

Research Article

Concerns of Women With Breast Cancer During Their Therapy in Iran: A Qualitative Investigation

Nasrin Sadidi ¹, Armita Shahesmaeili ², Parvin Mangolian Shahrababaki ³,
Mohammad Ali Zakeri ^{4,5}, Behjat Kalantari Khandani,⁶ and Aliakbar Haghdooost ²

¹Social Determinants of Health Research Center, Institute for Futures Studies in Health, Kerman University of Medical Sciences, Kerman, Iran

²HIV/STI Surveillance Research Center and WHO Collaborating Center for HIV Surveillance, Institute for Futures Studies in Health, Kerman University of Medical Sciences, Kerman, Iran

³Student Research Committee, Kerman University of Medical Sciences, Kerman, Iran

⁴Social Determinants of Health Research Center, Rafsanjan University of Medical Sciences, Rafsanjan, Iran

⁵Clinical Research Development Unit, Ali-Ibn Abi-Talib Hospital, Rafsanjan University of Medical Sciences, Rafsanjan, Iran

⁶Afzalipour Hospital, Kerman University of Medical Sciences, Kerman, Iran

Correspondence should be addressed to Aliakbar Haghdooost; ahaghdooost@gmail.com

Received 23 September 2024; Accepted 17 March 2025

Academic Editor: PIng-Pui Wong

Copyright © 2025 Nasrin Sadidi et al. European Journal of Cancer Care published by John Wiley & Sons Ltd. This is an open access article under the terms of the Creative Commons Attribution License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

Objective: Women with breast cancer (BC) may have dreadful experiences mainly because of the severity of their disease, the complications of treatments, and its psychological burden. In this study, we explored the concerns of BC cases in Iran. Therefore, this study aimed to investigate the problems of BC patients from the beginning of treatment and its continuation in Kerman city. **Methods:** This qualitative descriptive-exploratory study was conducted using a conventional content analysis approach to investigate the concerns of women with BC during their therapy in Iran. A total of 30 women with BC were included in the study through purposive sampling. Data were collected through in-depth, semi-structured interviews. The study process lasted from November 2019 to December 2022.

Results: Three hundred and twenty codes, 1 main category, 3 categories, and 16 subcategories were extracted. Based on the participants' experiences, women with BC face various concerns during their treatment: (1) physical and psychological problems, (2) family and social problems, and (3) organizational problems.

Conclusion: This study shows that most of the concerns of BC are related to psycho-emotional problems, easy access to medicine and treatment costs, and other economic problems. This clearly shows the urgent need of these patients for regular counseling and follow-up and more support in the field of financing. Addressing concerns before treatment, particularly among women who are considered a vulnerable group in society, can assist researchers and specialists in planning counseling and necessary follow-ups to reduce these patients' anxiety and support their rehabilitation after treatment. Attention to the necessary psychological and social support for these patients may also help improve their adaptation.

Keywords: breast cancer; cancer therapy; patient concerns; qualitative research; women's health

1. Introduction

Cancer is one of the most common causes of death worldwide [1]. According to updated estimates by the International Agency for Research on Cancer (IARC), nearly

20 million new cancer cases were reported in 2022, alongside 9.7 million cancer-related deaths [2]. It is estimated that approximately one in every five men or women will develop cancer during their lifetime. Following lung cancer, female BC accounts for the highest incidence rates [2]. As reported

by the World Health Organization (WHO), in 2020, there were 2.3 million new cases of BC globally. Furthermore, since 2015, a total of 7.8 million women have been living with a diagnosis of BC [3]. BC ranks as the fifth leading cause of cancer-related mortality and is the most common cause of death among women in less developed countries [4]. In Iran, BC holds the first position in terms of incidence and the fifth position in terms of mortality. It accounts for 13% of all cancers, regardless of gender, with an incidence rate of 34.5 per 100,000 women [5]. According to the latest reports from various regions in Iran, the incidence and mortality rates of BC have significantly increased [6].

Therefore, timely diagnosis and treatment are essential and improves patients' chances of survival [7] and quality of life [8]. Treatment for BC includes chemotherapy, hormonal therapy, targeted therapy, and palliative care [9]. As we all know, the important subject about BC and its treatment is that despite the improvement and progression of cancer treatments and survival rates, treatment in cancer patients is still associated with unpleasant symptoms, which in turn causes short-term and long-term side effects in these patients [10]. Studies have demonstrated that chemotherapy drugs can cause short-term side effects such as nausea, vomiting, gastrointestinal disorders, and stomatitis [11, 12] and may cause symptoms such as fatigue, alopecia, renal toxicity, and sexual dysfunction in the long term [13]. The results of other studies in this field also show that the patient with BC, by being exposed to various physical complications, also experience problems in other aspects, including emotional-psychological, lack of social and organizational support, and economic problems and job loss [14]. Moreover, all of these feelings and experiences of the patient undergoing treatment reduces the patient's quality of life, and some may not continue treatment or reduce the dose of the drug [15]; in this case, the chances of treatment success are reduced [16]. In another study, BC in women led to various issues, including reduced self-confidence, decreased willingness to socialize, introversion, and noticeable withdrawal from social interactions [17]. These effects are often associated with changes in self-perception or fear of judgment due to physical appearance changes [17, 18].

Additionally, the results of studies conducted in Iran indicated that patients undergoing BC treatment experienced problems such as reduced ability to perform daily tasks, economic challenges, insufficient insurance coverage, and the high cost of chemotherapy drugs [19]. Furthermore, they faced psychological consequences such as anxiety, stress, tension, depression, sexual dysfunction, and fatigue [20, 21].

