

## How Women Construct Their Identities as Breast Cancer Survivors

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**ABSTRACT:** *Breast cancer is a life-threatening disease that has a pervasive nature of uncertainty which can lead its victims to a feeling of segregated and disempowerment. These victims often reconstruct their identity of a new self, depending on their experience. The aim of this study is to find out how women construct their identities as breast cancer survivors. A qualitative phenomenological study design was used. Twenty-two BC survivors were selected purposively from Lagos University Teaching Hospital (LUTH) breast cancer clinic using a snowball sampling technique and data was collected using an unstructured one-on-one interview with an open-ended questions interview guide. The Data collected was analysed using structural analysis and in-depth interpretation of meaning. The findings revealed that the participants, each, had their construct about their identities concerning BC treatment outcome. Their responses demonstrated 3 categories of identity as the outcome, thus: as the outcome: survivors, victims and uncertain group. These self-identification and interpretation of BrCa experience were found to be influenced by a cascade of factors cumulating as experiences through the 3 stages in the journey. The study concluded that despite the identification of the participants in this study as survivors by the researchers, the participants have their own constructed self-identity based on the outcome of their BrCa treatment. Therefore, the use of the word "survivor" to identify women who have suffered from BrCa and have undergone treatment, is a way of enlightening the women on the choice of Identification they can use they reflect successful treatment and a more emotionally supportive means to maintain a healthy new lifestyle for the rest of their life.*

**KEY WORDS:** breast cancer, construct, identity, survivorship

## INTRODUCTION

The term “cancer survivor” remains a controversial and highly contested because of the lack of consensus over one exact meaning (Rees, 2018). Cancer survivor was first introduced by Mullan, a US physician, in 1985. Mullan suggested that those who have cancer should be called survivors from the point of diagnosis, this is just to avoid discriminating between those with good and bad prognoses of the disease, while the European Organisation of Research and Treatment of Cancer (EORTC) defines a survivor as a cancer patient who does not have any signs of active disease (Mohammed et al., 2018). Today in the USA, the term “survivor” is used to advocate for research and better health care for cancer patients (Siegel et al., 2022). The survival of breast cancer is increasing in developed countries with improved treatment modalities, while still very poor in developing countries (Nwozichi, 2019). This is not unconnected to the way women in developing countries like Nigeria construct their identity after suffering from the disease. Unfortunately, there are only but few breast cancer survival data available in Nigeria to prove this connection (Ali-Gombe, et al., 2021).

Although breast cancer survivors of different ages might experience common treatment side effects, younger women reported low levels of quality of life (Ngan, Mai, Van Min, Donnelly, & O'Neill 2022), including psychological distress, sexual functioning and body image concerns, as well as relationship problems. It has also been reported that African women are diagnosed most often between 35 and 45 years, which is more than 15 years earlier than the women in Europe and North America with median age at diagnosis of 61 years (Alvarez-Bañuelos et al., 2021). Most patients in Nigeria present late; a study done in Lagos revealed that 66% of breast cancer patients who presented at the Lagos University Teaching Hospital were in stages III and IV disease whereby only palliation can be offered with eventual poor outcome mostly due to the victimisation and self-interpretation of the disease condition (Agodirin et al., 2017).

Breast cancer is a life-threatening disease that has a pervasive nature of uncertainty which can lead its victims to a feeling of segregated and disempowerment (Nwozichi et al., 2020). However, these victims may reconstruct their identity within optimism and a celebration of a new self, no matter their experience. The survival rate of people with breast cancer in Nigeria is far less satisfactory than that observed in high-income countries, because of late presentation and other unknown like inadequate number of cancer care specialists (Ali-Gombe et al., 2021), lack of functional equipment and other resources from the health provider side and most worrisome, is the high level of poverty (Ajayi et al., 2019).

Following the conclusion of primary therapy, many cancer patients enter the recovery phase of survivorship. During this time, challenges can, most likely, include the worry about a recurrence, difficulty resuming former roles, such as those of parent or employee, worry about medical bills, and decisions about which provider to see for various health needs (Marroquín et al., 2016). Cancer

survivors are remarkably resilient, but some may need to make a financial, physical, emotional, social, and spiritual adjustments, and will require family and community support in their lifestyle to find a "new way of living" (Yufe et al., 2021).

