcribed interviews were reviewed for identifying information. Any identifying information was eliminated. Additional information required for the study was collected through Dr Walker.

Data Management

Data in qualitative studies is accumulated, which makes the transcripts challenging to read. The length of a transcript of a one or two-hour interview comprises about 25 pages of single-spaced font. Reading the transcript is a challenge because more than one participant is involved. Therefore, organization of the data required management. Different types of qualitative data analysis software were available. This software can be used to organize and store data efficiently, and therefore to manage an enormous amount of data. Its use also supports researchers in coding data in a way that assists their thinking. For this study, I used NVivo software to organize the data. Transcripts of 11 participants were uploaded to NVivo; however, I coded and categorized the data. Transcripts of the interviews with nine participants, who identified as women and whose ages could be verified, were uploaded to NVivo. Then, the author analyzed the uploaded data to produce codes and themes.

De-identification of Data

I used transcribed interview data for this study. This transcribed data was saved in the UMASS online storage system and reviewed to protect participants' privacy. The author eliminated any data that might identify the participants before using the data. Also,

participants' identities were protected through the assignment of fake names. The parent study obtained permission from the UMASS internal review board in 2017. However, the protocol had been closed. Therefore, I obtained further board approval to access the data for the current study.

Data Storage

The large amounts of qualitative data that had been collected could have caused difficulties in document management and access and might have led to the unintended revelation of participants' identities. Since the research involved analysis of secondary data, 11 transcripts, each more than 20 pages in length, had to be stored. Therefore, the data was saved on the researcher's laptop with a secure password. Only the researcher could access the data.

Data Analysis

There were two aims of the analytical strategy of the case studies. The first was to make meaning of the case under study by connecting important data and study concepts. Second, the analytical strategy helped to guide the data analysis. There was no specific time at which the data analysis had to begin (Stake, 1995). "The nature of the study, the focus of the research questions, the curiosities of the researcher pretty well determine what analytical strategies should be followed: categorical aggregation or direct interpretation" (Stake, 1995, p.77). Through utilization of these two strategies, it is expected that correspondences and patterns will develop regarding a specific issue. In categorical aggregation, the researcher aggregates instances of one issue or hypothesis. In this case, these instances were related to the meanings of breast cancer experiences. With direct interpretation, patterns are established immediately by looking at documents. For

this study, the experiences of older survivors of breast cancer were analyzed through the use of a categorical data strategy. The author read and wrote memos, coded, categorized, and established themes (patterns) in the transcribed data. This resulted in in-depth descriptions that were limited to what could be derived from the transcripts.

Reading and Writing Analytical Memos

Data analysis of qualitative research has an intuitive aspect, although data must be described in its natural condition. Researchers must be involved in the data to understand a phenomenon under study. In this secondary study, the stories were not solely about the older survivors' meaning-making, attitudes, or behaviors, although they mentioned multiple reactions to their experiences that occurred at different periods during their journeys. Therefore, before I began line-by-line coding, I went through the stories and identified how the survivors narrated their experiences from their perspectives at the time of the interviews. I read the transcripts several times and through reading, memos were written in the margins of the transcripts highlighting my thoughts and insights about participants' experiences. Then, I identified which parts of each story might reference the meaning-making process, attitudes, and behaviors. Although only these identified pieces of each story were coded, every such piece of each story was coded line-by-line to ensure that I understood how older survivors made meaning of their breast cancer experiences and reacted to them.

Data Codes and Themes

This study used categorical aggregation and naturalistic generalization to analyze the data. The analysis process included line-by-line coding, focus coding, and category aggregation (production of themes). After absorption of each participant's complete

story, I produced line-by-line coding. This initial coding process was vital because it enabled me to generate as many ideas as possible from the data. Initial codes were converted to codes that represented the most salient ideas, which were then categorized into groups to produce broad themes. These focused codes were aggregated into about 15 categories and collapsed into eight themes.

Table 4 Focused codes and aggregated categories/themes

Codes	Aggregated categories (themes)
Lack of provider attention	Breast cancer means death or close to death
Lack of confidence in healthcare provider	Survivor-provider relationship
Survivor awareness	
Family support	Social support
Friend support	
Social program support	
Meaningful relationships	Dignity
Treatment with respect	Good prognosis
Anger	Grief attitudes
Resistance	
Depression	
Coexistence	
Physical behaviors	Everyday work
Emotional behaviors	
Speak up	Biographical work

I linked these findings to the symbolic interactionism view and to the literature to make sense of the older breast cancer survivors' experiences. Findings such as the meaning of death, survivor-provider relationship, social support, good prognosis, grief attitude, and behaviors have been discussed in the literature. For the finding of the meaning of dignity, which is rarely shown in the literature, I looked to the compatibility among my finding, literature findings, and dignity theories. Studies have shown that dignity is a personal characteristic that varies from person to person, and literature represented its effect on older breast cancer survivors (Jacelon, 2009; Walker, 2015). Finally, findings were displayed in a table with a composite case study, as explained in Chapter 4.

Summary

This study was a descriptive instrumental case that was guided by symbolic interaction theory. It analyzed interviews that had been conducted previously with nine breast cancer survivors in a study called "Reducing symptom impacts on sedentarism and associated biomarkers following breast cancer: Phase 1." Most of the participants were from New England. The parent study had been conducted between 2016 and 2017. Data was received in organized files. To preserve the confidentiality of the participants, the researcher kept data on her computer under a secure password. The author eliminated participants' identities by replacing real names with fictitious versions.

For the analysis, Stake's (1996) analysis procedure was used to represent the issues that were related to older breast cancer survivors. To perform the procedure, I began by reading the transcripts several times. The reading was interspersed by memoing

and the production of line-by-line codes. Codes were then aggregated and collapsed into broad themes that represented the salient ideas of the survivors.

To ensure the reliability of the findings, Guba and Lincoln (1985) criteria were applied. These were: credibility, dependability, confirmability, and transferability. Also, to present unbiased results, the author triangulated the data source, investigators and theory. Findings encompassed eight themes and 15 categories. The themes were: breast cancer means death or close to death; survivor-provider relationships; social support; dignity; good prognosis; grief attitudes; everyday work; and biographical work behaviors. The categories were: lack of provider attention; lack of confidence in healthcare provider; survivor awareness; family support; friend support; social program support; meaningful relationships; treatment with respect; anger; resistance; depression; coexistence; physical behaviors; emotional behaviors; and “speak up”.

CHAPTER 4

RESULTS

The purpose of this qualitative case study research was to explore the breast cancer experiences of nine survivors who were aged 60 years and above. I analyzed secondary data to examine how these survivors had used their previous life experiences to make meaning of their breast cancer experiences. Participants described their experiences through stories to provide a perspective of issues that were connected to a particular event (Stake, 1996). The secondary data analysis of nine participants' stories identified meaning themes that were associated with influence factors, attitudes and behaviors that they had used to cope with breast cancer. Each survivor identified meaning, attitude and behaviors that addressed my three research questions, which are listed below.

- a. What meaning do breast cancer survivors, aged 60 years and above, ascribe to their daily living?
- b. What is the impact of their meaning-making on their attitude toward survival?
- c. What is the impact of their attitudes on their behavior in their daily activities?

As I analyzed the survivors' stories, it became clear that they used their experiences garnered from their global beliefs regarding breast cancer, relationships with healthcare providers, and families to persist through their survivorship. Participants were able to describe how their global beliefs regarding death, and their relationships, defined their survivorship trajectories. To set a stage, I present a brief description of each survivor's background followed by their narratives about uncertainty, survivor-provider relationships, and family and career influences.

Survivors' Profiles

The data within the current study supports the belief that older breast cancer survivors hold mature views about their breast cancer experiences. Notably, although they were in the same age group, there were differences in their coping behaviors. Presented below is a brief description of each survivor's case. Random pseudonyms were given to each participant to ensure their anonymity.

Amber was a breast cancer survivor in her 60s. During the data collection, Amber was in her fifth year of survivorship. Her breast cancer had been identified as ductal in situ. Amber's story reflected the importance of relationships during her breast cancer experience. Her narrative also highlighted how others could impact inner beliefs and behaviors.

Aspen was a survivor nurse with advanced breast cancer. At the time of data collection, Aspen was in her 60s and she had been diagnosed with breast cancer four years previously. Nursing and the advanced stage of her cancer were pertinent parts of her identity and reactions. Aspen used her nursing knowledge, experience and connections to deal with her breast cancer experience. The advanced stage of her cancer affected how Aspen interacted with breast cancer.

Celeste, in her 70s, was in her fifth year as a breast cancer survivor. Her breast cancer was at an early stage. Like other survivors, Celeste discussed different influence factors and beliefs about breast cancer, yet she saw her breast cancer experience through her social worker specialty lens. Celeste discussed her experience of breast cancer with dignity and from the perspective of social relations and the purpose of life.

Judy was in her 70s and was in her seventh year of survivorship. She was unaware of her breast cancer type. Judy's age and the number of cancer cases that she had been acquainted with in her milieu formulated her belief about cancer, which was "a negative connotation."

Sara was in her 60s during the interview and she was in her seventh year of survivorship. Her cancer had been diagnosed as infiltrating lobular carcinoma. Sara highlighted the importance of relationships in the social and healthcare sectors. Her story was filled with different social circumstances that she had faced during breast cancer.

Mary had undergone a long journey with different cancer types. During the interview, Mary was still under medical supervision because of her body's susceptibility to produce cancer. Besides a lot of pain from her long journey with different types of cancer, she and her angry partner discussed the persistent false medical results that she had faced. Therefore, Mary's story reflected deep feelings of depression.

Donna, in her 60s, had been a breast cancer survivor for over ten years. She was a single mother with two grown-up children, one of whom had a neurological condition. Donna's story focused on breast cancer and the motherhood aspects. Her feelings of depression could be seen through the ways in which she used words such as "healing."

Janet had been diagnosed with ductal carcinoma in situ. She had received her original diagnosis when she was young, then after around 20 years, the same type recurred when she was in her 60s. Janet's narrative showed depression about breast cancer because she believed she did not have enough fun.

Emily is a survivor of recurrent breast cancer, which was now at an early stage. She was in her 60s. The first diagnosis had been made over 20 years before. Over the previous two years, she had been diagnosed with other cancer types, which she stated were in “early” stages. She described herself as a self-advocacy survivor. Her story reflected an independent personality who was able to deal with a traumatic event such as breast cancer.

Findings

As I began to develop and unpack the various themes that emerged from the data, participants’ stories revealed how survivors made meaning of and responded to the breast cancer experience. Literature on breast cancer shows that the stories of older breast cancer survivors go unheard within studies that use mixed-age groups, because the voices of young and adult groups dominate. However, this dissertation study positioned their stories as assets that defied the dominant young group narrative. Participants’ stories showed the meaning of breast cancer and the attitudes and behaviors of older women. Four significant themes emerged in response to my first research question, which searched for an understanding of how breast cancer survivors aged 60 and above-made meaning of their survivorship. These themes were: breast cancer means death or close to death; a survivor-provider relationship; and social support, which helped to formulate the theme of dignity. Also, a fifth theme emerged, which was the meaning of a “good prognosis”, in which time played a vital role.