Although the complications and difficulties of women undergoing BC treatment have been studied previously, a few papers have been conducted in this field but, given that these studies focus on certain complications and specific treatments. Also, the patients' problems vary from country to country. Therefore, there was a need to investigate the problems of these patients in a comprehensive study. The present study was conducted qualitatively and without any presuppositions and relying only on the experiences of women undergoing BC treatment regarding their concerns

and problems in various fields that were freely expressed. Using the data obtained from the experiences of the participants in this study could be a possible help to raise awareness and provide deep understanding of researchers, policymakers, and clinicians about the problems of these patients and their severity and taking effective measures to reduce these problems and ultimately increase the quality of life of patients and adaptation to new conditions. This qualitative study was conducted with the aim of exploring the concerns of women with BC during their treatment in Iran.

2. Materials and Methods

2.1. Design. This qualitative descriptive-exploratory study was conducted by using conventional content analysis, a research approach for the description and interpretation of the textual data, as well as the identification of implicit and explicit themes using a systematic process of coding [22]. To gain a deeper understanding of the problems of BC patients, the researchers engaged themselves with the data by receiving direct information from the participants and reviewing the information frequently. This study started in November 2019 and lasted until February 2020.

2.2. Setting and Participants. The 30 participants using purposive sampling were selected from a referral clinic, which is one of the main referral centers for cancer patients, in Kerman, a medium-sized city in southeastern Iran.

We recruited women with BC and under treatment and provided written informed consent for participation in the study. It was attempted to consider maximum diversity in terms of age, marital status, and education. Also, interviews were conducted with the cooperation of the physician and medical staff and gaining the participants' trust regardless of the stage of the disease. Inclusion criteria included women with BC who were being treated, women aged 18 years or older, BC patients at stages I–IV, currently undergoing therapy, ability to speak Persian, participants who were able to communicate face to face in Persian, and participants who were mentally prepared to share their experiences. Participants who, for any reason, were unwilling to continue with the interview and research process, as well as patients experiencing disease progression, recurrence, or metastasis, were excluded from the study.

2.3. Data Collection. After obtaining approval from the relevant ethics committee, semi-structured interviews were conducted by the first author for 45–50 min with an open question to prepare the participant with an interview guide. The participants were requested to answer the questions based on their experiences and feelings. Interviews were conducted at specific times when patients were referred to the relevant clinic (Bahonar hospital and Javad Al-A'meh center) for chemotherapy services or follow-up visits and wherever patients were more comfortable. Then, they were asked to share their opinion and experience about concerns during their treatment. For this, the questions were asked

(Table 1). All interviews were digitally recorded with the participants’ consent. And the sampling and data collection process continued until saturation. So that duplicate information was obtained after that. During the interviews, attempts were made to write down the questions and ambiguities that came to the researcher’s mind and to consider in subsequent interviews to clarify the concepts extracted.

2.4. Data Analysis. The data were analyzed using Graneheim and Lundman’s approach; each text contains implicit and explicit messages that, while they must be interpreted, vary in depth and level of abstraction [23]. The full text of the interviews was typed verbatim, read several times by the researchers and other research team members, and then the meaning units that included the words and phrases were coded according to their underlying meaning. Codes were reviewed, and similarities and differences were found. Similar codes were put together or merged. In this way, several categories and subcategories were obtained. The Connaway and Powell criteria were used to ensure the accuracy and strength of the data [24]. To maintain the validity of the data, long-term interaction and involvement of the researcher and other research consultants with the data and allocating sufficient time for data collection and analysis were considered. The concept of scientific rigor proposed by Lincoln and Guba [25] comprises two components: parallel criteria for validity and unique criteria for authenticity. The rationale for using the term “validity” as a parallel term to rigor is such that the foundation of rigor includes validity as equivalent to internal validity, transferability as equivalent to external validity, dependability as equivalent to reliability, and confirmability as equivalent to objectivity [26]. Based on a comprehensive description of the nature of the participants, the experiences reported by them was considered to enhance transferability. Further, to ensure the reliability of the results, other experts monitored the consistency of the study process and agreed on the resulting codes and classes. To increase the verifiability, participants’ opinions about the confirmation of their statements were used.

2.5. Ethics Approval. This study was approved by the Kerman University of Medical Sciences ethics committee with the code IR. KMU.REC.1398.542. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki Declaration. At the beginning of each interview, to obtain the participants’ written and conscious consents, the researcher informed them of the aim of this study and the right to enter and exit and record interviews.

3. Results

The 30 women undergoing BC treatment participated in the study, with an average age of 47.46 ± 10.65; most were married and housewives. In more than half of the

TABLE 1: Example of questions.

Questions
1. How did you first find out about your disease?
2. What feelings and concerns did you experience after learning about your disease?
3. What was your reaction after learning about your disease?
4. What was your reaction, and how did you feel after the appearance of the changes caused by the treatment?
5. What problems did you experience with accessing medical care and access to medicine?

participants (53.3%), the family income level was low, and in stage III, their disease (53.3%) was diagnosed (Table 2).

Main category: The problems of women undergoing BC treatment

Three hundred and twenty codes, 1 main category, 3 categories, and 16 subcategories were extracted. Finally, by analyzing the interviews, three categories related to different problems of women undergoing BC treatment, including (1) physical and psychological problems, (2) family and social problems, and (3) organizational problems were obtained; each theme had two or more sub-themes, and a total of 16 sub-themes were extracted (Table 3 and Figure 1).