Little is known about how these women construct their identity as a BC survivor and how their self-identification affects their survival and lifestyle after treatment and that of other persons who suffers breast cancers in Nigeria. Culture, often defined as the set of attitudes, beliefs, and values that people and societies passed down between generations (Rashidi et al., 2021), can have a tremendous impact on patients' hopes and expectations in the health care setting and influence how cancer survivors make meaning of their trajectories and current situation (Chan et al., 2020; Mejía-Rojas et al., 2020). These beliefs can influence BrCa survivor's expectations and responses to information about diagnosis and disease treatment (Ginter & Braun, 2019).

With respect to the Western cultural understandings of breast cancer, the discourse of survivorship may replace the beliefs and fears of cancer as a deadly disease which has been found to help shape a better outcome for Breast Cancer patients (Alvarez-Bañuelos et al., 2021). The shift in cancer representation using traditional metaphors, such as 'cancer victim' or 'cancer patient', indicates that the latter is being replaced in many cases by the term 'cancer survivor' in many literatures today to reduce chance of stigmatising these women (Mohammed et al., 2018). The aim of this study is to find out how women construct their identities as breast cancer survivors.

## **METHODOLOGY**

This study was carried out among women in Southwestern Nigeria, who are long-term survivors of breast cancer using a hermeneutic phenomenological approach guided by the recommendations of Ricoeur (1976) as a research design. It allows an exploration of the experiences embedded in the stories of women who are survivors of breast cancer.

They were selected purposively from Lagos University Teaching Hospital (LUTH) Cancer Center using a snowball sampling technique until data saturation was achieved. Efforts were directed to select survivors who have rich experience and can fully narrate their stories of the experiences. The estimated sample size was 20 to 25 breast cancer survivors to allow for data saturation.

Data was collected using an unstructured one-on-one interview with an open-ended question from the participants in such a way that they were able to narrate the way they construct their identity as BC survivors. All interviews were recorded with a professional digital voice recorder after permission is granted by the participants. Two research assistants were recruited and trained on how to use the interview guide and hands on practical were carried out.

The instrument for data collection was an unstructured interview guide with 13 questions used to elicit the responses from the women who were long-term survivors of breast cancer. The main

research question was: Can you tell me a story about your journey with breast cancer? This was the basic question used to explore their construction identities as breast cancer survivors. While the participants were describing their experiences, the researcher engaged in taking note of salient points during the interview and body gesture. Other exploratory questions were asked to clarify the responses such as “could you please clarify...?” and “Are there other things you want to tell me about your background?”. The interview lasted between 40- 60 minutes per participant, conducted at locations preferred by the participants where they felt very comfortable to express themselves.

Data collected were studied and extracted into quantitative (for descriptive purposes) and qualitative data (subjective narratives). The quantitative data comprising their ages at time of diagnosis, marital status, employment, highest educational level, stage of cancer at time of diagnosis, and years of survivorship were presented on a simple frequency distribution table to give a description of the sociodemographic distribution of the participant. While the qualitative data analysis followed the principles of the hermeneutic arc proposed by Ricoeur (1991) which includes concepts of naive reading, structural analysis and in-depth interpretation of meaning. According to Ricoeur (1991), interpretation moves forward from naive understanding, where the interpreter has a superficial grasp of the whole of the text, to deeper understanding, where the interpreter understands the parts of the text in relation to the whole and the whole of the text in relation to its parts. In this way, Ricoeur's theory of interpretation provides researchers with a method of developing inter-subjective knowledge. Verbatim transcription of interview data was carried out to ensure accuracy.

## **RESULT**

In this study, data saturation was achieved after interviewing 22 women who have completed breast cancer (BrCa) treatment and were in survivorship phase were interviewed in this study. At the time of diagnosis, majority 19 (86.4%) of the women were younger than 50 with the youngest being 27 years old and the oldest was diagnosed at 61 years old. Most of the women reported being diagnosed with stage II BrCa as at time of diagnosis. Some of the participants have been BrCa survivors for about seven years with the shortest being eight months. Table 1 shows the demographic characteristics of the participants.