In answer to my second research question, which covered how meaning shaped survivors’ attitudes, from the data I generated different grief attitudes, such as anger, resistance, depression, and coexistence themes. My third research question asked how

survivors reacted and connected to breast cancer meaning and attitudes in their behaviors. The data analysis yielded two themes: “de-distress” life, and communicate breast cancer experiences.

Table 5 presents the meanings, attitudes, and behaviors that were shown in the data, and which of the participants showed each of these. The meaning of breast cancer was classified into five themes and eight categories. Meaning themes emerged from the breast cancer phenomenon: breast cancer means death or close to death, a survivor-provider relationship, social support, dignity, and good prognosis. Meaning themes were categorized as lack of provider attention, lack of confidence in healthcare provider, survivor awareness, family support, friend support, social program support, meaningful relationship, and treatment with respect. Women's grief attitudes were categorized as anger, resistance, depression, and inner views of coexistence. Finally, the women's behaviors were arranged in two themes, everyday work and biographical work, which were broken down into three behavior categories: physical, emotional, and speak up.

Table 5 Meanings, attitudes, and behaviors shown by older breast cancer survivors

Themes	Category/ies	Survivors
RQ1: What meaning do breast cancer survivors, aged 60 years and above, give to their daily living?		
Breast cancer means death or close to death		Janet, Celeste, Aspen, Emily, Amber, Donna, Sara
Survivor-provider relationship	Lack of provider attention	Aspen, Amber, Sara, Emily, Judy, Celeste, Janet
	Lack of confidence in healthcare provider	Amber, Mary, Celeste, Aspen, Donna
	Survivor awareness	Celeste, Aspen
Social support	Family support	Aspen, Amber, Judy, Mary, Celeste, Sara, Janet
	Friend support	Amber, Donna
	Social program support	Janet, Celeste, Aspen, Sara, Amber, Emily, Mary
Dignity	Meaningful relationships	Amber, Emily, Celeste, Janet
	Treatment with respect	Aspen, Donna, Amber, Sara
Good prognosis		Emily, Mary, Donna, Sara
RQ2: What is the impact of the survivors' meaning-making on their attitudes towards survival?		
Grief attitudes	Anger	Amber
	Resistance	Judy, Aspen
	Depression	Mary, Donna
	Coexistence	Celeste, Janet, Sara, Emily
RQ3: What is the impact of the survivors' attitudes on their behaviors in their daily activities?		
Everyday work	Physical behaviors	All
	Emotional behaviors	Aspen, Celeste, Mary, Emily, Donna
Biographical work	Speak up behavior	Janet, Aspen, Emily, Sara, Donna

Breast Cancer Means Death or Close to Death

In this section, I discuss the participants' meaning of "breast cancer means death or close to death". The use of the word "death" in this way signifies that for these survivors, the diagnosis and breast tests had led them into a no-hope frame of mind. Close to death meant that survivors were uncertain whether they would live or die. The sense of being close to death impacted the women's survivorship strategies. The meaning of death was a salient theme. Several meanings of death were discussed in different ways in the survivors' stories. This prominent theme in the older survivors' narratives led to one meaning: death or close to death.

Seven participants indicated during the diagnosis or treatment period that breast cancer meant death, and this sense ultimately impacted the quality of the lives of two survivors. Six survivors held views similar to Janet's: "C [cancer] always means death or at least close to death." They were afraid that they would die due to breast cancer. Even though the survivorship rate has improved for breast cancer patients in recent times, having breast cancer had made the survivors aware of their mortality. Consistent with the literature, the participants viewed breast cancer as a traumatic event that could cause one of them to lose their life or at least some aspect of normality (Acebedo et al., 2021; Arikan Dönmez et al., 2022; Gershfeld-Litvin, 2021; Liamputtong & Suwankhong 2016).

Several survivors affirmed that they valued their death's meaning of survivorship. Some survivors said that they were living in the moment as they were uncertain about the future. For example, Celeste said that "nobody has lived forever." She went on to say, "I'm living every minute present. No, it's not like that, but I do think of it much more often than I used to."

Celeste, in her narrative, valued her current life since she doubted whether she was destined to live much longer. Aspen echoed this sentiment of loss-of-life belief and living in the moment as she described her stage of breast cancer as "isn't great. I mean, I have positive lymph nodes, I know that, but I'm just going to live every day as much as I can until somebody tells me otherwise."

For Aspen, life was short due to advanced breast cancer. Therefore, she considered it essential to focus on her daily life rather than to think about an uncertain future, since death was close. Like Aspen, Emily emphasized the relationship between death and advanced stage breast cancer when she said: "If you read the literature at all, four or more nodes is considered very bad news, and over ten, you know, they just expect everybody to die." Similarly, Amber referred to the notion of death by describing the end of her radiation treatment as being "reclaimed by life." It is well known that the concept of life is linked to that of death. So, when Amber mentioned that her life had been restored, she indirectly referred to the idea of death as inherent in breast cancer.

In a sign of how significantly the idea of death influenced the quality of the survivors' lives, two participants explained the effect of death belief on their sleeping patterns. Donna stated: "I remember my sleep [was] interrupted by my fears of dying and leaving my kids without a mom." Coping was significant to Donna as she struggled at the beginning of her breast cancer experience. Like Donna, Sara discussed how the death idea influenced survivors' coping strategies. To override the belief that breast cancer caused death, Sara indicated that she preferred to distract herself. She said: "Light is always good...I always like to be around things that are alive, like having a bird in a

birdcage or a fish tank or plants, things like that, especially if you're going – this time of year, if you're going through it, everything's dead outside."

Summary

Survivors believed that breast cancer meant death or being close to death. Most participants described the power of death's meaning in their life. Uncertainty about the future made survivors focus on their present life. Some participants in the study decided to live in the moment and enjoy life since their continued existence was not secure, while others relied on their treatment plan decisions. The decisions they were required to make in their life with breast cancer made them feel that death was a vital theme that they needed to deal with as best they could. Ultimately, the closeness of death influenced how survivors looked toward breast cancer and life in general, and it affected each participant's beliefs, attitudes, and behaviors. The meaning of death inevitably helped to guide and navigate the survivors through their lives after diagnosis.

Survivor-Provider Relationship

The second theme that informed my first research question was focused on the survivor-provider relationship. The term "provider" in this study referred to any healthcare provider on which survivors relied for medical or rehabilitation interventions during their survivorships. The survivor-provider relationship was the interpersonal relationship between the provider and survivor. In this study, although some survivors had positive relationships with their medical providers, most survivors reported negative interactions with the providers and they felt that the providers treated them poorly when they were in need.

Lack of Provider Attention

Seven survivors shared stories about their communication experiences with the providers. For most survivors, communication challenges were rooted in the provider's misunderstanding of the survivor's needs and their availability. For example, Aspen said: "I had problems with my relationship with my oncologist." The oncologist misconceived the reason for Aspen to seek a second opinion. She said: "I told my oncologist I was going to Boston for a second opinion; when I came back, I think she was surprised, because she looked at me and said, 'So are you gonna have treatment here?' It wasn't taken well that I asked for a second opinion." Aspen considered that the oncologist had thought that Aspen wanted to change to another oncologist due to a lack of trust.

Two participants also discussed the healthcare provider's lack of information during breast cancer treatment. For some survivors, insufficient information was a main issue with the healthcare providers. Amber, for example, mentioned that the provider was not interested in providing her with the biopsy result. She said that, after she had undergone the biopsy, "I called up [the provider office] on the third week" in order to arrange a phone consultation instead of coming to Boston, and during the conversation, she asked if the biopsy result was available, "and the answer was 'yeah. You had an 11.'" Amber was not happy with the lack of support from her provider. She said: "She [the provider] hadn't called to tell me because she wanted me to come to Boston. Here the nurse is saying the results came in the week before and they hadn't called me."

Emily also discussed a lack of information. She stated that she "went to several surgeons" because "they did not give me any information" in terms of making choices and trying to decide which kind of plastic surgery she would like. Emily's surgeons did

not provide enough information, so she felt that she could not decide on the type of plastic surgery she should choose.

Judy described the negative attitude of a nurse practitioner by stating that “she's just not there.” She then emphasized that the provider had not been attentionally available during various visits: “I went to her for my physical a couple of weeks ago, she didn't seem to know very much about [Judy's status]”... “that's why I was going to call and ask to speak to my primary care person, get some help.” Similarly, Celeste said that her provider had not responded to her call when she was in the emergency room suffering from respiratory problems.

Janet said that during her second diagnosis, she had discussed different situations that had occurred at her first diagnosis. Janet expressed healthcare attitudes regarding her care plan: “I just didn't like how I was made to feel like I was on a treadmill going 100 miles an hour.” She went on to say: “In [X] they have this schedule, and they want to move me along. There was no mention of a second opinion, there was no mention of bringing somebody when you want to come talk to me. There was no mention of any of that.”

Not all relationships were negative. Celeste talked about a positive relationship that she had with her oncologist. The oncologist consistently asked about Celeste's sexual intimacy. "I will say my oncologist brings it up all the time, but it's been – yeah, no. I'm good. It's an important part of our relationship and very positive." Sara also talked about the nurse practitioner's role in explaining sexual intimacy with her and her partner.

“My nurse practitioner ... was the one that sat us down for an hour or two right before chemo to explain everything that was going on and stages and what was

going to happen ... she said we had to use condoms and be really careful [to avoid pregnancy].”

Janet discussed the different relationships she had with healthcare providers during her first and second periods of cancer. She discussed the awareness among providers of the difficulties that patients have in understanding what healthcare providers say. During her first cancer experience, she said that the provider had been more understanding about her situation; she recounted the surgeon’s words:

“‘When you come see me, make sure you bring somebody with you.’ She even said to me, ‘you can get a second opinion’, so there wasn't any of this fear or anything else to stifle me really understanding all of this and getting to know it. That made a big difference.”

Janet spoke of the characteristics that each provider should have to offer high-quality of healthcare and good patient satisfaction. Janet's story shows that a provider's sensitivity to the patient’s needs may help the patient to accept or survive breast cancer.

Lack of Confidence in Healthcare Support

Five survivors of breast cancer who were involved in this study indicated that the healthcare system did not support them as they expected and that this experience led them to doubt the healthcare system. The survivors felt uncertain about health providers’ support due to a perceived lack of competence. In their stories, the survivors affirmed and reflected on the “lack of confidence” they had in healthcare providers. For example, Amber had "no faith" in doctors because of the conflicts between providers' care plans. She stated:

“In October, I went and met this new doctor. I don't know who she was, but suddenly I'm meeting with this new doctor. [X] and [X] were both with me. She

says this to me twice before it makes sense to me. She said 'let's schedule your chemo. Let's schedule your chemo.' I finally said to her, 'what?' She said 'your chemo.' During the summer, I had asked the surgeon if I needed chemo, and he told me no."

