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If I Am Old, You Can Not Tell Me That I Have Just Breast Cancer Patient": A Phenomenological Study

"Eğer Yaşlıysam, Bana Sadece Meme Kanseri Hastası Olduğumu Söyleyemezsiniz": Fenomenolojik Bir Çalişma

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ABSTRACT

Objective: This study aimed to investigate the post-surgery experiences of elderly breast cancer survivors.
Methods: Semi-structured interviews were conducted with 12 elderly breast cancer patients (> 65) after surgery. To evoke the themes illuminating these women's experiences, we employed phenomenological analysis.
Results: Three main themes emerged as a result of the research: "*This is not ideal at this age but there is nothing I can do*," "*I am no longer self-sufficient*," and "*We are different, I am old*." For elderly women, the phrase "removing the breast" is difficult to hear. Most elderly people could not even look at or touch the area. They asserted, however, that being healthy is more crucial than caring about one's physical appearance given one's age. They were unable to care for themselves, carry out independent daily tasks, or clean the house. It had a significant impact on the elderly to be dependent on others for these tasks. Those who were assisted felt grateful; those who were not supported felt helpless. The elderly were burdened more because of their age and various health issues. On the other hand, elderly patients who underwent cancer surgery experienced a fear of passing away. The elderly wanted information or assistance with their issues, but they were unsure of where to turn.
Conclusion: Elderly breast cancer patients experience different issues due to the particular challenges of old age. Based on this knowledge, members of the healthcare team should follow a different roadmap than the particular strategy for performing breast cancer surgery on elderly patients. Cancer diagnosis, breast loss, the physical burden of comorbidity, the psychological burden of dependency, and the inability to care for oneself should all be considered when providing care and treatment for elderly individuals.

ÖZ

Amaç: Bu çalışmanın amacı, meme kanserinden kurtulan yaşlıların ameliyat sonrası deneyimlerini araştırmaktı.
Yöntem: Ameliyat sonrası 65 yaş üzeri 12 meme kanseri hastası ile yarı yapılandırılmış görüşmeler yapıldı. Bu kadınların deneyimlerini yansıtan temaları oluşturmak için fenomenolojik analiz kullandık.
Bulgular: Araştırmanın sonucunda *"bu yaşta olacak iş mi ama sağlık olsun"*, *"kendi kendime yetemez oldum"* ve *"biz farklıyız, yaşlıyım ben"* olmak üzere üç ana tema oluşturuldu. Memesinin alınması yaşlı kadınlar için karşılaşılması kolay olmayan bir demeyim oldu. Çoğu yaşlı dokunmayı hatta bakmayı başaramadı. Ancak yaşları nedeniyle fiziksel görünümlerini önemsememeleri gerektiğini ve sağlıklı olmanın daha önemli olduğunu belirttiler. Günlük yaşam aktiviteleri, özbakım ve ev işlerini bağımsız gerçekleştiremediler. Bu işlerde başkasına bağımlı olmak yaşlıları çok etkiledi. Destek bulanlar minnet, bulamayanlar ise çaresizlik yaşadı. Yaşları nedeniyle farklı sağlık sorunlarının olması yaşlıların yükünü artırdı. Diğer taraftan kanser nedeniyle ameliyat olmak yaşlıları ölüm korkusuyla yüzleştirdi. Yaşlılar bilgi almak ya da sorunları için destek almak istediler ama nereden alacaklarını bilmiyorlardı.
Sonuç: Yaşlılığın kendine has güçlükleri yaşlı meme kanseri hastalaları için farklı sorunlara neden olmaktadır. Sağlık ekibi üyeleri bu bilgiye dayanarak yaşlı hastalar için meme kanseri cerrahisinine özgü yaklaşımdan farklı bir yol haritası kullanmalıdırlar. Bakım ve tedavi yaşlıların kanser tanısı, meme kaybı, komorbiditenin fizyolojik yükü, başkasına bağımlılığın psikolojik yükü ve kendi kendine yetememeyi de kapsamalıdır.