**Table 1: Participants' Demographic Characteristics (N = 22)**

ITEM	RESPONSES	FREQ UENC Y (N)	PERCENT AGE (%)
MARITAL STATUS	Divorce	1	4.5
	Married	18	81.8
	Single	1	4.5
	Widow	2	9.1
	<b>Total</b>	<b>22</b>	<b>100.0</b>
HIGHEST EDUCATIONAL LEVEL	Bachelor of Education (BEdu)	2	9.1
	Bachelor of Science (BSc.)	10	45.5
	Higher National Diploma (HND)	3	13.6
	Masters Degree (MSc)	4	18.2
	Senior secondary School Certificate Examination (SSCE)	3	13.6
	<b>Total</b>	<b>22</b>	<b>100.0</b>
OCCUPATION	Civil servant	7	31.8
	House wife	1	4.5
	Self employed	5	22.7
	Unemployed	9	40.9
	<b>Total</b>	<b>22</b>	<b>100.0</b>
STAGE OF CA AT TIME OF DIAGNOSIS	II	15	68.2
	III	5	22.7
	II grade 1	1	4.5
	Unsure	1	4.5
	<b>Total</b>	<b>22</b>	<b>100.0</b>
YEARS OF SURVIVORSHIP	5yrs	2	9.1
	6yrs	6	27.3
	7yrs	8	36.4
	8yrs	3	13.6
	9yrs	3	13.6
	<b>Total</b>	<b>22</b>	<b>100.0</b>

- **BEdu:** Bachelor of Education
- **BSc.:** Bachelor of Science
- **HND;** Higher National Diploma (HND)
- **MSc:** Masters Degree
- **SSCE:** Senior secondary School Certificate Examination

Table 1 above is an extract from the transcript interview to show the distribution of the respondents according to their socio-demographic characteristics, based on their responses at the introductory part of the interview. Majority 18(81.8%) of the respondents were married, 2(9.1%) were widows, while the divorced and singles were just 1(4.5%) each, respectively.

The educational qualification earned by the respondents shows that 10 (45.5%) have Bachelor of Science (BSc.), 2 (9.1%) had Bachelor of Education (Bedu), 32 (13.6%) had Higher National Diploma (HND), while 4 (18.2%) have obtained Master's degree (MSc). They also accounted for their occupations as 7 (31.8%) Civil servant, 1 (4.5%) Housewife, 5 (22.7%) Self employed, and 9 (40.9%) as Unemployed.

Based on recall, they were asked if they could remember the stage of the cancer as at the time of diagnoses and 15 (68.2%) said it was at stage II, 5 (22.7%) said it was at stage III, 1 (4.5%) said Stage II grade 1, while 1 (4.5%) said she was not sure of the stage at diagnosis. But based on calculation majority 8 (36.4%) of the respondents have lived with the illness for up to 7 years since diagnosis and have undergone treatment.

### Themes and Sub-Themes

From the analysis of the interview transcripts, three (3) themes emerged after root codes and derived concepts which formed the sub-themes were identified in respect to the process through which the participants construct their identities as survivors. The themes include: (i) In the very beginning, (ii) Going through difficult times, and (iii) Becoming a survivor. These themes were carefully analyzed to explain the participants perceived their identity and the meaning of their survival, how they even identify themselves as either survivor, victims or undecided as identity based on their personal experiences from the beginning with first pronouncement of the diagnosis, to the end of their treatment course. The themes and subthemes are presented in Table 2.