When Amber explained her experience with the provider, she said that she was her own "sole support" to ask an uncertain provider to reassess the tumor to make a proper care plan. Similarly, Mary was not confident regarding her provider's level of knowledge. She stated that she was unhappy with the periodic magnetic resonance imaging (MRI) because of "a lot of false readings." Therefore, Mary decided that she was "not doing MRIs as often." Celeste stated: "I still do feel a little anxious. I think sometimes, 'Well, how will they know if it's popping up somewhere else?'" Several survivors emphasized that they required a healthcare provider with sufficient knowledge and skills to reduce their uncomfortable feelings about breast cancer.

Two survivors were unsure about the success rates of breast reconstruction. Due to historical data, survivors' assumptions made them uncertain about breast reconstruction. For example, Aspen said: "I didn't want reconstruction 'cos I didn't feel that reconstruction was terribly successful in our area. A lot of bad reports." Aspen was afraid that she might require "multiple surgeries" and because she feared "a horrible scar...[I decided] that I was not gonna have reconstruction." Donna said: "I've heard of a lot of women who do reconstruction who have a hard time with it. Infections, and surgery after surgery. And I guess for women to feel like that is an option. That they don't have to do reconstruction." Those survivors who were interested in breast reconstruction decided

that it was not a good option for them. They felt that they could put themselves in danger because they considered the providers to lack competence.

Despite the widespread lack of confidence among the survivors in healthcare providers, a few participants had some positive thoughts regarding providers' competence levels. For instance, Sara described her primary care nurse practitioner's positive support and her confidence in the nurse even though the nurse saw many patients.

"It's all on her monitor, her patients come up. But she's been so supportive and great. I feel like if there's anything – because I have to go through her before I go to oncology, like if there's something that was going on, I would call oncology and say, 'I'm feeling a little – I don't know – rundown.' They'd say, 'Well, you've got to go through your primary.'"

This story showed that Sara was confident to be seen by the practitioner nurse because the nurse knew everything about Sara's status.

Survivor's Awareness Level

Survivors' awareness level was the third category of the survivor-provider relationship theme. Survivors who were aware of breast cancer, particularly through their professional training, were more aware of the nature of the disease and were more inclined to perceive a lack of attention from healthcare providers or to notice the nature of human relationships. Two participants showed how their work specialty had impacted their ability to understand, cope with or even survive with breast cancer. For example, Celeste, who shared her experience as a specialist in sociology and breast cancer survivor, talked about the influence of being a social specialist in understanding the breast cancer experience.

“You know, right away I could tell that there was something wrong. I was reading about my profession, I'm a [specialty] and was a therapist for a long time, so I'm pretty good at reading, but I could read that technician's face and body. I knew there was something bad. I never felt like I needed to do the support group. I thought about it, but then I thought, ‘Well, I can't do that much socializing.’ I've already got my husband and friends, you know. So, yeah, I didn't want to do that, but I thought, ‘Well, I guess if I didn't have my husband and friends, that's maybe where I would have turned.’ Because no matter how introverted you are, you definitely need that social and emotional support.”

Celeste considered that life involves events in which people require a little but not huge support from others to survive. In other words, Celeste felt that for her, it was enough to be supported by close relatives. Also, she knew the time at which it would be appropriate for her to ask for more help. Due to her specialty, Celeste was familiar with human relationship boundaries.

Aspen, the survivor who worked in the healthcare system, also used her specialty identity to determine the effectiveness of breast cancer treatment. She stated: "As a [specialty name], I thought that they had radiation better than they did back years ago. It's no better." Also, when she described chemotherapy side effects, she said: "How would I know that that's not how it's supposed to be? Even as a [specialty name]. [But] once I got the muscle spasms, I knew something was off." She thought her professional background would help her to understand the side effects of breast cancer treatment, but her training was not sufficient for her to comprehend her experience with breast cancer.

In contrast, Aspen's healthcare specialty aided her to access and connect with good services and people. She talked about how she related to a "fabulous" doctor:

“I saw a fabulous doctor at [healthcare center] and that was only 'cos I had connections. An old nurse, we used to work in [place] ... So, she got me hooked up... and this doctor was fabulous. It was somebody I could talk to. I said I wanted somebody I could talk to ... I wanted to talk to somebody that would talk to me back and she was exactly what I needed. She was perfect.”

So, being a part of the healthcare system positively supported Aspen’s survivorship.

Summary

Most participants in this study discussed their negative relationships with healthcare providers, which indicated a lack of attention and confidence, and survivors' awareness. The stories indicated the high expectations of healthcare providers among the survivors. The survivors became increasingly anxious if providers were unavailable, did not pay full attention to them or had insufficient information about their case. Some survivors considered that the providers did not give them enough attention during their medical meetings. Providers' misunderstandings of the survivors' needs were also discussed. Survivors felt that they were left to face their fates without full attention or information.

Lack of confidence was a massive concern among the survivors who contributed to this dissertation. Uncertainty about healthcare providers' competence made survivors lose faith in their providers. Therefore, some survivors were their sole support during the treatment period; some depended on themselves to seek confident providers, while others searched for high-quality providers and treatments. Moreover, some survivors took responsibility for deciding about their treatment due to false readings from their

providers. However, some of the survivors' experiences with their healthcare providers were positive, particularly concerning particular survivors' characteristics.

The careers of two survivors influenced their experiences with breast cancer in many ways. The sociologist survivor accepted breast cancer and people's attitudes smoothly due to her understanding of the reality of life. In her story, the social worker reflected a deep understanding of the nature of the social relationship and the life message that humans are "dead" creatures. For the survivor who worked in the healthcare system, the breast cancer experience was impacted by her identity as a healthcare worker in understanding breast cancer symptoms and her ability to access medical resources. Aspen's position in the healthcare system helped her in some situations but not in others.

Therefore, I could say that the breast cancer experience can be eased or complicated by the relationship between the person with cancer and the healthcare provider. Positive providers' attitudes boosted the survivors' feelings of satisfaction and vice versa. Regardless of the relationship type, personal interaction between survivors and providers could affect the meaning of breast cancer survivorship for the survivors.

Social Support

Participants reflected on the role of social support in their breast cancer experience. Social support is the role that participants' families, friends, and social programs play during the breast cancer experience to reduce survivors' suffering. In this section, I discuss how participants felt about these stakeholders' support.

Family Support

Nearly all participants had positive experiences with their families while coping with breast cancer. Aspen talked about the support she received from her son and his wife.

“My son came home from North Carolina and they were here, literally, for a year helping take care of me. They just dropped their life and came. When I called him and said, 'I'm really bad today, I can't even lift up a spoon to feed myself,' they came tearing up here.”

Amber was grateful for her son's support. She said her son had "changed the bandage for me, thank God". She was grateful, particularly because she did not regard it as her son's job to change the dressing for his mom. Judy described her children as a “group” that supported her during her experience. “So I did have a granddaughter come and help me when I came home from the hospital. And she stayed with me for a few days.”

Supportive husbands also were strongly present in the survivors' narratives. For example, Mary had undergone a long survival journey, and she discussed her husband's support during that journey. In the interview, Mary's husband defended their right to live with a sense of peace. Celeste also discussed her husband's support during treatment. Celeste's husband helped to reduce her pain when she underwent a biopsy. She explained:

“My husband was a therapist and he does hypnosis. So he did a little hypnosis with me before we went for the biopsy. He did that for me several times during the procedure so that I can say honestly that I did not experience very much pain, which was nice.”

Celeste described the emotional support of her husband by saying “he went to every appointment with me ... He held my hands while the doctor did the biopsy.”

Sara talked about her partner's emotional support during her cancer journey.

"There were days, like, personally I just didn't feel very pretty, but Chris was just kind of

– he's like, 'Whatever.' He was always there and supportive." Similarly, Janet described her partner's emotional support. She stated that her partner was always there for her when she was "scared." "I never felt from him like he was recoiling or not approving of who I was."

Friends Support

Participants had two different views about their friends' support. For example, for Amber, friendship was not a fixed relationship. She stated: "Friends don't come through," and "non-friends come through."

Regarding her friends, she said:

"I had two friends I've had for a really long time. I'm sure you've heard this before. One of them was 'I'll do whatever you want' and was useless, gone, nothing. The other one, I called her up to tell her. I didn't hear from her. I was shocked, absolutely shocked. I hardly hear from her."

Whereas, regarding people she did not call friends, she said:

"Oh, the other support group was my dog-walking friends. One of them, Max (the dog) and I had been walking, for four years we've been walking. She was very good about asking and calling. All my dog-walking friends called me the day after the second surgery, which was not true for these dear friends that I had forever, since our kids were little."

Unsupportive friendship, however, was not true for Donna. She described how her friends responded when they knew that she had breast cancer and was going to have a mastectomy. She stated:

"I remember before I had my mastectomy, there were – I think – eight women friends and I got together, and we had a breast party. And we ate turkey breasts, and we had little ice cream mounds shaped like breasts. And someone made rolls shaped like breasts. And then we went around in a circle, and everybody – one woman who was big-breasted made a Xerox of her breast and said, 'I wish I could give this to you.'"

These survivors emphasized their need for friendships but they did not always discuss it straightforwardly. There was an emotional tone in the survivors' narratives regarding their relationships with friends. For example, a good-friend relationship reflected satisfaction, while sadness was recalled from a poor connection.

Social Programs for Support

Social support programs are networks of interested members who are available to give psychological and physical support to breast cancer survivors. They may take the form of practical support such as yoga classes, exercise, handcrafting, wig services, or emotional support such as a consultation with a specialist or meetings with other survivors and listen to their stories, which enables the survivors to feel valued and understood and to cope better with their feelings. Survivors mentioned social support groups such as Cancer Connection programs, the Mercy Support Group, Rays of Hope, and support meetings at Baystate Franklin. Most survivors in this study highlighted various reasons for enrollment to or exit from some social support programs.

Eight of the nine participants stated that they attended at least one social group during their survivorship. The goal of enrolling in these social programs was to remove or reduce breast cancer's physical and emotional burden. Participants in the study noted that they enrolled, exited or were rejected from some social support programs due to their own reasons or reasons given by the program coordinators. Janet, for example, noted that she was motivated to join a particular support group because she was looking for fun and the program officer's support, which relieved the feeling of being enslaved to breast cancer. Celeste also appreciated the help of a support group for “hypnosis” and

“reflexology things.” She said: “They were just so supportive and kind.” In describing the positive feelings of joining a support group, Emily said: “ I really felt like that was the one place that I could say anything that I wanted to, and people would understand. And I didn’t have to protect them.”

However, survivors also discussed two types of barriers (survivor-related and program-related) that prevented them from connecting to social groups. Sara stated that she had stopped going to the support group because she experienced a sense of depression when she listened to survivors whose breast cancer was at a more advanced stage than hers. She also described a feeling of blessedness that she had felt when she joined:

“I went to a couple of support meetings at [X], but I was finding it was more depressing than anything. It wasn't inspiring or uplifting and it was – people had it so much worse than I did. I felt I was really thankful and blessed which made me – I mean that part of it made me feel very lucky and blessed but at the same time, I just felt – I'd leave and I'd go.”