3.1. Physical and Psychological Problems. Many of the women participating in this study faced numerous physical and psychological challenges during the treatment of BC. These challenges included physical side effects caused by BC or its treatment, being caught in a state of doubt, adapting to a new body image, difficulty accepting their new condition, emotional stress, feelings of discrimination, helplessness, guilt, and fear of the consequences of the disease.

3.1.1. Physical Complications Caused by BC. The most commonly expressed concern in physical complications was about the shape of the breast, such as discoloration and tightening of the breast, feeling of a lump in the armpit or breast, enlargement of a breast, and discharge from the nipple breast, as well as pain in the armpits and shoulders. Some participants said: “*I accidentally touched my breast in the bathroom and noticed a hard lump inside it that also had pain a little.*” (p5). “*I had a sore breast at first, and when I touched it, I felt a lump the size of a small circle, which grew over time, and finally the pain reached to my hand*” (p10).

3.1.2. Physical Complications Caused by BC Treatment. About the physical problems caused by the treatment, most patients had expressed conditions such as nausea, anorexia, not feeling the taste of food, damage to the arteries of the chemotherapy place, burns, and blisters at the site of radiotherapy, hand swelling after surgery, and similar challenges. Some participants said: “*I cannot drink water or eat. During chemotherapy and until a few days later, due to severe nausea. I am even susceptible to the smell of perfume and shampoo. After the surgery, my hand became swollen, and I*

TABLE 2: Characteristics of the women undergoing BC treatment participating in the study.

Participants	Age	Education	Marital status	Occupation	Stage disease
P1	58	Elementary	Married	Housewife	III
P2	47	High school	Married	Housewife	III
P3	45	High school	Married	Self-employment	II
P4	67	Academic	Married	Retired	II
P5	53	Academic	Married	Housewife	III
P6	51	High school	Married	Housewife	II
P7	62	Elementary	Widowed	Housewife	III
P8	31	Middle	Married	Housewife	III
P9	37	High school	Married	Housewife	II
P10	47	Academic	Married	Employed	III
P11	37	High school	Married	Housewife	II
P12	32	Academic	Married	Housewife	I
P13	58	Elementary	Married	Housewife	III
P14	54	Academic	Never married	Employed	III
P15	45	High school	Widowed	Housewife	II
P16	48	Academic	Married	Retired	II
P17	55	High school	Married	Housewife	III
P18	65	Illiterate	Widowed	Housewife	IV
P19	31	High school	Married	Housewife	I
P20	36	High school	Married	Self-employment	II
P21	44	Middle	Married	Housewife	III
P22	36	Academic	Married	Employed	II
P23	62	Elementary	Married	Housewife	III
P24	46	High school	Married	Housewife	III
P25	44	High school	Divorced	Housewife	II
P26	37	Academic	Never married	Housewife	I
P27	45	Illiterate	Married	Housewife	III
P28	38	Illiterate	Married	Housewife	II
P29	65	Elementary	Married	Housewife	III
P30	48	Academic	Married	Self-employment	III

could not move it well" (p17). "I had burns and blisters on my skin, and I was very itchy during radiation therapy" (p28).

3.1.3. Being Caught in Doubt and Hesitation. Patients are usually hesitant to start the treatment suggested by the doctor due to concerns about the treatment's effectiveness or because of the advice of those around them to traditional medicine. A participant said: "When I went to the doctor for diagnosis, he told me that it was too late and that I should have surgery immediately. I was very shocked and went to several other doctors. At the beginning of the treatment, many people told me to do traditional medicine, and I was hesitant, so it took me a while to get chemotherapy" (p6).

3.1.4. Struggling to Cope With a New Body Image. Most BC patients experience changes in their body image due to various treatments. These changes cause the patient to be isolated and depressed and disturb the person's mental image from her body. Some participants said: "When the doctor told me to have surgery, I told the physician that if it was possible to just remove the lump, but unfortunately saying that the whole breast should be emptied, I was very upset, because the beauty of my body was essential to me and I am still looking for a breast prosthesis" (p20). "I always cover my head in front of my children because my hair is completely lost. I even use wigs because of my son" (p21).

3.1.5. Difficulty Accepting the New Status. One of the significant challenges for patients undergoing treatment is the change in their daily lives and activities due to the side effects of the treatment. The occurrence of some behaviors in the patient indicates that the person has not yet adapted to the new situation. Some participants said: "I decided to quit chemotherapy thousands of times because of the difficulty and the side effects. Even until 2 days later, I cannot hug my child because they said my body sweat is toxic" (p25). "I cannot do housework for a while after chemotherapy, and my mother helps; while before I got this disease, I was very active, and I wanted to be an exercise coach. But now, I do not think about it at all" (p25).

3.1.6. Mental Tensions During Treatment. It is sometimes seen that patients continue to suffer from stress and obsessions for a long time, and according to them, this condition is aggravated by being in the treatment place. Some participants said: "I am so scared of chemotherapy that I feel bad the moment I get to the entrance to the oncology clinic" (p17). "From the beginning of the treatment, I constantly I am thinking about that another organ of my body may be involved and, for example, cancer may spread to my lungs" (p2).

3.1.7. Feelings of Discrimination. One of the internal challenges that a patient may face for a long time is that

TABLE 3: Subcategories, categories, and main category extracted from the qualitative content analysis.