**Table 2: Themes and Sub-themes of the study**

Themes	Sub-themes
Experience at the beginning of the journey	Detection and diagnosis Being distraught Accepting treatment
Getting through difficult times	Finding comfort in religion Joining BC support groups Harnessing family support
Becoming a survivor	Dealing with treatment side-effects and financial challenges Coping with fear and self-esteem Adhering to orthodox treatment



### **Theme 1: Experience at the beginning of the journey**

The journey to BrCa survivorship by the participants is essential in the development of identity as a “survivors” as it provides details about the how their experiences shaped the participants identification of self in the outcome of the journey through survivorship. This theme is further categorized into three subthemes: detection and diagnosis, being distressed, and accepting treatment.

#### **a. At Condition “Detection and diagnosis”**

The participants description of how they first detected a lump in their breast before going for a medical diagnosis varies from one person to another. What is mostly common with the initial detection was that several of the women were performing a self-examination of their breast while taking a shower and decided to visit the doctors’ office for a medical diagnosis. There was shared common health behaviour of presenting late to the hospital as exhibited by all the participants. The participants explained that the doctor performed another check on which the lump was still palpable and then sent them for other tests like mammogram and biopsy for confirmatory diagnosis.

*“I discovered the lump in my bathroom, that was early 2015 and after a month or two, I decided to check up on my doctor, then it was like a hard peanut. It was very little but hard to touch. I would be the one to tell the doctor that it is there because you will have to massage. He now sent me for different test and scans and I came out that there indeed a lump there and there were clusters of malignant cells, it was suspicious...”* (Participant J).

For some of the participants, receiving a confirmatory diagnosis was not so straight forward because of factors beyond their control.

#### **b. Being distraught**

Despite that most of the women had a premonition due to the self-detection of a breast lump, none of them was ever prepared emotionally to receive the news of a BrCa diagnosis. Many of them described receiving a breast cancer diagnosis as devastating or shocking and their response was to either cry, ask why me, be worried, asked if they were going to die, get angry, or walk aimlessly. It was an experience that activated the distress mode in most of the participants. One of the participants considered the feeling a very bad experience that she would not even wish it on her enemy.

*“Kaiiii! I felt bad, I was crying, I keep asking God nwhy me. Kaiii! If not for the intervention of Dr. Omidiji, I will have killed myself”* (Participant L).

*“I was shocked because at the stage they divulged the news to me, it was already at stage two. So I was shocked d and so fearful because whenever you hear cancer, its death that people will be thinking about. So I was so fearful”* (Participant E).

*“Ha! Of course the first thing I said is ‘am I going to die?’ Because like I said, I just stuttered into the clinic and my mind was like let them just check to be sure there was nothing there. So I wasn’t*

*expecting that at all. So, when the doctor put on his computer and said “this is your left breast and this is your right breast”, I could see the difference between the two and he he said something something something. The first thing I said to him is ‘am I going to die?’ I can never forget. I was numb! So someone like me, I am not a crier, I am not the kind of person that cries immediately, the first I did was I said am I going to die?” (Participant K).*

### **c. Accepting treatment**

Being distraught was an emotion that lasted for quite some time amongst the participants but amidst these feelings, they resigned to fate and accepted treatment from their healthcare providers. One participant recounted that the decision to go through treatment was something she thought about thoroughly after receiving a certain amount of information on BrCa and treatment.

*“It was when I now went back to the clinic, they told me to come back in two weeks time and that was when I was told I had cancer...then he said I needed to do a bone scan and another scan just to check it hadn’t spread because it was already in my lymph nodes. Like I said it was just too much of information for me and they gave a lot of literature to take home...” (Participant K)*

One of the participants who accepted treatment recounted doubting the treatment because she thought it was a means for the doctors to extort her.

*“...and the treatment started off... I was full of doubt. But I was like let be seeing what they are doing or trying to say. Infact at a time I said maybe this people just want to collect money from me, they think I am looking like someone that has money to give and all that until they sent me to oncology department (Participant J).*

## **Theme 2: Getting through difficult times**

The participants described what it feels like to go through BrCa treatment and how they were able to weather the storm in this period. Thus, this theme was further categorized into three sub-themes – finding comfort in religion, Joining BrCa support groups and harnessing family support – which described their ways of coping.