Aspen had not joined any support group. She described her reasons for this, using negative words when she talked about the support group:

“I never went to a support group. I just don't - I'm going to the yoga class and they start the yoga class by introducing themselves, saying who they are and what their cancer history is. I don't even like doing that. I would just rather say, 'I'm having a great day. The sun is out, it's 50 degrees. Fabulous.' For whatever reason ... So I just couldn't go to a cancer group and just wallow. Actually, when I did this Living with Cancer group, there was a lot of support in that and some people found it really, really helpful but for myself, personally, I don't.”

These stories indicated that some survivors found social support groups vital but that others did not; for example, Sara and Aspen had quit their social groups because they felt that these groups were unsuitable for them or had not met their expectations.

In comparison, five participants in this study mentioned administrative reasons related to the groups that prevented them from registering or continuing to attend these groups. Four participants discussed unsuitable group meeting times. Amber, for example, declared that her main reason for quitting the social group meetings was the conflict between the times of social conferences and her work. "The support groups they run were at times when I was at work. I couldn't make it to them. I would have done it." This showed that Amber was willing to attend social group meetings if the meeting time was right for her.

Emily, Sara, and Janet stated that late meeting times were the main barrier to joining groups. Emily said: "I wouldn't necessarily have been willing to travel to those exercise programs when I was back to working full-time, because it was an hour each way for me to drive there. So, it wouldn't have been practical anyway." Like Emily, Sara emphasized that she was tired after a long working day. "They were doing a lot of it during the day and I couldn't go and at night I was just too tired when I got home from working." Janet stated a similar problem: "I liked [X] because it was just so big with just all of them, but I walked in, I couldn't wait around till 7:00 p.m. to go over there and come home. I just didn't want to do it."

Participants also reported that they had little interest in many of the activities offered. Emily and Mary described their low motivation to take part in the program activities. Both stated that they checked the program newsletters periodically but could

not find activities that interested them. Mary, for example, stated that “for a long time, I had wanted to do a water aerobics class for survivors. Never anything offered in this area.”

The second administrative hurdle that one participant reported was the attitudes of the support group staff. Sara talked about her experience with a particular group counselor when she needed help:

“I went for a little while just to speak to someone about the ups and downs or, ‘How do I handle [things] if I run into people?’ I ran into someone, and she was – she didn’t know what to say so she was saying things that were inappropriate and I just sat there quietly and just kind of listened.”

In general, the narratives indicated that some survivors were willing to join social support groups, but that administrative obstacles prevented several from participating.

Summary

Social support encompassed the support of family, friends, and social programs during diagnosis and treatment periods. These helped survivors in their new experiences. Many participants in this study described different occasions on which they had been encouraged and reassured through the physical and emotional support they had received from their families, and that this support was fundamental to them attaining and maintaining good survivorship. Several survivors in the study had relatives who made them feel valued, accepted, and understood. In comparison, there was no alignment in survivors’ narratives regarding friends or social program support. Two participants told contradicting stories about their friends. One stated that “friends did not come through” for her, but another said that her friends had been supportive, especially during the

diagnosis and treatment periods. Regarding social programs, several participants stated that they had enrolled in at least one group during their breast cancer experiences.

Although the positive role of the group supported them, they discussed some barriers that were related to the survivors themselves or the program. These stories about social support promoted the message that social factors impact how older survivors interpret and see the breast cancer experience.

Although most survivors valued family support, some indicated that there were many reasons why support from others might not be forthcoming. For example, some survivors were upset about their friends' attitudes, while some were unable to join or continue with social support programs because they felt depressed by other survivors' stories, programs were not attractive, program times were late for survivors, or program staff were not as supportive as expected. However, it is important to realize that participants valued community influence more than other factors. These survivors used the vitality of social roles to look at their experiences. Ultimately, social interactions (whether positive or negative) influenced the development of each participant's beliefs, attitudes, and behaviors toward breast cancer.

Dignity Meaning

Dignity is identified as a unique sense of an individual's self-worth. It is an inner status that is impacted by the circumstances that surround that person, which can improve or threaten an individual's dignity. The literature indicates that cancer survivors struggle with dignity as an important concern in their survivorship. The participants in this study made no explicit statements regarding their dignity, but some implied the meaning of dignity in terms of their relationships with families or healthcare providers, and other

people who were important to them and who could affect their sense of dignity. Survivors also expressed their sense of dignity concerning how they were treated and the care they received from providers. The interviews showed some survivors' inner views regarding pleasant and unpleasant interactions with others. Survivors' grief attitudes were interpreted as outcomes of threats to their dignity during diagnosis and treatment and vice versa.

Meaningful Relationships

Amber, Emily, Celeste and Janet reflected on dignity by discussing the importance of relationships with social and healthcare providers. Relationships were important for these survivors because they wanted to reduce the pressure on them and give themselves purpose in life. However, some survivors felt low self-worth during the treatment period because they were treated unsatisfactorily by some people. Amber's story revolved around her social connections and the healthcare provider's way of treatment. Regarding her relationship with friends, she stated that they did not provide the support she expected. She went on to say, "it made me step back." Amber decided not to communicate with her old friends because she felt insulted by them. Amber's narratives indicated that she thought her friends had treated her as having little worth when they chose not to talk with her, affecting her sense of self-value.

It is essential to note that survivors' dignity was affirmed through social and family relationships. Some survivors' stories stressed their good relationships with healthcare providers, family, and social support group members. For example, Celeste described her positive relationships with healthcare providers by saying, "my surgeon was so kind: Dr. [X]. Just the kindest, gentlest. He's not a big talker, and people will say

that 'he doesn't speak,' but when he does, it's very kind and compassionate." Celeste's story tone reflected that she felt her dignity was maintained by her surgeon's good listening skills, which satisfied her. Celeste also talked about her husband's support: "The rock-solid one was my husband. He was just there for everything." Celeste felt protected by her husband. Celeste's story showed that support from families could be the most nurturing type and maintain survivors' dignity.

Celeste, Janet and Emily emphasized the positive role of social support groups in their dignity. Celeste, the social worker, showed a deep understanding of the nature of human relationships and their boundaries. Celeste stated that connections are essential to riding the critical period of breast cancer. Janet reported eight forms of relationships with her social group and family. Her narrative indicated that she constantly surrounded herself with different social groups, either friends or family, to survive. She stated: "I could not guarantee when evil thoughts about BC [breast cancer] would come back, but I tried to distract my brain by involving different social groups and being active."

In general, the dignity of Celeste and Janet was protected through their level of awareness. Celeste understood that relationships with people did not always have to be productive. Moreover, she knew that any relationship had limitations. For Janet, social groups maintained her dignity by making her busy with some manual activities she loved. Janet was proud of the products she had made in a social group.

Emily, the "independent" personality, stated that social support group meetings were more helpful than family meetings because family relationships were more burdensome than those with social groups. Emily said that during her breast cancer treatment, her family members wanted to protect themselves from breast cancer's

emotional pain by hearing good news rather than bad. In contrast, attendance at social groups enabled Emily to take the stress off her shoulders by saying anything without caring for anyone. Emily's story mirrored the importance of the dignity of some survivors in their relationships; she showed that the inner view, of concepts such as dignity, could be protected by sharing the breast cancer experience with people who could listen without assuming her medical status or considering their feelings more than hers. Therefore, Emily could coexist with her disease.

Treatment with Respect

It has been shown that the provider's treatment method and attitudes are more important than the treatment itself (Cynthia, 2014). Most participants in this study discussed a lack of healthcare provider support, particularly in surgeries and breast reconstruction and symptom treatments. Survivors' stories indicated how their dignity had been threatened or maintained by the manner in which providers treated them. For example, some survivors did not wish to have breast reconstruction due to bad reports. Aspen, and Donna chose to die or survive with dignity rather than go through long, invasive procedures. They showed that their health came before an invasive procedure of doubtful benefit.

Additionally, concentration on patient care is a significant attribute of dignity. Amber's story highlights the need for empathy, satisfaction, sensitivity to her values, and choices in care. Amber said the surgeons "were treating me like a piece of meat." In describing the negative attitudes of healthcare providers after breast surgery and their lack of respect, Amber stated:

"I was so cold that I was shivering. It made me more aware. I still couldn't open my eyes. I'm thinking, why aren't they noticing that I'm shivering and throw blankets on me? Then I was out of it again."

Generally, Amber's story emphasized her sense of a lack of respect from healthcare members, which made her angry. Amber was angry because she felt her dignity was hurt because of the disrespectful attitudes of some in the healthcare team.

Dignified care requires competent caregivers with sufficient professional knowledge and confidence in their roles. Aspen also indicated her sense of dignity through her doubt about her bad prognosis with severe symptoms. In describing her feelings when she was treated for "pulmonic toxicity and shoulder muscle spasm," she distinguished between the physiotherapist and medical staff in their ways of treating her. The physiotherapist was "so good in everything," while "medical people don't do well."

Respectful treatment maintained patients' dignity. Sara indicated that she felt her dignity had been supported through the respectful way in which her providers treated her. She said: "I was just so lucky to have a wonderful staff." Sara's story reflected her satisfaction with the level of knowledge of the healthcare providers, which maintained her dignity.

Generally, treatment with respect is rooted in older survivors' emotions due to their mature view that emerges from long life experiences. In this study, dignity could be shown only through survivors' attitudes. For example, a survivor's anger regarding others' behaviors indicated that the survivor felt insulted. In contrast, the coexistence of a survivor with her cancer reflected her feeling that her dignity had been maintained.

Good Prognosis Meaning

Death beliefs and other related factors become less important for survivors with time, when dignity is replaced by a good prognosis. The literature identifies five years as the

relative survival rate for breast cancer (American Cancer Society, 2022). However, within this study, some survivors had experienced breast cancer recurrence. Therefore, a good prognosis was a prognostic state in which the breast cancer survivor felt that they had passed or could move beyond the dangerous stage of breast cancer. Participants discussed a good prognosis in direct and indirect ways. Emily, for example, directly explained time's impact on survivorship. She stated: "You're really not out of the woods for 20 or 25 years, or maybe longer. But the longer you go, the better your prognosis actually is. It's a concept that I learned. It's called conditional survival."

Mary also described the impact of time on her feelings by saying, "when I go for my annual appointments and mammograms, I'm not as anxious as I used to be." She continued, "but it also makes me feel fortunate that I'm still able to do this." Mary indicated that she could survive despite her long experience with the recurrence of breast cancer. The recurrence of breast cancer reflected a state of coexistence in which the survivor could live with the disease.

Donna defined the breast cancer experience as a "healing journey." For her, breast cancer was a profound experience that she could survive. In her story, Donna showed an ability to live while part of her soul was dead already. Being a breast cancer survivor for a long time made Donna able to cope with life as it was, but the breast cancer made her weak to confront other life-serious events such as losing a son. For Donna, life was too painful, making her depressed in silence. Sara, in contrast, stated that her breast cancer surgery scar did not mean anything to her and did not make her depressed. She was able to return to her normal life and perform the daily activities that she could not do previously and therefore she could fulfill her responsibilities as a single mother and an

employee. Sara showed a good prognosis although she was newly out of the first five years of breast cancer experience.