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INTRODUCTION

One in every four cases of cancer in women is still breast cancer, which accounts for 11.7% of all cancer cases. It is now the most frequently diagnosed cancer, surpassing lung cancer in incidence. In Turkey, the incidence of breast cancer is 48.6 per 100,000 (Sung et al., 2021; Turkey Cancer Statistics, 2018). The incidence of breast cancer is highest in elderly women, with 21% of newly diagnosed patients being over the age of 70, according to estimates. Approximately one-third of newly diagnosed breast cancer patients are women over the age of 65 (Fusco et al., 2018).

Breast cancer patients deal with various issues related to the disease and its management. However, elderly people typically deal with various age-related issues (Van et al., 2019). Elderly individuals suffer from numerous coexisting comorbidities, diminished performance, and a lack of social support. Advanced age is a factor that, by itself, has a negative impact on the choice of treatment (Sowerbutts et al., 2015). Individual preferences, decisions made under pressure due to family obligations, a lack of social support, worries about the quality of life, or a shorter life expectancy may have an impact on the treatment decision and lead to subpar care (Burton et al., 2015). Some studies found that elderly patients were hesitant to accept treatment or were unsure about it for various reasons (Angarita et al., 2021)

Due to comorbidities, the risk of postoperative complications and morbidity is higher in elderly patients (Coughlin et al., 2019). The comorbidities of the elderly are made worse by changes in physical and cognitive function losses, financial circumstances, and social life conditions due to cancer or its treatment (Durá-Ferrandis et al., 2017; Hodes et al., 2016;).

It is believed that elderly patients with breast cancer will not experience many of the emotional problems that younger patients with breast cancer will (Rana et al., 2017). However, it is also possible that they have less favorable physical health than younger patients, which lowers their quality of life (Angarita et al., 2020). Because many elderly women have lost at least one family member, typically a spouse or child, they are more likely to experience loneliness (Ashiq et al., 2022). Because so many elderly people are unable to move independently, treatment logistics are complicated (Maserova et al., 2023). In addition, age-related cognitive decline, vision and hearing loss, and locomotive issues are added to this (Kobayashi et al., 2020). A qualitative study discovered that elderly breast cancer patients' lives are made more difficult by changes in their appearance, comorbidities, ignorance, or insufficient care support (Van et al., 2019).

These characteristics render the elderly frail and more susceptible to the stress of cancer symptoms and its treatment (Mandelblatt et al., 2014). However, there are very few studies that focus specifically on elderly women with breast cancer (Karabulut et al., 2024). The planning and effectiveness of individualized treatment and care services will be aided by knowing the patients' experiences with the therapeutic process. This study aims to describe the experiences of breast cancer patients over the age of 65 throughout the duration and stages of breast surgery.

METHODS

Research design

Heidegger, a proponent of interpretative phenomenology (Lopez and Willis, 2004), asserts that the individual relationships between people's life experiences should be the focus of phenomenological inquiry. This qualitative study utilized a phenomenological approach.

Population and Sample

The study group was selected with purposive sampling among elderly breast cancer patients treated in the chemotherapy unit of a university hospital. An age threshold of 65 years old was used in this study. The sample comprised patients 65 years of age and older, capable of speaking and understanding Turkish, and who had undergone breast cancer surgery within the previous 12 months. Patients with a psychiatric disorder requiring treatment were not included in the sample. When concepts and processes discovered in qualitative research start to repeat each other, the sample is deemed adequate (Baltacı, 2018). To answer the research question, concepts and processes had to be repeated, so data collection continued until 12 patients were included. The guidelines for Consolidated Criteria For Reporting Qualitative Research (COREQ) checklist was followed.

Data Collection

Semi-structured one-on-one in-depth interviews were conducted, and they were audio-recorded using a digital recorder. In the chemotherapy unit, interviews were conducted in a room designed specifically for this purpose. The researcher first explained the audio recording and the research to the participants. Then, it was confirmed with the participants' verbal and written consent that they were willing to take part in the study. Although the length of each participant's interview varied, the average interview lasted 38 minutes.