### **a. Finding comfort in religion**

Religion was a go to source of comfort for many of the participants. While they each have a way to describe the comfort they got through religion, what was common to all of them was access to prayer support and even in some instances, financial and emotional support from fellow church members and clergy. Some of the participants experienced weakness, fatigue, immobility, nausea, vomiting, hair loss, and a change in skin color however, they got the inner strength and encouragement to persevere through their treatment side effects from religion. Some participants described the role of religion as hope giving and faith strengthening.

*“It depend on the aspect you see and the leadership of where you are worshipping. My own helped me because it made my faith stronger. As well I got support from my church. There some support they gave although not big but it still counts for me” (Participant Q).*



#### **b. Joining BrCa support group**

The participants in this study recounted joining BrCa support groups while very few said they did not join the any support group. For those who joined a support group, they enjoyed experience sharing from peers as well as counselling. However, one of the participants expressed wanting more than counselling and would appreciate financial support.

*“Yes, I belong to One for cure Africa in LUTH, they just do counselling, but what I really need is financial support because I am treating a metastatic late stage” (Participant V).*

*“Yes, I am on this platform (RFPA). We discuss about the cancer, whatever is bothering us and people that have gone through it to share their experience and encourage us” (Participant E).*

#### **c. Harnessing family support**

While many of the participants found comfort in religion and encouragement from support groups, they also enjoyed support from family members including spouse, children and siblings as well as friends.

*“...my friends and family were there for me. They tried and over tried. They would say “Ego eat whatever you like, don’t say because you have cancer, whatever you feel you want to buy or eat, please eat it; we can do that for you”. Someone will give me money and will “please call on me for anything. Not because I gave you this one, if there’s any need for anything please let me know”. So that’s why I didn’t solicit for any group. I was even richer than I was before. Even when I was going to market, though I was making it but I discovered that after my treatment and everything, I can still afford half a million naira. I will just sit down like this and someone will just call me and give me money. I thank God for that. Send me your account number. How are you managing? This and that. I really thank God for that. Before I came in today my brother just called and I told him I want to eat white chicken and he sent me fifteen thousand naira. I really thank God” (Participant W).*

### **Theme 3: Becoming a survivor**

This theme described the core experiences of participants as survivors of BrCa. It featured three sub-themes that explained how they dealt with the challenges of their treatment and financial challenges, fear and self-esteem issues and their adherence to orthodox treatment.

#### **a. Dealing with treatment side-effects and financial challenges**

The participants experienced several challenges related to their treatment. For most of the time, the challenges were related to finance and treatment side effects. For some participants, financial support came from the people in their lives as well as the groups they belonged, while for others, they either paid out of pocket, from their savings or through support from non-governmental organizations introduced to them by their healthcare provider.

*“The money for the treatment was never my challenge... Someone will give me money and will “please call on me for anything. Not because I gave you this one, if there’s any need for anything please let me know”. So that’s why I didn’t solicit for any group. I was even **richer** than I was*

*before. Even when I was going to market, though I was making it but I discovered that after my treatment and everything, I can still afford half a million naira. I will just sit down like this and someone will just call me and give me money. I thank God for that. Send me your account number. How are you managing? This and that. I really thank God for that. Before I came in today my brother just called and I told him I want to eat white chicken and he sent me fifteen thousand naira. I really thank God” (Participant W).*

**b. Coping with fear and self-esteem issues**

Fear was a major challenge for some of the participants and this centred on the fear of unknown and treatment outcome. To cope with this fear, one participant adopted an avoidance method. Other participants resigned to fate and attributed their ability to overcome the fear to a supreme being (God). Additionally, thoughts of being confident and having high self-esteem was a challenge to one participant, but with appropriate counselling, she was able to maintain her self-esteem.