Summary

Within this section, breast cancer was found to encompass two meanings; dignity's meaning, which emerged during the first five years of breast cancer, and the good prognosis meaning, which occurred after the first five years of breast cancer were complete. Regarding their understanding of dignity, some participants described the impact of their relationships and providers' treatment behaviors on their beliefs about breast cancer. Connections with others and treatment of survivors in a manner that affected their dignity made them either coexist with or suffer from the breast cancer experience. Regarding the good prognosis, time was the main factor that helped some survivors to adapt to breast cancer. These two meanings promoted messages indicating that knowledge of a survivor's breast cancer duration and some related factors are necessary to understand how older survivors interpret breast cancer. Generally, I would say that breast cancer meanings and associated factors influenced the development of each participant's beliefs about, attitudes towards, and behaviors in survivorship.

Grief Attitudes

Grief attitudes were the responses that participants showed predominantly. Negative attitudes such as avoidance, anger, and depression had been established by those who were still involved in breast cancer treatment and who had passed the milestone of five years but had faced other significant losses such as the loss of children. Otherwise, older survivors showed a high ability to cope and coexist with breast cancer.

Judy, for example, resisted the relationship between breast cancer and death. She stated that connecting breast cancer and death had "negative connotations." She justified her view by saying that she had lost some relatives and friends for different reasons, cancer being one of them.

Amber described her feelings regarding the poor attitudes of some healthcare providers: "I was furious. I was furious that she wasn't going to tell me on the phone. I was furious that I had an 11, and she was going to do chemo." Even though the providers showed flexibility with Amber, she was not happy with their lack of respect and knowledge. As Amber reflected in her story, respectful treatment required a provider's solid medical knowledge and care for patients' preferences. Aspen also resisted pressure from breast cancer by looking to behaviors that supported her energy and soul. She stated that her goal was to "de-stress my life as much as I can. So that's where I'm coming from right now. I just need to de-stress and go to the gym, read, do whatever I want."

A depression perspective was highlighted in three participants' stories. Mary interpreted lack of respectful treatment as depression. She stated that thinking about cancer was "complicated." She also said that no positive approach could make her "positive" about the cancer toolkit, but that "hope is a real big" word for her.

Donna described herself as emotionally sick because of her breast cancer and the death of her disabled son. She stated:

"When I went to the yoga teacher training, and as I had been on my healing path healing from cancer, and also trying to help my son – I kind of realized, 'Well, there's your physical body. You've gotta deal with that.' And then I realized, well, especially the sense it was the breast over my heart.

“And there were so many emotional things in my life with my son. I realized, ‘Well, I gotta deal with my emotions. And my psychology.’ And then I realized, ‘Well, this is also a spiritual path.’ So, kind of on my own, I put together that I needed to heal myself on all of these levels.”

Donna’s narratives reflected that she was able to coexist with breast cancer, but that the recent death of her disabled son had increased her emotional pain and had led her rapidly into depression.

In contrast, some older survivors showed that they could coexist with breast cancer in two statuses; when their dignity was maintained and when they had experienced breast cancer for a long time. Celeste, Janet, Sara, and Emily showed coexistence with their breast cancer experiences. Celeste could coexist due to her training, which helped her to think deeply about the nature of life. When asked if she would like cancer words to be written in a toolkit, which was part of the plan of the primary study, she said no, because

"it seems like this is your life to live. Live it the way you want and need to live it. Your needs are as important as anyone else's. Love the important things. And it's okay not to live forever. Nobody has lived forever. It's okay."

Although Celeste coexisted with breast cancer due to her understanding of the disease and the nature of life, time played a vital role in making some survivors accept and adapt to breast cancer.

Three participants, who had survived with it for a long time, stated that the only factor that played a vital role in their life was the time factor, although some of their

bodies still produced cancer. They believed that they had suffered for a long time, so now they wanted to live their lives. Janet, for example, stated: "I didn't have much fun in my life, so for me, it is about finding those things that give me some other kind of joy that I would never have imagined." Janet, Sara, and Emily's stories also reflected that they felt they had suffered painful experiences, so now they wanted to live peacefully.

Summary

Regarding grief attitudes, participants showed different versions of these, such as resistance, anger, depression, and coexistence feelings. Each of these grief attitudes reflected a further understanding of the breast cancer experience. Resistance, anger, and depression occurred mainly during diagnosis and treatment periods and could happen to those who had survived for a long time and faced influence factors such as an angry partner or loss of friends or family members, which mediated the breast cancer experience. On the other hand, some survivors had come to coexistence as they reflected a deep understanding of breast cancer, had survived for a long time, and were able to return to their everyday lives.

Behaviors

Participants discussed different behaviors that helped them to survive breast cancer. The behaviors were categorized into two themes and categories. The themes of everyday work contained physical and emotional categories, while the biographical work theme contained the "speak up" category.

Everyday Work

Everyday work was defined as the survivors' physical and emotional activities to improve the quality of their lives. All the participants discussed different physical behaviors that

improved their physical health and quality of life. Physical activities included traveling, physical exercise, and gardening. Most survivors walked and attended fitness classes to improve their health. For example, Donna stated: "I did start going to the Y to do aerobics, like three times a week ... I think I knew that exercise was helpful for women with cancer." Amber stated that gardening was essential for her to remove distress from her life. She stated: "I'm doing some of the things I really like to do." Traveling also was discussed as a form of treatment for some survivors. Sara stated after her radiation treatment that "I just need to get as far away from here as I can."

Survivors were also interested in their emotional health to face breast cancer and survive. Five participants, Aspen, Celeste, Mary, Emily and Donna, discussed emotional strategies such as yoga, hypnosis, reiki and imagination that helped them to survive the breast cancer experience. For example, in describing one thing that would be helpful for survivorship, Mary said that yoga was important for her emotional health even after her cancer treatment period had ended. Emily said that hypnosis helped her to deal with the fear of radiation therapy: "It at least kept me from feeling like I wanted to jump off the table, because I'd been afraid and always avoided any kind of radiation."

Biographical Work

Five survivors discussed a "speak up" behavior as a reaction to the breast cancer experience. Advocacy communication is a form of communication that seeks to inform others about the speaker's thoughts. For example, Janet and Aspen reported to providers that they were looking for second opinions to ensure that they did not miss anything. Janet said she "moved back the surgery date" because she wanted to discuss the surgery with her previous trusted surgeon. Aspen stated that she had told her specialist: "I just

wanna be sure there's nothing else that might work for me that we're just not aware of here in [X]. 'Oh, all right,' she said."

Emily, in contrast, had not spoken up to defend her right to look for a second opinion, but to discuss her treatment plan. She said:

"I've always been a strong advocate for myself, and I know I've done – I have changed the course of my treatment several times, for the better. And I mean, it sounds conceited. I certainly didn't save myself. I had a ton of really excellent professional help. But there were – you know, like getting that extra chemo. For better or worse, but that was definitely my doing."

Sara suggested that those undergoing treatment and needing to work should use the speaking-up strategy as a reaction to work overload. "So if you feel like you're being overloaded or overworked, then say something. ... You know, enough is enough." She supported her suggestion by sharing her experience when she informed her manager, "'You are giving me all this work that's due next Friday, and I can't do it. I can't get it done.'"

Donna similarly used communication as de-stress behavior. Donna said:

"I was in a writing group at the time, and wrote every week about my experiences with cancer. I started doing art around cancer. I did a lot of other things, too, to support my emotional and spiritual, and physical well-being. My immune system."

Donna used her speak up strategy during and after treatment. After treatment, she began leading two writing groups of cancer patients to help them to prepare for their cancer journeys.

Summary

Survivors' behaviors encompassed the themes of everyday work and biographical work. The everyday work theme was categorized as physical and emotional behaviors. Physical behaviors included forms of exercise and gardening, while emotional behaviors were activities that survivors used to reduce life stress, such as yoga, hypnosis, and reiki. In comparison, the biographical work theme showed behaviors through which the survivors conveyed their feelings and advocated for their rights. It was categorized as speak up behaviors that enabled survivors to adapt to the breast cancer experience.

The Case of Nora

A composite case study was formed by assembling different aspects of the participants' stories and combining them to create one story that illustrates the experience of older breast cancer survivors in a straightforward manner. The composite case explains how these older survivors had developed meaning through their journey with breast cancer and how they had reacted to that experience. It also provides a story that explains the participants' experiences and that can be used with other age groups, practices, and research to illuminate the experience.

At the time of this research, Nora, the composite participant, was in her late 60s and had been a single mother for the last 25 years. She had been diagnosed with breast cancer seven years previously. She lived alone, close to her grown-up children but in her own home, where she had lived for many years. Her retirement income was sufficient to meet her needs.

Breast Cancer Means Death or Close to Death

Being diagnosed with breast cancer caused Nora fear and emotional burdens. Nora perceived breast cancer as a life-threatening illness. She believed that breast cancer might lead her to die. She said, "If you read the literature at all, four or more nodes is considered very bad news, and over ten, you know, they just expect everybody to die." Nora had not expected to contract breast cancer. However, she could resist its effects on her life due to her specialty as a nurse. Her narratives revealed some adverse and some positive reactions when she had been diagnosed with breast cancer because the news had been sudden but she had a mature view. Therefore, it was not surprising that she had conflicting feelings during the first five years of her breast cancer.

Lack of Provider Attention

Nora began to focus on the healthcare providers' attitudes during the treatment period. Nora was dissatisfied with some providers' attention. She explained a provider's lack of attention in this way: "I felt very vulnerable when I was going through treatment, and I tend to be the kind of person that says what I think, but I knew she [the provider] had that attitude that 'medical people don't do well.' So it was like you hate to not do well." She went on to say, "She also sees way too many patients in a day. It's really, the volume is ridiculous." Nora was unhappy about the lack of providers' attention, but as a nurse, she justified the negative provider attitude because of the high number of patients.

Nora expressed her experience of healthcare providers' competence in this way: "They treated me for pneumocystis pneumonia, but I don't believe it was that, but I was on Cipro for weeks and weeks." Nora's nursing background in disease signs and symptoms made her uncertain of her provider's diagnosis and treatment plan. Also, Nora

was not sure that her provider could prescribe an appropriate treatment. She stated: "My primary care doctor, I call him the doctor of nothing. He's never ordered a thing for me. He usually wants to talk about hospital gossip." Nora's narrative indicated that the provider may not have known enough about her status or did not care about his patients, while as a nurse, she knew the meaning of commitment to patient care.

Nora's nursing identity was shown in different ways. In Nora's story, nursing identity influenced her breast cancer experience positively and negatively. Nursing helped her to understand the lack of healthcare attention. She justified the lack of healthcare attention in this way: "She (the provider) sees way too many patients in a day. It's really, the volume is ridiculous. Like the day I said, 'I'm not leaving until I see somebody.'" Nora knew the load placed on healthcare providers and how sometimes they show a dereliction of performance against their will. Regarding the negative aspect, Nora had not expected that she might be a patient one day. "I never saw myself as a patient, so that was tough, and I had not wanted to have chemo because I knew all the nurses, and I couldn't be a patient." Because she was a nurse, Nora did not accept breast cancer or its treatment initially. It was not easy for her to receive care when she had previously been the provider.