Main category	Categories	Subcategories	Participant's ID
The problems of women undergoing BC treatment	1. Physical and psychological problems	a. Physical complications caused by BC	p5, p10, p20
		b. Physical complications caused by BC treatment	p7, p17, p28, p24
		c. Being caught in doubt and hesitation	p6
		d. Struggling to cope with a new body image	p20, p21
		e. Difficulty accepting the new status	p25, p25
		f. Tensions mental during treatment	p2, p17
		g. Feelings of discrimination	p26
		h. Feelings of helplessness and guilt	p7, p11
		i. Fear of the consequences of the disease	p9, p27
	2. Family and social problems	a. Disturbing relationships with husband and family	p5, p15
		b. Annoying social relationships	p15, p16
		a. Disorders in the process of drug supply	p1, p30
	3. Organizational problems	b. Inadequate education for the patient and family	p24, p13
		c. Employment challenges	p12
		d. Difficulties in financing treatment and the imposition of additional costs	p2, p25
		e. Transportation problems	p21

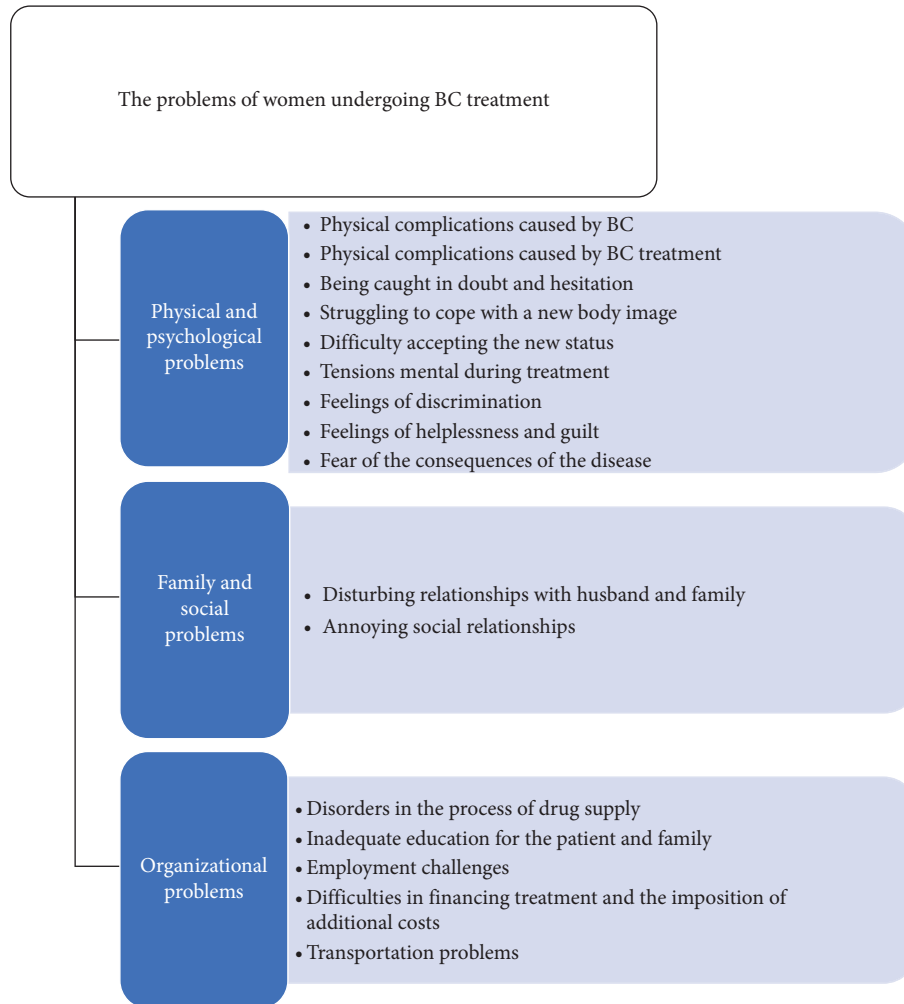


FIGURE 1: Category and some subcategories of problems of women undergoing BC treatment.

she constantly asks herself why she has BC. Or why she is not like healthy as other people? And generally feels discriminated against. A participant said: *"When I realized my illness, I complained to God and said, God, why me?"* (p26).

3.1.8. Feelings of Helplessness and Guilt. When the patient is looking for an answer as to why she has this disease? She may eventually blame herself for past behaviors. Some participants said: *"I think I got BC because I used to have IVF to get pregnant"* (p11). *"I think getting this disease has been the atonement for my sins in the past"* (p7).

3.1.9. Fear of the Consequences of the Disease. Depending on the acceptance of the new circumstances and religious beliefs, participants experienced different thoughts about the outcome of their illness. Some participants said: *"I am very disappointed, and I think my treatment is not effective and I will die because my aunt also died despite surgery"* (p27). *"Firstly, I was very disappointed about the treatments' result and complained to God, but now my relationship with God has deepened, and I have repented, and with the support and*

comfort of my family and the doctor, I am very hopeful about the result of the treatment" (p9).

3.2. Family and Social Problems. Disruptions in relationships with husband and family and annoying social interactions were two significant factors reported by many of the women in this study. These issues fell within the realm of familial and social challenges that women encountered during BC treatment.