*“My biggest challenge during the treatment was getting people not to call me. I didn’t want anybody to project their fear. I don’t want that “eyah” stuff, I am not that kind of person. And I didn’t want any pity party nor anyone talking to me without facts. You know how people can be, they will just say “Ha, this one happened to that one etc”. That was my biggest challenge so I will not pick any call if I see it because I knew that I had to face my treatment, I knew I had to be in a good place. It is very important to be in a good place and I didn’t want any nay sayers or anybody to tell me chemo this, chemo that etc. For me that was the biggest challenge” (Participant K).*

*“Initially, it was the fear of the unknown...it’s that fear of the unknown. What will come out of this? Am I going to make it?... I decided that let me go to this people that are helping me in prayers...So, the fear, the fear, there was a time that I was actually fearful. Very very fearful. Fear of the cancer, because this cancer is not something like malaria. It is a deadly disease and its life threatening. So I was afraid. Little by little God is taking Control” (Participant W).*

**c. Adhering to orthodox treatment**

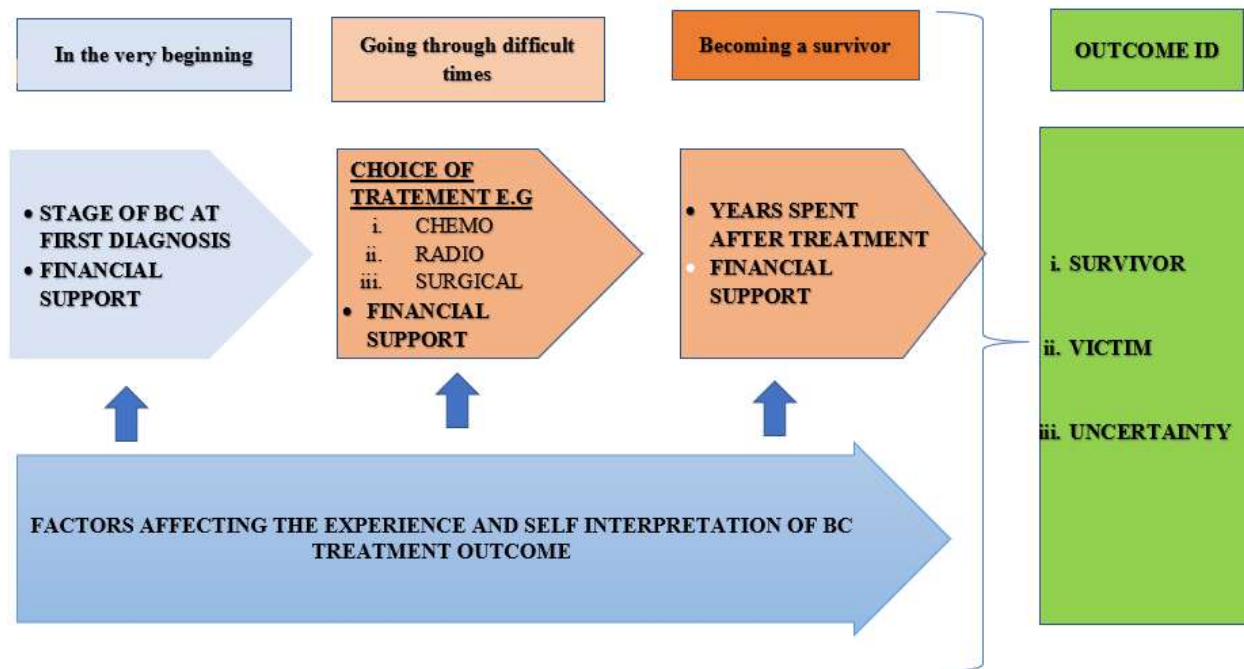
For all the participants in this study, there was no mention of the use of traditional medicine either solely or in combination with orthodox medicine. In fact, many of the participants encouraged other women who may be going through BC treatment to focus on using orthodox medicine for BC treatment. Through their explanation, it became clear that all the forms of supports they received during treatment enhanced their ability to adhere to months of orthodox treatment. While one of the participants identified funding as a challenge, she was also quick to note that the lack of it has made many people drop out of treatment or not seek treatment in the orthodox setting.

*“People that have received treatment should do their treatment very well. They shouldn’t skip their treatment. Thankfully I didn’t listen to those that said chemotherapy is bad, else I wouldn’t be where I am today. My doctor used to encourage me to concentrate on my treatment” (Participant L).*

*“The main important thing is to listen to your doctor, follow their instruction” (Participant A).*

*“I have three young children and I want to stay alive for them and myself... Nobody wants to die, nobody knows what will happen the next minute...that’s why I give every day the things I can give”*  
(Participant V).