Social Support

Nora reported that she had received good support from her family members, particularly her children, throughout her life with breast cancer. Nora's family had supported her during the diagnosis and treatment, which had been her most stressful time. Nora described her son's support in this way:

“My son came home from [place name] and they were here, literally, for a year helping take care of me. They just dropped their life and came. When I called him and said, 'I'm really bad today, I can't even lift up a spoon to feed myself,' they came tearing up here.”

Nora was happy with the support from her children, but she missed her friend's support. Nora explained:

“People that you thought were your friends don't come through. People you didn't realize would come through do come through. It's good to be aware of that as opposed to agonizing over a friend. Why didn't she call me? I don't understand why she didn't call me or see me.”

Nora enrolled in a social support group but could not continue due to personal and program barriers. She said: "I just couldn't go to a cancer group and just wallow." She also found difficulties with the program, particularly its timing. She said: "I liked [X], because it was just so big with just all of them [group members], [but] I couldn't wait around till 7:00 p.m. to go over there and then come home. I didn't want to do it. That's it." For Nora, social group support was a good service that any community could offer to cancer survivors, but it did not have to be appropriate for everyone.

Dignity Meaning

When Nora started to experience her breast cancer disease and treatment, she became concerned about her survivorship. Her uncertainty about the future, healthcare providers' support, family support, and her professional awareness level indicated Nora's belief in the vitality of dignity, and this was shown by her attitude. For example, Nora felt that the healthcare system did not value her due to the lack of attention she received from

healthcare providers. She thought that the healthcare system considered her as a number. Regarding respectful treatment, Nora described her dignity in this way: "I didn't want reconstruction 'cos I didn't feel that reconstruction was terribly successful in our area. A lot of bad reports ... a lot of nipples falling off, and we had the two reconstructive surgeons at the time." Nora's narrative indicated that she had refused to reconstruct her breast because she believed that multiple surgeries could threaten her dignity. Nora considered multiple surgeries to offer low value.

Good Prognosis Meaning

As she had passed the first five years as a breast cancer survivor, Nora tolerated the burden of emotions. Breast cancer became a disease that she could survive and she could continue with her everyday life. Nora described her extended survivorship with breast cancer: "The longer you go, the better your prognosis is. It's a concept that I learned. It's called conditional survival." Nora learned from her long experience with breast cancer that the generalization of the idea that death is linked to breast cancer is not true. There are many causes of death, and breast cancer may be one, but those with breast cancer may not die from it.

Grief Attitudes

Nora's attitudes during her long survivorship varied. During the treatment, her attitude reflected her sense of dignity. In describing her attitude regarding being involved in the breast cancer experience, Nora stated: "I was furious. I was furious that she wasn't going to tell me on the phone. I was furious that I had an 11, and she was going to do chemo." Nora was angry because she was unsure that her healthcare provider was competent; she

felt that the provider was of low value because she had decided on a treatment plan despite a node figure that indicated the advantage of a different treatment strategy.

In contrast, when Nora finished her treatments, she found that she could coexist with her cancer in her new life. Nora described her coexistence; her “goal was to "de-stress my life as much as I can. So that's where I'm coming from right now. I just need to de-stress and go to the gym, read, do whatever I want." However, Nora’s coexistence status was weak enough that it could break and lead her into negative attitudes. As Nora had lost a son after the first complex period of breast cancer, she had fallen easily into depression. Now she believes that her life is on “a healing journey”, which indicates that she connects her suffering from breast cancer and the loss of her son.

Behaviors

Nora used two adaptive strategies: everyday work and biographical work. Everyday work behaviors are the survivors' physical and emotional activities. Nora described her physical behaviors: "I did start going to the [gym name] to do aerobics, like three times a week ... I think I knew that exercise was helpful for women with cancer." She also undertook emotional activities such as hypnosis, which helped her to deal with the fear of radiation therapy: “It at least kept me from feeling like I wanted to jump off the table, because I’d been afraid and always avoided any kind of radiation.”

Regarding her biographical work behavior, Nora described self-advocacy in this way: "I just wanna be sure there's nothing else that might work for me that we're just not aware of here in [X]." For Nora, communicating her thoughts about breast cancer could relieve some emotional burdens. Overall, Nora’s coping behaviors were not specific for a

period. She used different strategies before, during and after breast cancer treatment. However, Nora's behavioral choices reflected her desire to preserve her self-value.

CHAPTER FIVE

DISCUSSION

This study examined the stories of nine older white women who were considered as breast cancer survivors. Through interviews, participants highlighted details of their various lived experiences. This final chapter provides an interpretation of the themes that emerged from the participant stories as they related to perspectives of symbolic interactionism and other extant literature. This chapter also discusses the implications of the findings for practice in the cases of older breast cancer survivors. Finally, I conclude the chapter by addressing the potential limitations of the secondary study and future research thoughts.

Analysis of the participants' stories in the study data answered the research questions listed below.

- a. What meanings do breast cancer survivors, aged 60 years and above, give to their daily living?
- b. What is the impact of their meaning-making on their attitude towards survival?
- c. What is the impact of their attitudes on their behavior in their daily activities?

My study was designed to examine how these older women used their long life experiences to interpret and react to their breast cancer disease. These women reflected on how they saw their experience in light of their cultural wealth and self-qualities. Their thoughts were influenced by factors such as the uncertainty of their future, healthcare competence levels, survivor-provider relationships, social support, and each survivor's awareness level. Participants also showed dignity and good prognosis meanings that

emerged from the influence factors and their desire to survive healthily. Finally, the participants' stories illustrated their attitudes toward and behaviors regarding breast cancer as reactions to these two meanings. I discuss my findings, which are explained in Chapter Four, in this section.

Different influence factors were discussed within this study, yet many of the survivors' meanings of dignity and good prognosis were influenced by one strong factor like breast cancer meaning of death, healthcare competence levels, survivor-provider relationships, social support, or each survivor's awareness level. This research has interpreted the findings through the use of the symbolic interaction view as a framework to assess the survivorship of older women with breast cancer. This group of survivors was a wealthy group of white American women. However, the literature contained only four studies of ethnically non-diverse American groups, which were of mixed ages, and therefore this study filled a gap, particularly to understand the persistence of the survivorships of this group of women. Examining findings regarding older breast cancer survivors offers medical systems and practitioners a better understanding of how to support this group of people. Also, the views of older women with breast cancer can be used to inform studies of a young age group.

According to the women who were involved in this study, factors in the management of their diagnoses and treatments impacted their survivorship, and their understanding of breast cancer disease helped them to identify and make meanings of their experiences.

Breast Cancer Means Death or Close to Death

Nearly all the survivors in this study lacked confidence in their ability to survive for a long time. Consistent with the findings of other studies (Dönmez et al., 2020; Dumrongpanapakorn and Liamputtong, 2017; Gershfeld-Litvin, 2021; Guité-Verret & Melanie, 2021; Hamid et al., 2020; Lai et al., 2017; Liamputtong & Suwankhong, 2016; Nikoloudi et al., 2021), breast cancer was commonly conceptualized as life-threatening. The discourse regarding breast cancer that these women adopted was emotional and carried negative emotions such as uncertainty, fear, distress, and anxiety. Women perceived breast cancer as a dangerous disease that could shorten their lives. I also found that uncertainty about the future affected the adaptation behaviors of these women. For example, some women focused on their present life and enjoyed every minute, while others leaned on living things to survive. Therefore, I believe it is necessary to understand further how the fate of the future due to breast cancer disease is conceptualized and varies between age groups. Acknowledgment of how older breast cancer survivors handle their uncertainty about the future is vital for all age groups that could benefit from the older group's experience.

Survivor-Provider Relationship

In terms of relationships with healthcare providers, survivors had mixed experiences. In some cases, survivors were left to face their fates without sufficient information or attention from providers (Acebedo et al., 2021; Dönmez et al., 2021; Dumrongpanapakorn & Liamputtong, 2017; Nikoloudi et al., 2021; Xiong et al., 2016). For example, some survivors went through their treatments without any idea of their treatment side effects (Dönmez et al., 2021; Dumrongpanapakorn & Liamputtong, 2017; Nikoloudi et al., 2021; Xiong et al., 2016). In this study, providers' availability,

misunderstandings, and negative attitudes about themselves influenced the women.

Providers' commitment overload reduced the satisfaction level of women in this study.

Medical providers' competencies were noted by several women in this study, but the women's perceptions may not have chimed with reality. Most survivors perceived that providers lacked competence when there was a conflict between providers' care plans or tests producing many false readings. Being uncertain of healthcare support made the women depend on themselves for protection and to decide how to support themselves. Others chose to avoid some procedures due to poor historical reports. In other words, women felt that some providers offered unsafe care. The women feared that their providers might make a mistake that could not be fixed. This finding was in line with that of a previous study that showed survivors' expectations that the healthcare provider would act as an interdisciplinary team (MacLennan et al., 2021; Nikoloudi et al., 2021). According to Nikoloudi et al. (2021), a woman who had suffered from breast cancer for six years was disappointed that healthcare providers did not work as a team when she required complex treatment. Also, some women argued that the healthcare providers preferred to avoid taking responsibility for them in their decision about their place of work (MacLennan et al., 2021). The participants' concern regarding healthcare providers' competency levels reflected their high level of self-value. It was noted that survivors considered that they deserved high-quality care from the healthcare system at this time. Regarding positive attitudes towards the healthcare competency level, few survivors gave information regarding their successful experiences with some providers; therefore, I could not create a positive category for discussion of these positive experiences.

The women had different levels of awareness, or understanding, of severe disease and the treatment's possible side effects. Two participants in the study, one working in the healthcare system and the other an expert in social science, reflected a complete understanding of the breast cancer experience. The participants knew that breast cancer was a traumatic event that carried some restrictions on their health and relationships. Therefore, they fully understood that neglect of others was not an intended act but rather the nature of human beings and their capabilities. Their awareness encouraged them to become calm, faithful, and engaged in managing this transitional period. As a result, the participants were well prepared for the uncertainty of their future. According to them, their mortality meant that they must survive with breast cancer no matter what, even though it could bring the end of their life. Similarly, in other studies (Lai et al., 2017), it was observed that the participants' awareness was vital in breast cancer engagement. Nevertheless, the Lai study did not show any relationship between participants' careers and their level of awareness. Therefore, I would argue that the experience of breast cancer may be shaped by the age of a woman who has spent a significant period of her life working in a particular field. Working in several areas may expand people's awareness of some events such as breast cancer. Therefore, it is important to conduct studies that are aimed to understand the effect of the specialty of older women on the breast cancer experience.

This study also illustrates the positive effect of the provider-survivor relationship on the survivors' levels of satisfaction. Some were pleased with the support from the providers, particularly when they felt that they had been treated with respect and compassion, mainly when the healthcare providers discussed their status reasonably and

made notable attempts to assist them with their difficulties. Also, some survivors, who experienced recurrent breast cancer, compared the healthcare providers whom they had been involved with at different periods and the comfortable feeling that the supportive providers engendered in them. Some studies have also pointed to positive experiences with healthcare providers among women with breast cancer (Acebedo et al., 2021; Dumrongpanapakorn & Liamputtong, 2017; Williams & Jeanetta, 2016).