3.2.1. Disturbing Relationships With Husband and Family. Most BC patients who are being treated experience challenges in communicating with their spouse and immediate family and in dealing with these challenges; the family and sometimes the patient tries to control the situation in some way. Some participants said: *"Unfortunately, this disease has also affected our marital relationship, and my husband is afraid to sleep beside me because I have had full breast surgery, and he thinks I am being bothered"* (p15). *"Since the start of treatment, my children have taken great care of me and spent much time caring for me, and I feel ashamed of that"* (p5).

3.2.2. Annoying Social Relationships. Other people in the community, such as distant relatives, colleagues, neighbors, etc., show behaviors and reactions in dealing with these patients, some of which are right and some of which are wrong and which may cause the patient to be annoyed. Some participants said: *“Stay at home, and I do not want to go out because everyone asks many questions such as why did you lose your eyebrows or why did you get BC?”* (p15). *“Acquaintances and distant relatives, who noticed my disease, harassed me with compassion and sad words. For example, one of them said that with treatment, you only survive for a few years”* (p16).

3.3. Organizational Problems. Many of the BC patients in this study faced various organizational problems in the process of BC treatment. These included disruptions in the medication supply process, inadequate education for patients and their families, employment challenges, financial difficulties in covering treatment costs, and transportation problems.

3.3.1. Disorders in the Process of Drug Supply. Indeed, all patients require the medication to be available to them as soon as possible and easily whenever they need it. Some participants said: *“The process of approving prescription drugs is time-consuming, and we had to refer to various institutions for approval”* (p30). *“At the beginning of the treatment period, when I used the foreign and main medicine, the side effects were less, but now that I use the Iranian type due to sanctions and it is difficult to access the foreign prescription, I have headaches and dizziness”* (p1).

3.3.2. Inadequate Education for the Patient and Family. Sometimes, due to the large number of patients admitted to the oncology clinic, the medical staff may not advise the patient or her family on some care points or explain how to deal with some side effects. Also, most of them were satisfied with the advice given in this regard. Some participants said: *“Most of the time the clinic is so crowded that I do not receive an explanation of how to take some medications at home”* (p24). *“I did not know that because my left breast was operated on, I should not work too much with my left hand”* (p13).

3.3.3. Employment Challenges. A few of patients in this study stated that due to exposure to treatment and its complications, they also faced challenges in their work activities, which led to absenteeism or complete job loss. A participant said: *“I used to work in photography, but now I can no longer work due to BC”* (p12).

3.3.4. Difficulties in Financing Treatment and the Imposition of Additional Costs. Unfortunately, one of the concerns that patients refer to as a major problem is the cost of treatment, and sometimes they have to pay extra to reduce or eliminate the complications of treatment. Some participants said:

“My right hand became swollen despite having light work done after the surgery, so I had to use physiotherapy and special sports services, and this was an additional cost” (p2). *“For skin problems after radiation therapy, I should see a dermatologist, or because of tingling in the foot, an acupuncturist is needed. All of this comes at an additional cost to me”* (p25).

3.3.5. Transportation Problems. Because since the treatment of these patients requires specialized clinics and most of those are located in the provincial centers, some patients have to travel a distance from their place of residence to receive medical services, which can cause problems for them. A participant said: *“Because since we come from another city for treatment, it is difficult for us to Commuting and we do not have a place to stay, but fortunately I found out that a charity helps cancer patients in this regard”* (p21).

4. Discussion

The findings of this study showed that women undergoing BC treatment, from the point of diagnosing the disease and during the treatment period, suffered from numerous challenges, as a result of which we reached three categories related to different problems of women undergoing BC treatment, including physical and psychological problems, family and social problems, and organizational problems.

One of the main and the most obvious concerns were the physical and psychological problems that patients were undergoing treatment and were faced with various types of physical discomfort. In this way, in the early stages, suffered from problems such as nausea, anorexia, not feeling the taste of food, and in the later stages, these symptoms gradually decreased and were replaced by other physical problems such as burns and blisters at the site of radiotherapy, and back pain and severe bone pain. In this regard, a study aimed at investigating the side effects of chemotherapy, anorexia, nausea, and felt tasteless were mentioned as the most common symptoms [12, 14, 27]. This was similar to the results of the present study. In the present study, we attempted to identify and examine the various layers that affect these problems. Shocking and denying the disease and how the patient deals with the new situation were major challenges that most patients face, and in this situation, the patient shows different reactions, including anger and referring to several doctors to ensure the accuracy of the diagnosis and the proposed treatment. In the study conducted by Tenda et al. on BC patients, it was found that the impact of the disease on mental health included a reduced motivation for social activities, distress over perceived cognitive decline, concerns about the effects of cognitive impairment, worries about the burden placed on their families, and anxiety regarding the progression of cognitive deficits [28]. In a similar study, it was reported that the diagnosis of BC initially caused shock and severe reactions for women and was considered a traumatic crisis, has caused imbalances, and has affected their ability to cope with daily life [16, 29, 30]. In support of this finding, a study by Carreira

et al. demonstrated that BC survivors are at a higher risk of experiencing anxiety, depression, sleep disturbances, sexual dysfunction, opioid use, and pain [29]. Loss of part of the body and changes in appearance, especially hair loss during this study, are one of the major concerns of BC, which was mentioned a lot, and based on the results, it creates a set of annoying feelings and thoughts such as isolation and depression in the patient. Other studies have suggested that the loss of part of a patient's body is considered a loss of a person's identity [31–33].