### Concept Map of Identity Formation of BrCa Survivors



**Figure 1:** A model demonstration of BrCa survivors’ identity pathway as influenced by different factors in survivorship

## DISCUSSION

In this study, the focus was on women who have completed breast cancer (BrCa) treatment and were in survivorship phase which were interviewed. The study showed that the majority 86.4% of the women were younger than 50 years. At time of diagnosis, the youngest was 27 years old and the oldest was diagnosed at 61 years old. The mean age of the respondents at that time was 42 years and most (68.2%) of the women reported being diagnosed with stage II BC. Some of the participants have been BC survivors for about seven years with the shortest (most recent survivor) being eight months into survivorship. The experience shared by these women were analysed to have an idea of how they construct their self identification as it concerns BC survivorship. The impact of intervening variables; marital status, highest educational level, occupation, stage of cancer at time of diagnosis, and years of survivorship, and how individual characteristics shape their self-image, were all studied using a qualitative a phenomenological approach. A thematic analysis was done with three themes; In the very beginning, Going through difficult times, and Becoming a survivor, which were used to develop an understanding of how BC survivors construct their identities as “survivors”. However, the focus of this discussion is on the theme “In the very beginning” where all the key sociodemographic characteristics were expressed to demonstrate the influence on the later self image and identity construct, right from the point of initiating treatment to the stage of survivorship.

The participants, were generally referred to as Survivor from the researchers perspective and definition, however, the participants did not all see themselves as survivors. Each of the participants have the way they constructed their identity now that they do not show any sign or symptom of cancer. This is owed to the constant fear of reoccurrence and the fact that they have been referred as Cancer Patient, cancer victim etc during their treatment, and the lasting memory of what they passed through while treating the disease. Their background different social-demographic characteristics and other factors also influence this construct of identity.

The marital status of the respondents and their families were mentioned at different instances withing the theme “at the beginning”. This was to show how their family and marriages played a role in their acceptance of their newly diagnosed disease condition. Two of the respondents, mentioned the role to be of a positive and supportive influence to their condition. At the beginning of the journey through survivorship, it was characterized by an overwhelming psychological and social fragility with the fear of loosing one-self and the feeling that all hope is gone for survival. However, the status of these participant contributed in reshaping this believe about one-self and spring up the new hope that sustained them through the journey to the present state in their BC survival journey. This is quite evident in the number of women who are married and survived this illness to date as against the few who are not married and those who are divorced. It therefore allows for the assertion that the participants benefited much from their support system of family through marriage. This assertion was reported in another research which found out that there was

a positive association between marital status and the quality of life of BrCa survivors in Baltimore USA (Croft et al., 2014). However, it was reported that this association tend to diminish as the survivor stays longer years with the disease. These theme gave an explanation of the bond existing between some of the women and their spouses, as they women accounted for calling their husband to confirm their concern in detecting the lumps and subsequent approach to the health facility for prober check-up and diagnosis. Few of these participant without marriage, did not share experience of having to express their fare with any intimate relative and this can explain the reason why the finding of this research recorded more survivors among the married women than the single whose population must have been more conservative and allow the disease to advance in stage because their was no marital relationship to raise concern and emphasize early presentation to the hospital. There was a higher educational status across the ages and marital status of the participants as more than half of the participants in this study hold a tertiary education qualification as the highest educational level attended. Level of education has been found to play a significant role in the prevention, early detection and treatment of BrCa (Akram et al., 2017). In this study only 13.6% of the respondents have the senior secondary certificate (SSCE), all the over 80% have tertiary education which signifies a relative higher chance of being aware of BrCa and its preventive measures like the practice of breast self-examination. Today there are many organizations and clubs spread across tertiary schools and targetting women of reproductive age to create more awareness. This research found out that most of its respondents have performed self-breast examination and reported earlier before their conditions got to stage II and IV where the prognosis would have been bad. I this theme, the subtheme of Detection and diagnosis gave different view as to how they believe that the lump they felt was an unusual lump and that it steers up the fear that this might be an early sign of BC, thus prompting them to approach the hospital and get their diagnosis. This gave a contribution to the theme “Experience at the beginning of the journey” within the subtheme “Being distraught” because they already have the knowledge of what BrCa means and that they were not prepared to have their condition confirmed to their fears. This was supported by the emotional display of Cry and the reported suicide contemplated upon by few of them. In confirmation to this, the finding by Alvarez-Bañuelos et al., (2021) found out that survivors with a high level of education are significantly more likely to show a healthy behaviour using a multivariety analysis in a research conducted among 241 female breast cancer survivors treated at the State Cancer Center in Mexico (Alvarez-Bañuelos et al., 2021). This shows that the acceptance of diagnosis and the initiation of treatment, and the tendency for a woman to strive through treatment is dependent on their educational level as well as their level of awareness about the disease at the beginning of the journey through survivorship. The differences recorded in the two research are the regional and cultural differences as well as the research design.