Social Support

Women with breast cancer usually receive different types of social support. However, home is the first place where women expect to receive support. Most women in our study reported that they had received assistance from their families either during or after diagnosis of breast cancer. We found that husbands, children and siblings were major sources of support for the women in our study. Although the findings are consistent with previous studies (Acebedo et al., 2021; Dumrongpanapakorn and Liamputtong, 2017; Hamid et al., 2020; Lam et al., 2017; Nikoloudi et al., 2021; Williams & Jeanetta, 2016; Xiong et al., 2016; Yan et al., 2017), our finding add to evidence of the role of the family in social support that is provided to older women when their emotional and physical health needs are high, compared with other age groups who struggle to fulfill their responsibilities toward their families (Dönmez et al., 2021; Lundquist et al., 2020). Therefore, we suggest that support from survivors' family members plays a vital role in the lives of older breast cancer survivors.

For the women in our study, their 'important others' were friends and social support groups, who provided social support in different ways. Social support from friends was a vital factor that enabled women to deal with their breast cancer and to

maintain their well-being. However, they required genuine support from friends. For instance, in our study, some women appreciated friends whose support extended to accompanying the survivor to appointments or sharing some hobbies with them. However, some women had negative experiences with friends whom they believed were close but who offered little support in their time of need. Previous studies have also revealed differences in help from friends (Dönmez et al., 2021). Dönmez et al. (2021) contended that friend support could enhance the well-being of women with breast cancer side effects. These women felt supported when their friends had empathetic attitudes, conveyed optimistic anticipations, and cared for them (Dönmez et al., 2021, pp. 803-804); the researchers reported that “positive friendship provided the women with a sense of strength” (Dönmez et al., 2021, pp. 803-804).

In terms of support from social support groups, the women had mixed feelings. Some women wanted to attend support group meetings, particularly when these groups organized some interesting activities and employed motivators. These social groups helped women to reduce their feelings that cancer was a burden. However, women also discussed personal and organizational barriers that prevented them from continuing or joining some social groups. Some women felt depressed to be part of a group at which painful experiences were discussed while they felt good about themselves. Other women also decided not to go to any social group because they believed these groups encouraged self-pity. Regarding organizational barriers, the holding of meetings late in the day was the most common reason for women not attending these groups. Other studies have considered these barriers to joining group support (Williams & Jeanetta, 2016). Most women argued that support groups were not as crucial as was suggested in the cancer

social support literature (Williams & Jeanetta, 2016). Women said that social support groups could be useful but only sometimes corresponded with their interests, and that joining support groups was a painful experience (Williams & Jeanetta, 2016). In contrast, there was a consensus on the vitality of peer support from fellow patients (Dumrongpanapakorn & Liamputtong, 2017; Williams & Jeanetta, 2016). Therefore, I suggest that social support groups must be arranged in a way that is more attractive to older survivors, such as placing the women into specific groups according to their disease severity, making group times flexible, and asking survivors to invite family members to join them in their social groups.

Dignity Meaning

This study showed that women have different roles and responsibilities to the family and community. Women's identity usually is guided by the vitality of female organs, the breast one of them. Therefore, any traumatic experience such as breast cancer is considered a destroyed emotional experience for them. The meaning-making of the older breast cancer survivors during the first five years of their experience, which usually featured the shock of diagnosis and active treatment periods, is described as social-related dignity. All survivors indicated how others, such as healthcare providers, families, friends and social program members, could generate feelings of self-value. Women leaned toward an inner view that included how others interacted with them when they considered breast cancer. Since this study was a secondary data analysis, my conclusion of dignity meaning was built on the survivors' relations with others and on the subtle aspects of the interviews, such as the interviewees' tones and inner views, and on some statements that reflected survivors' feelings of dignity. Survivors' attitudes varied depending on the feelings of

respect that their relationships with others reflected. For example, a survivor dissatisfied with a provider's behavior may feel low self-value, impacting her self-dignity and attitude. However, dignity may be protected by intrinsic characteristics such as the patient's awareness, in which the attitude could change. Some survivors, a nurse and social worker, showed a deep understanding of other attitudes, and this helped them to maintain their dignity.

Jacelon et al. (2009) identified dignity as an "attributed dignity." They argued that dignity was an individual attribute influenced by environmental factors and the relationship with others, which affected the individual reaction, and that self-value was the main component of this concept (Jacelon et al., 2009). Dignity is an acquired feature that is influenced by life events (Jacelon et al., 2009). In the interviews studied for this dissertation, the dignity of older breast cancer survivors emerged from the meaning of death and the relationships with others. Women in this study showed high levels of self-value that impacted on their new, normal lives. In comparison, meaning-making in current literature has also been derived from the social meaning of breast cancer (Assaf et al., 2017; Dumrongpanapakorn & Liamputtong, 2017; Hamid et al., 2020; Liamputtong & Suwankhong, 2016). However, women built their views about breast cancer on their cultures' views. There was a correspondence between the survivors' attitudes and their cultural beliefs about breast cancer with less focus on self-value. In the literature, loss of womanhood identity meaning and fate meaning has followed from women's dominant social and spiritual beliefs. For example, Muslim women denoted that breast cancer was a stigma that affected their lives, particularly their self-esteem and their relationships with partners and families (Assaf et al., 2017; Hamid et al., 2020). Muslim women were

embarrassed to share their issues and show their bodies to doctors due to their religious belief in the sanctity of the body (Assaf et al., 2017; Hamid et al., 2020). Moreover, some were not sure whether they would be able to marry because they had undergone mastectomies (Hamid et al., 2020). Buddhist Thai women also believe that breast cancer is fate due to karma (Dumrongpanapakorn & Liamputtong, 2017; Liamputtong & Suwankhong, 2016). Therefore, they made meaning from their social role (motherhood) and religious background by accepting their fate and karma (Dumrongpanapakorn & Liamputtong, 2017; Liamputtong & Suwankhong, 2016). Spirituality was found to be an essential part of the therapeutic process for African-American participants in a study (Yan et al., 2019). They believed that God worked every day in their lives (Yan et al., 2019). Overall, Muslim, Buddhist and African-American women tried to cope with their experiences through religious practices. Therefore, we could conclude that although the participants in this dissertation and the literature used their social views to make meaning of breast cancer, social factors did not formulate this view. Their dignity meaning was a self-rejection of negative social behaviors. In comparison, participants in published studies adopted their cultural beliefs in their breast cancer experience.

Good Prognosis Meaning

The participants' lived experiences of breast cancer can be conceptualized as a transitional period during which the women transition from diagnosis through active treatment to their time after treatment. Some studies have revealed that the transition is a journey that may include "redefining," "searching for meaning," "living everyday life," "engaging with change," "struggling with contradiction," "burdening," and "preparing to pass away" (Drageset et al., 2020; Lai et al., 2017; Nikoloudi et al., 2021). Our findings

showed that all participants redefined their journey in living with cancer from the beginning of treatment to the time at which cancer treatment ended, raising their hope of survivorship. Women did not search for meaning nor prepare to pass away, yet some were fully aware of their condition, which could be disturbed by the cancer recurrence or end at any time.

Women who had long histories of breast cancer managed to "coexist" with changes in everyday living while struggling with their memory during their survivorship. A good prognosis period is not always smooth. Survivors' lives may be disturbed at any time, which causes more harm to those survivors with breast cancer history. For example, some participants who were able to survive well faced a significant loss, which they connected to their breast cancer experience. Our findings agreed with those of other studies (Williams et al., 2016). Women found it challenging to understand the meaning of survivorship after treatments (Williams et al., 2016). They found transitioning from being a cancer patient to a cancer survivor "abrupt" (Williams et al., 2016). A post-treatment emotional burden such as fear of breast cancer recurrence interrupted women's lives even once they were free of breast cancer (Drageset et al., 2020; Williams et al., 2016).

Grief Attitudes

Our aim in this study was to explore the lived experiences of women who had breast cancer in the context of anticipation of suffering severe experiences. In doing so, we analyzed secondary data to discover how the women made meaning of the breast cancer experience. I noted that the bereavement discussed in many grief studies was different in this study. Previous theories on grief reactions identified bereavement as related to an individual who had lost or anticipated the loss of relatives (Flesner, 2013). However, in

the current study, bereavement was seen as an inner view of an individual who survived and died simultaneously. Part of the breast cancer women's souls was dead already, while the other part struggled to survive in the new life. Therefore, the grief attitudes in this dissertation were derived from the reality that women were two souls in one body, which the women encountered during and after treatment.

Among the participants in this study, during the first five years of breast cancer disease, the women's grief attitudes were related to their level of dignity. For example, when a survivor felt that her dignity was threatened, negative attitudes appeared as a defense mechanism. Women showed different attitudes such as anger, resistance, and depression about breast cancer. Although each participant discussed different dignity threats, negative grief attitudes were mainly related to the lack of being heard, understood, or trusted by others. For example, Amber responded negatively to breast cancer due to her disappointment with a provider's behaviors. Amber also was angry because she perceived a lack of support from her close surrounding community of healthcare providers and friends. In contrast, Aspen resisted the reality of breast cancer because of her specialty identity and knowing the boundaries of relationships between healthcare providers and others. Aspen's stories indicated that she resisted the negative attitudes of others because she knew that the workload of healthcare providers sometimes prevented them from spending as much time with the survivors as they or the survivors would wish.

The data also showed that the survivors might be unable to adapt to breast cancer even after they had been diagnosed with it for more than five years. A great loss was a factor that prohibited some survivors from surviving well; the loss of a child and safety

were the most significant losses that were shown in the interviews. The transcripts showed that some women were depressed because they felt loss. Otherwise, extended survivorship helped many other women to coexist with breast cancer. Some women were able to coexist with their reality as survivors, although some held inner feelings of burden due to a history of painful breast cancer experience or the fear of recurrence. Consistent with the literature, long survivorships caused the women in this study to appreciate their lives, but they did not forget what they had gone through. This finding aligns with those in the literature. Trusson et al. (2016) and Lewis et al. (2016) argued regarding the impact of biographical disruption on the post-treatment lives of breast cancer survivors. Women revealed that the post-treatment period was characterized by emotional and physical burdens that did not disappear with time (Drageset et al., 2020; Lewis et al., 2016; Trusson et al., 2016). Women who were successfully treated for breast cancer retained the ambiguity of possible recurrence and dissatisfaction with their physical image and limitations (Lewis et al., 2016; Trusson et al., 2016). Even after being treated for breast cancer, they could not classify themselves as healthy women (Trusson et al., 2016).

Previous studies did not discuss grief or the relationship between the meaning-making of breast cancer and grief feelings. However, they pointed to the emotional burden of breast cancer (Acebedo et al., 2021; Assaf et al., 2017; Dumrongpanapakorn & Liamputtong, 2017; Hamid et al., 2020; Lai et al., 2017; Liamputtong & Suwankhong, 2016; Williams et al., 2016). Women's experiences were highlighted as challenging experiences that carried different burdens and feelings, particularly during the first five years of the breast cancer disease. Acceptance, fears of death, anxiety, and distress were the feelings that were noted the most in the literature. In general, the breast cancer

experience was discussed in terms of general features without addressing grief attitudes. Therefore, the general description of burden emotions in the literature could cause readers to ignore the importance of grief attitudes.