This issue also significantly impacts one of the most important aspects of a person's life, namely, her relationship with her spouse. Moreover, their sexual function is challenged [29], resulting from which the woman often feels a severe flaw in her role as a wife and that it is difficult for her to return to her pre-illness condition. Women gradually become isolated and refuse to communicate with other people in the community [34, 35]. Thus, raises the family's awareness and other people in the community about dealing with these patients can also be an essential step toward having the proper behavior and free of any pity with these patients. Regarding the specific issues and major concerns of BC patients, positive relationships with family and non-familial support systems are of significant importance. Nursing interventions can play a crucial role in fostering and supporting these relationships, thereby helping to prevent social isolation.

Another crucial issue regarding patients' problems concerns treatment costs and other costs imposed during treatment. Most BC patients complained about the cost of medication and treatment and the lack of adequate coverage for some insurances. Due to the reduction of the side effects of treatment, some people have to use services such as physiotherapy for the hands or because of radiation therapy and surgery, they need to see a dermatologist and cosmetologist, which imposes additional costs on them. Usually, the person refuses to do so. Other studies also have pointed to the economic problems of these patients; for example, in the study by Richter-Ehrenstein and Martinez-Pader on BC patients, it was revealed that 30.2% of the women experienced a decline in financial opportunities. Financial difficulties were cited by at least 20% of the patients as a primary reason for the reduction in their quality of life. These patients faced significant challenges in their employment and financial prospects [36], which was similar to the results of our study on job challenges.

Another main theme that was extracted according to the study results and patients' speeches is concerns related to organizational problems. In this regard, one of the essential concerns of patients is the drug supply process. The results showed that most patients reported difficult access to the original prescription or lack of medication. Some were dissatisfied with the time-consuming process of approving the prescription by the insurance office and other institutes. Furthermore, for almost all of these problems, most patients cited the impact of sanctions on the amount of access to the drugs and drug quality. In this regard, a study conducted to investigate the impact of international economic sanctions on Iranian cancer health care shows that economic sanctions

prevent the creation of a modern healthcare system, and the long-term and harmful effects of sanctions on Iranian patients, especially cancer patients, should be examined before the problem grows [37]. As a result of these sanctions, particular and advanced drugs such as cancer drugs cannot be produced in generic in Iran and therefore must rely on imports and because the export of drugs from the United States and Europe to Iran has dramatically decreased [38]. Iran must import its drugs and active ingredients from China and India to be of lower quality and effectiveness. Unfortunately, this problem will continue until the sanctions are lifted [39].

4.1. Limitations. Despite assurances regarding the confidentiality of the information and interview findings, participants may not have disclosed all relevant details. Given the numerous cultural and ethnic differences in Iran and considering that the present study was conducted in the southeastern region of the country, it is essential for future research to account for these variations. Further studies are recommended to explore our findings in other cultural contexts. However, the physical and emotional conditions of participants may have influenced their responses. Additionally, the small sample size may limit the generalizability of the findings. Therefore, it is suggested that larger, multicenter studies be conducted to enhance generalizability, longitudinal studies be undertaken to examine changes in concerns over time, and interventions be investigated to address psychological and social challenges.

5. Conclusion

In general, the results of this study, about the various problems of BC and under treatment, show that attention to the issue of emotional-social support and economic aspects and additional costs imposed on the patient due to physical complications of treatment, ease more in receiving drugs and medical services, can play the most significant role in improving the living conditions of patients and the degree of adaptation to new conditions. For this reason, the most important measures and decisions should be taken considering these cases to have the best effect in reducing the problems of these patients. In this regard, one of the essential measures considered by patients and mentioned during the interview was the need to perform various psychological counseling from the beginning of treatment and even long-term follow-up of patients after treatment to ensure the patient's condition improves.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Disclosure

An abstract of this manuscript is presented in the conference proceedings (Fifth International Cancer Congress, Tehran, <https://civilica.com/doc/1377795>).

Conflicts of Interest

The manuscript, as submitted or its essence in another version, is not under consideration for publication elsewhere and will not be published elsewhere while under consideration by this journal, and all of the authors of the manuscript declared that they have no conflict of interests.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Acknowledgments

The authors would like to thank all those who participated in this study.