On their occupation, the respondents accounted for how they received the shocking confirmation of their BrCa diagnosis stirred up the fear for losing their job and how it can affect their work through several transcript from the participant to mark the theme “At the beginning of the journey”. most of the participants in this study acknowledge been engaged in one form of occupation or the other, 40.9% however said they are unemployed. The thought of losing their means of survival



was part of the inert concerns that arouse at the beginning of their journey through BC survivorship. It is from an individual's occupation that they have the hope to support the course of treatment which was one of the major concerns in Cancer treatment. The participants raised concern on the sustenance of their family at some instance while been interviewed, and the concern on whether they can afford to complete the prescribed treatment to become a survivor.

As at time the of diagnosis the Stage of cancer for each member was also reviled which they tried to remember as part of the information required during the interview. More than half of the respondent (68.2%) were diagnosed at stage II and 22.7% at stage III. It has been observed that the earlier the diagnosis is made at an early stage, the better the chance of survivorship and the better the outcome of treatment for such individuals (Mohammed et al., 2018). No wonder, the patients who survived long and were recruited in this research have an early diagnosis and only but who was not sure of the actual stage of the BrCa as at the beginning of such journey. the stage at diagnosis can predict if the patient will survive the treatment and progress to a stage of survivor or not.

Finding from this study also showed that the participants have spent at least 5 years post treatment with most of them 38.4% haven spent 7 years. The interview, the higher the years spend after the treatment the better they feel confident about their survivorship with a good hope of living longer with no lesser fear of reoccurrence of the BrCa. This "years of survivorship" survival play a key role in shaping the image of the survivors about themselves. However, it his shared confidence also give rise to other emotional issues like having to deal with the constant fear of physical and emotional trauma of the experience.

### **The summary of pathway to identity construction as "Survivor" by BrCa Survivor**

The construction of identity by the survivors was found to yield three (3) outcomes; survivor, victim and the uncertain. These were the views expressed by the survivors in their analysed interview. This is linked to several factors starting from the routing attendance of cancer clinic after their diagnosis, to the signs and symptoms they experience in the course of treating the cancer, all of which determine their self-identification as either "cancer patient", "cancer victim" or BrCa survivor", depending on how the burden was felt and the sudden relief they now have. The self-identification took three (3) stages to get to the outcome level when all the signs and symptoms of BrCa have disappeared; (i) *In the very beginning*, (ii) *Going through difficult times*, and (iii) *Becoming a survivor*, all of which have their intervening variable that let to the survivors having different outcome identity about themselves at this stage of survivorship.

## **CONCLUSION**

In conclusion, despite the identification of the participants in this study as survivors by the researchers, the participants have their own constructed self-identity based on the outcome of their BC treatment. Therefore, the use of the word "survivor" to identify women who have suffered



from BC and have undergone treatment, is a way of enlightening the women on the choice of Identification they can use they reflect successful treatment and a more emotionally supportive means to maintain a healthy new lifestyle for the rest of their life.

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