Behaviors

In this study, the women reported that the goal of the management of the physical and emotional burdens of breast cancer was not to eliminate all stress from the women. Instead, management techniques were used to keep the stress levels due to breast cancer within an optimal range. Therefore, the women engaged in healthy lifestyles to reduce physical and emotional burdens and to retain their dignity. I classified the management techniques into everyday work and biographical work.

The participants' lifestyle enhancements significantly improved their physical and emotional health. Stemming from the American proverb that "the first wealth is health," every woman talked about the importance of cultivating physical and emotional health to navigate their survivorship successfully. Therefore, this current study contributed to the understanding of the sense of breast cancer by advancing knowledge about older survivors. Consequently, this research justifies older white American women's reasons for leaning more toward particular activities than did other women in the literature. Our participants focused on physical and emotional activities such as exercise, walking, yoga, and imagination to reduce stress. This was inconsistent with most of the literature, in which most women stated that their healing behaviors were focused on their spirituality and finding meaning in life (Assaf et al., 2017; Dumrongpanapakorn & Liamputtong, 2017; Hamid et al., 2020; Liamputtong & Suwankhong; Leão et al., 2021; Xia et al., 2018). To do so, women leaned on religion and found benefits of breast cancer to

improve their burdens. For example, in religious cultures such as Kashmir, African America, and Thailand, women prayed, read religious books, and made alms to improve their health (Assaf et al., 2017; Dumrongpanapakorn & Liamputtong, 2017; Hamid et al., 2020; Liamputtong & Suwankhong; Yan et al., 2019). Other survivors used positive thinking to satisfy their lives (Drageset et al., 2020; Xia et al., 2018). Some survivors found that a return to work and maintenance of family duties were activities that could help them to adapt to their breast cancer experience (Bilodeau et al., 2019; Lewis et al., 2016).

Communication is often thought to be the antidote to stress, particularly for those who survive a traumatic event over a long period. In this study, women felt they should share their feelings regarding their serious breast cancer experiences. They felt that the world needed to know the reality of breast cancer and how the survivors felt about it. Speaking up and communicating thoughts and emotions about breast cancer helped the women to find peace of mind. Communication was also used to advocate for women's dignity against other behaviors. For example, some women refused to generalize the idea of some beliefs about breast cancer, such as the relationship between breast cancer and death. Some women also found that self-advocacy was the only way to defend their right to be part of their care plan. They felt insulted when they were ignored in their treatment decision-making. Speaking up was also a way to defend themselves against the workload imposed by some managers. Previous studies showed mixed reactions to experience sharing. Women showed that sharing details of their experience and information from others helped them to cope with their disease (Dumrongpanapakorn & Liamputtong, 2017; Hamid et al., 2020; Leão et al., 2021; Nikoloudi et al., 2021; Williams et al., 2016);

in contrast, other studies found that people never referred to women's experiences, and therefore, women kept silent (Lewis et al., 2016).

Overall, most older women focused on behaviors and activities that they could enjoy by themselves. Participants described different physical, emotional and behavioral activities. These activities gave older women self-value and purpose because they wanted to contribute positively to their dignity, which in turn positively affected their satisfaction and quality of life.

The Impact of Age on Breast Cancer Experience

The participants, as described in the composite case of Nora, found that breast cancer made different meanings in each woman's life through their journeys. The women had many things in common. They were all in their 60s, white, had gone through at least one treatment approach, and had been diagnosed at least one year previously. During the breast cancer experience, Nora was not what she had been before the diagnosis, but she felt she could coexist with her new life. She described the first five years of her experience as a shocking period that carried different grief attitudes due to her dignity being threatened by death. This indicated that the breast cancer meaning of death, the survivor-provider relationship, and social support contributed to Nora's meaning of dignity. She looked at the diagnosis and treatment period through the lens of self-value. Nora believed she deserved dignified treatment and meaningful relationships during this painful period. She did not look for her worth in other people's eyes as much as she knew and appreciated her self-value. Therefore, I argue that the women in this study who were in their 60s reflected a deep understanding of their selves. These women viewed their breast cancer from a value perspective, not a material one. This deep understanding

indicated an intellectual maturity that women had acquired from their long life experiences. Due to their age, the multiple events in women's lives may have shown the essence of human characteristics such as dignity. Knowing self-value and dignity did not negate the grief attitudes that women faced. The literature, which contains studies of women of mostly young or mixed ages, shows survivors' experiences through cultural and spiritual lenses (Assaf et al., 2017; Dumrongpanapakorn & Liamputtong, 2017; Hamid et al., 2020; Lewis et al., 2016; Liamputtong & Suwankhong, 2016; Yen et al., 2019). Women featured in the literature discussed their experiences in the light of their beliefs that cultural and spiritual factors made or in light of their responsibilities toward families and communities. Women were less focused on themselves. For example, some women believed that breast cancer was a stigma or fate that had to be dealt with as it was, while others were worried to leave their children or that they might lose their job, which was needed for survivorship (Bilodeau et al., 2019; Lewis et al., 2016; Lundquist et al., 2020). Moreover, an American study that aimed to study the meaning of breast cancer for 15 women, of whom only two were in their 60s, found it difficult to articulate what survivorship meant to these women even after they were declared cancer-free (Williams et al., 2016). Yet in another American study, half of the sample comprised African-American women aged 60 and above who valued themselves as strong women (Yen et al., 2019).

Implications For Practice and Research

The use of the instrumental case study approach supported this dissertation in highlighting the experiences of older breast cancer survivors. This study has demonstrated that older American breast cancer survivors possess the self-awareness

necessary to support their transition and persistence through their survivorship. As a result, several implications can be gleaned from their experiences, which can be adapted to improve breast cancer survivors' healthcare services and programs.

First, these services must be empowered to develop survivors' physical, emotional, and communication skills to transition from being an individual under active treatment to persist through post-treatment survivorship. Breast cancer survivorship programs must be designed in interesting and flexible ways. Programs must be suitable for all survivors if they are to gain breast cancer survivors' satisfaction. To ensure dignified care, the healthcare system must be informed to identify the best care plan and programs to support survivors with dignity during their journey. Health-related disciplines must consider dignity as they plan healthcare support.

This study contributes to existing literature surrounding the complexities of navigating meaning-making through a breast cancer experience and can guide future research. Our literature review revealed inconsistency in meaning-making from the perspectives of breast cancer survivors. To our knowledge, some literature indirectly discussed the meaning of breast cancer under the umbrella of the experience of breast cancer. Some used the meaning of life interchangeably with the meaning of breast cancer. In other words, meaning-making should have been discussed more clearly in the literature, and such a clearer discussion could help other survivors, researchers, and caregivers. So, further research is needed to fill this gap and to explore the difference between breast cancer experience and the meaning of breast cancer. Therefore, in the future, I suggest that meaning-making studies be carried out by two researchers, one from the participants' cultures and the other from a different culture, to show clearly the

meaning of breast cancer in the participants' culture. The use of two perspectives in the analysis of the meaning of breast cancer would help to describe the meaning more comprehensively.

The transition from an incurable disease to a good prognosis belief is often presented by a language loaded with positive meanings, as if future life will be as healthy as it was before the disease. Unfortunately, this form of explanation can delude survivors, healthcare providers, and even interested scientists. The way that a new life (a good prognosis) was presented indicated that the survivors were completely adapted to their new life, which was not found to be true. Most literature ignores the deep scars of breast cancer experience in survivors' souls. Therefore, it is vital to show that the breast cancer experience impacts survivors' lives even if the disease and death are kept out of conversations. Our study suggests that the transition to a good prognosis is not necessarily a sign of full acceptance: the fight against cancer remains; it is a coexistence attitude. Our case study calls for rethinking this transition to the new everyday life and using concepts such as "coexistence" to describe the survivors' adaptation attitudes instead of the "acceptance" concept.

Although age is usually related to many medical problems, participants showed full awareness of life's nature. Women were adapting to the idea that life was not always smooth. They knew that life involved many events, some of which could be painful. The positive relationship between a positive mentality and extended survivorship is well known even in cases of serious health issues. The awareness of life from the perspective of older breast cancer survivors could support other age groups. When younger age groups know that life is a journey of ups and downs and that they must survive regardless

of the severity of the trauma, it will help them to focus on self-organized healthy lifestyles rather than to arrange their lives as if it were their last day. Belief in the fight against breast cancer, whatever its severity, could help to prolong their survivorship.

Study Limitations

This study's limitations were mainly related to the reality of using a qualitative approach and secondary analysis. This study was limited by a case study approach that did not fully support generalization to populations. This means that the patterns that were detected within the nine cases of breast cancer survivors may not be found in the general population. Therefore, this study must be explored further with a larger sample before making conclusions.

The stories used were collected as part of a study to investigate the needs of breast cancer survivors and to make a toolkit that would help with their needs. The interviews were not manipulated, guided, or directed in such a way that could focus the stories. Although each story used in this study involved discussions regarding the experiences of older breast cancer survivors, some of the interviews were short. Stories included general thoughts about breast cancer that did not discuss the meaning of breast cancer.

If the stories used in this study had been collected in real-time, I would have been able to follow the experiences from the assumption that breast cancer has a meaning for older survivors, which could carry specific attitudes and behaviors. It was discovered that dignity was hidden in each survivor's experience, but I would have liked to confirm the dignity and meaning of surviving with the participants. If I had been able to follow the specific experiences of each woman through the conceptual model of the dignity of breast cancer, my findings would have been supported.

Also, the survivor's dignity meaning was derived only from the attitudes and the tones of survivors' stories; the bulk of the data was from the survivors' general perspectives about breast cancer. If the interviews had been conducted for this study, I would have been able to engage with survivors while they were discussing their experiences. I would have asked more about how they reached their breast cancer meanings. Understanding each perspective of breast cancer meaning would have enabled me to expand on the social construction of breast cancer in a region in the US.

Summary

Older breast cancer survivors' meaning-making, attitudes, and behaviors have been discussed in this section. Many of the notions such as social support and provider-survivor relationships were consistent with those found in the literature, while other aspects such as dignity and good prognosis meanings, grief attitudes and behaviors were semi-consistent or inconsistent with the published results. A noteworthy finding was the dignity meaning that survivors showed in their narratives and the link between dignity meaning and attitudes. Older survivors focused on self-value more than did other age groups as published in other studies. They believed that they deserved dignified and meaningful relationships. Therefore, survivors' attitudes were shown to relate to their dignity maintenance level. Attitudes such as anger, depression and resistance were shown in relation to the low dignity meaning that survivors felt when they interacted with other people. Survivors reflected an ability to co-exist when their dignity was maintained. Older breast cancer behaviors were categorized as de-stress activities and communication behaviors that were aimed to reduce the pressure on the survivors.

Literature studies show inconsistent results in discussions about meaning-making. No clear theory was used to describe the meaning of breast cancer, particularly among older age groups; therefore, more studies are needed on the meaning of breast cancer in older populations. Moreover, I used the coexistence concept instead of the accepted concept because of the reality that a breast cancer survivor is someone for whom part of her life is dead already, while the other part struggles to survive. The implications for research, practice, and education have been presented, along with the limitations of the study.

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