References

- [1] J. Ferlay, M. Colombet, I. Soerjomataram, et al., "Cancer Statistics for the Year 2020: An Overview," *International Journal of Cancer* 149, no. 4 (2021): 778–789, <https://doi.org/10.1002/ijc.33588>.
- [2] F. Bray, M. Laversanne, H. Sung, et al., "Global Cancer Statistics 2022: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries," *CA: A Cancer Journal for Clinicians* 74, no. 3 (2024): 229–263, <https://doi.org/10.3322/caac.21834>.
- [3] WHO, "World Health Organization: Breast Cancer," (2021), <https://www.who.int/news-room/fact-sheets/detail/breast-cancer>.
- [4] W. Cao, H.-D. Chen, Y.-W. Yu, N. Li, and W.-Q. Chen, "Changing Profiles of Cancer Burden Worldwide and in China: A Secondary Analysis of the Global Cancer Statistics 2020," *Chinese Medical Journal* 134, no. 7 (2021): 783–791, <https://doi.org/10.1097/cm9.0000000000001474>.
- [5] J. M. Kocarnik, K. Compton, F. E. Dean, et al., "Cancer Incidence, Mortality, Years of Life Lost, Years Lived With Disability, and Disability-Adjusted Life Years for 29 Cancer Groups From 2010 to 2019: A Systematic Analysis for the Global Burden of Disease Study 2019," *JAMA Oncology* 8, no. 3 (2022): 420–444, <https://doi.org/10.1001/jamaoncol.2021.6987>.
- [6] Z. Sanaat and R. Dolatkah, "Epidemiologic Profile of Breast Cancer in Iran: A Systematic Review and Meta-Analysis," *Clinical Epidemiology and Global Health* 26 (2024): 101537, <https://doi.org/10.1016/j.cegh.2024.101537>.
- [7] M. Taskindoust, S. M. Thomas, S. L. Sammons, et al., "Survival Outcomes Among Patients With Metastatic Breast Cancer: Review of 47,000 Patients," *Annals of Surgical Oncology* 28, no. 12 (2021): 7441–7449, <https://doi.org/10.1245/s10434-021-10227-3>.
- [8] M. Dehghan, M. Jazinizade, A. Malakoutikhah, et al., "Stress and Quality of Life of Patients With Cancer: The Mediating Role of Mindfulness," *Journal of Oncology* 2020, no. 1 (2020): 3289521–3289610, <https://doi.org/10.1155/2020/3289521>.
- [9] L. A. Korde, M. R. Somerfield, L. A. Carey, et al., "Neoadjuvant Chemotherapy, Endocrine Therapy, and Targeted Therapy for Breast Cancer: ASCO Guideline," *Journal of Clinical Oncology* 39, no. 13 (2021): 1485–1505, <https://doi.org/10.1200/jco.20.03399>.
- [10] A. S. Anestin, G. Dupuis, D. Lancôt, and M. Bali, "The Effects of the Bali Yoga Program for Breast Cancer Patients on Chemotherapy-Induced Nausea and Vomiting: Results of a Partially Randomized and Blinded Controlled Trial," *Journal of Evidence-Based Complementary & Alternative Medicine* 22, no. 4 (2017): 721–730, <https://doi.org/10.1177/2156587217706617>.
- [11] M. Garutti, C. Noto, B. Pastò, et al., "Nutritional Management of Oncological Symptoms: A Comprehensive Review," *Nutrients* 15, no. 24 (2023): 5068, <https://doi.org/10.3390/nu15245068>.
- [12] N. M. Kuderer, A. Desai, M. B. Lustberg, and G. H. Lyman, "Mitigating Acute Chemotherapy-Associated Adverse Events in Patients With Cancer," *Nature Reviews Clinical Oncology* 19, no. 11 (2022): 681–697, <https://doi.org/10.1038/s41571-022-00685-3>.
- [13] U. Langeh, V. Kumar, P. Ahuja, C. Singh, and A. Singh, "An Update on Breast Cancer Chemotherapy-Associated Toxicity and Their Management Approaches," *Health Sciences Review* 9 (2023): 100119, <https://doi.org/10.1016/j.hsr.2023.100119>.
- [14] G. Şenel, "Barriers to Addressing Emotional and Psychosocial Needs in Cancer Care, Turkey," *Global Perspectives in Cancer Care: Religion, Spirituality, and Cultural Diversity in Health and Healing* (2022), 261.
- [15] L.-A. Aitken and S. Z. Hossan, "The Psychological Distress and Quality of Life of Breast Cancer Survivors in Sydney, Australia," *Healthcare* 10, no. 10 (2022): 2017, <https://doi.org/10.3390/healthcare10102017>.
- [16] N. Nguyen Bao, N. Thu Tran, C. Jenkins, H. Van Minh, P. Tran Bich, and H. Johansson, "Exploring the Mental Health Challenges of Women Diagnosed With Breast Cancer in Vietnam: A Qualitative Study," *Social Work in Public Health* 38, no. 5-8 (2023): 416–427, <https://doi.org/10.1080/19371918.2024.2315176>.
- [17] M. Al-Azri, Z. Al-Kiyumi, K. Al-Bimani, and H. Al-Awaisi, "The Impact of a Breast Cancer Diagnosis on the Social Interaction Patterns of Young Omani Women: A Qualitative Study Approach," *Current Oncology* 31, no. 12 (2024): 7979–7993, <https://doi.org/10.3390/curroncol31120589>.
- [18] H. Safizadeh, S. Hafezpour, and P. Mangolian Shahrabaki, "Health Damaged Context: Barriers to Breast Cancer Screening From Viewpoint of Iranian Health Volunteers," *Asian Pacific Journal of Cancer Prevention* 19, no. 7 (2018): 1941–1949, <https://doi.org/10.22034/APJCP.2018.19.7.1941>.
- [19] R. Khajoei, P. Azadeh, S. ZohariAnboohi, M. Ilkhani, and F. H. Nabavi, "Breast Cancer Survivorship Needs: A Qualitative Study," *BMC Cancer* 24, no. 1 (2024): 96, <https://doi.org/10.1186/s12885-024-11834-5>.
- [20] M. Maleki, A. Mardani, M. Ghafourifard, and M. Vaismoradi, "Qualitative Exploration of Sexual Life Among Breast Cancer Survivors at Reproductive Age," *BMC Women's Health* 21 (2021): 56–10, <https://doi.org/10.1186/s12905-021-01212-9>.
- [21] N. Rafaei Saeidi, H. Aghamohammadian, M. J. A. Ebrahimabad, and H. Karashki, "Psychological Consequences of Breast Cancer in Iran: A Systematic Review of Research Literature," *Journal of Fasa University of Medical Sciences* 8, no. 4 (2018).
- [22] H.-F. Hsieh and S. E. Shannon, "Three Approaches to Qualitative Content Analysis," *Qualitative Health Research* 15, no. 9 (2005): 1277–1288, <https://doi.org/10.1177/1049732305276687>.
- [23] U. H. Graneheim and B. Lundman, "Qualitative Content Analysis in Nursing Research: Concepts, Procedures and Measures to Achieve Trustworthiness," *Nurse Education Today* 24, no. 2 (2004): 105–112, <https://doi.org/10.1016/j.nedt.2003.10.001>.
- [24] L. S. Connaway and R. R. Powell, "Basic Research Methods for Librarians: Libraries Unlimited," *Library & Information Science* (2017).

- [25] Y. S. Lincoln and E. E. Guba, "Research, Evaluation, and Policy Analysis: Heuristics for Disciplined Inquiry," *Review of Policy Research* 5, no. 3 (1986): 546–565.
- [26] O. C. Enworo, "Application of Guba and Lincoln's Parallel Criteria to Assess Trustworthiness of Qualitative Research on Indigenous Social Protection Systems," *Qualitative Research Journal* 23, no. 4 (2023): 372–384, <https://doi.org/10.1108/qjrj-08-2022-0116>.
- [27] S. Guo, P. Cui, P. Wang, et al., "The Chain Mediating Effects of Psychological Capital and Illness Perception on the Association Between Social Support and Acceptance of Illness Among Chinese Breast Cancer Patients: A Cross-Sectional Study," *European Journal of Oncology Nursing* 75 (2025): 102800, <https://doi.org/10.1016/j.ejon.2025.102800>.
- [28] Y. Tenda, M. Miyashita, A. Yamada, et al., "Older Patients' Experience of Living With Cognitive Impairment Related to Hormone Therapy for Breast Cancer: A Qualitative Study," *European Journal of Oncology Nursing* 57 (2022): 102115, <https://doi.org/10.1016/j.ejon.2022.102115>.
- [29] H. Carreira, R. Williams, G. Funston, S. Stanway, and K. Bhaskaran, "Associations Between Breast Cancer Survivorship and Adverse Mental Health Outcomes: A Matched Population-Based Cohort Study in the United Kingdom," *PLoS Medicine* 18, no. 1 (2021): e1003504, <https://doi.org/10.1371/journal.pmed.1003504>.
- [30] H. T. H. Nguyen, O. T. K. Nguyen, T. N. Tran, A. C. Nguyen, P. Liamputtong, and L. K. Bui, "The Impacts of Cancer Treatment on Lifestyle Habits and Mental Health in Vietnamese Women: An Exploratory Qualitative Study," *Supportive Care in Cancer* 32, no. 10 (2024): 654, <https://doi.org/10.1007/s00520-024-08831-6>.
- [31] S.-H. Jo, S.-H. Kang, W.-S. Seo, B.-H. Koo, H.-G. Kim, and S.-H. Yun, "Psychiatric Understanding and Treatment of Patients With Amputations," *Yeungnam University Journal of Medicine* 38, no. 3 (2021): 194–201, <https://doi.org/10.12701/yujm.2021.00990>.
- [32] S. Magasi, H. K. Marshall, C. Winters, and D. Victorson, "Cancer Survivors' Disability Experiences and Identities: A Qualitative Exploration to Advance Cancer Equity," *International Journal of Environmental Research and Public Health* 19, no. 5 (2022): 3112, <https://doi.org/10.3390/ijerph19053112>.
- [33] E. C. G. Rodrigues, R. R. Neris, L. C. Nascimento, É. A. de Oliveira-Cardoso, and M. A. Dos Santos, "Body Image Experience of Women With Breast Cancer: A Meta-Synthesis," *Scandinavian Journal of Caring Sciences* 37, no. 1 (2023): 20–36, <https://doi.org/10.1111/scs.13102>.
- [34] J. Kim and K. Lee, "Lived Experiences of Breast Cancer in Patients Under the Age of 40: A Phenomenological Study," *European Journal of Oncology Nursing* 65 (2023): 102336, <https://doi.org/10.1016/j.ejon.2023.102336>.
- [35] K. Lee and H. S. Jun, "Health-Related Quality of Life of Premenopausal Young Breast Cancer Survivors Undergoing Endocrine Therapy," *European Journal of Oncology Nursing* 68 (2024): 102496, <https://doi.org/10.1016/j.ejon.2023.102496>.
- [36] C. Richter-Ehrenstein and J. Martinez-Pader, "Impact of Breast Cancer Diagnosis and Treatment on Work-Related Life and Financial Factors," *Breast Care* 16, no. 1 (2021): 72–76, <https://doi.org/10.1159/000507313>.
- [37] S. Shahabi, H. Fazlalizadeh, J. Stedman, L. Chuang, A. Shariftabrizi, and R. Ram, "The Impact of International Economic Sanctions on Iranian Cancer Healthcare," *Health Policy* 119, no. 10 (2015): 1309–1318, <https://doi.org/10.1016/j.healthpol.2015.08.012>.
- [38] A. A. Asadi-Pooya, M. Nazari, and N. M. Damabi, "Effects of the International Economic Sanctions on Access to Medicine of the Iranian People: A Systematic Review," *Journal of Clinical Pharmacy and Therapeutics* 47, no. 12 (2022): 1945–1951, <https://doi.org/10.1111/jcpt.13813>.
- [39] S. Naghdi, M. Maleki, and S. Vatankhah, "Financing of Rare Diseases and Orphan Drugs in a Sanctioned Country: A Qualitative Study," *Medical Journal of the Islamic Republic of Iran* 36 (2022): 48, <https://doi.org/10.47176/mjiri.36.48>.