Data collection tools

Two tools were used in this study: a patient descriptive form and the semi-structured interview protocol.

Patient Descriptive Form: First, participants completed a brief demographic survey. The researchers created the form, which included 7 questions about patients' sociodemographic characteristics.

The semi-structured interview protocol: We used resources on breast cancer in the elderly to create a semi-structured interview protocol (Angarita et al., 2020; Van et al., 2019; Wang et al., 2020). We interviewed the patients about their feelings and experiences related to breast cancer surgery. The interview was centered on the following issues: real-world experiences and responses, experiences regarding the surgery, daily life, care, and social support.

The semi-structured interview questions are listed below:

- What does being a cancer survivor mean to you?
- How has your life changed since your breast cancer surgery?
- How has breast cancer surgery affected your social, familial, and professional lives?
- Can you describe the adjustments to your social, familial, and professional lives that you must now make as a cancer survivor?
- What were the biggest difficulties you encountered as a survivor after surgery?
- Which of these presented the biggest challenge to you?

Data Analysis

The data were analyzed using the phenomenological data analysis method proposed by Moustakas. This strategy entails identifying significant expressions, grouping frequent expressions, theming sets of meanings, creating structural and textual descriptions, and combining those two types of descriptions (Moustakas, 1994).
First, each participant's expression was numbered for the phenomenological data analysis. Next, it was determined which sentences were repeated and the irrelevant sentences were eliminated (first stage). The expressions were then reduced and put into sets of meanings (second stage). The grouped meaning clusters were gathered under a theme in the following stage (third stage). The next stage involved separating the textural and structural descriptions for each participant (fourth stage). The data set for each participant was organized uniformly for each participant in the final stage, and common groupings were made (fifth stage). The second draft of the report, which included our comments, was written after the first draft, which contained longer quotations and more detailed descriptions from the participants.

Reliability of the research

The triangulation technique was employed in this study to achieve reliability. The data were coded, examined, and interpreted independently by two authors. The authors then compared their viewpoints until they agreed on the best interpretation. This method reduced the likelihood of researcher bias (Korstjens and Moser, 2018). To accurately and meaningfully represent the data, the themes and subthemes were finalized after being read by the research team numerous times. Finally, transparency was achieved using reflexivity (Nowell et al., 2017).

The researcher has a central role in the qualitative research process. The role of the researcher is as important as the participant at every stage (e.g. participant selection, interviewing, data interpretation) of the data collection process and in the production of meaning (Finlay, 2002). Therefore, the research process requires taking into account the characteristics of the researcher. The researcher's theoretical and methodological background, her own experiences, thoughts and sociocultural characteristics affect her view of the data (Willig, 2013). Reflexivity, which literally means self-reflection, is the researcher's awareness that he or she may interact with the research process and results in the context of research methods (Symon and Cassell, 2012). Beyond recognizing and

acknowledging this impact, the researcher is also expected to figure out how it affects and is affected by qualitative research (Finlay, 2002). To reveal reflexivity, researchers first asked themselves the following questions: "How do I affect the research process?", "Why do I want to study this subject?", "What kind of interaction is there between me and my research?" (Lazard and McAvoy, 2020). Answers to questions like these, which are open to change throughout the process, were taken into consideration in the evaluation of the research. Being able to see and accept the research-researcher interaction as an opportunity, examining and expressing it as a systematically evaluated part of the research rather than seeing it as a source of subjectivity and a deficiency can be considered as a part of the qualitative research process. However, while implementing this, it was taken into consideration that the main source was the data obtained from the participant. The balance between research and researcher was maintained without moving away from the scientific research method. Questioning the motivation for topic selection at the beginning of the research can be helpful to understand the researcher's own reflexivity. The first researcher received help from the second researcher during the question preparation process and asked her to answer the questions she prepared as a participant (Chenail, 2011). Thus, a healing preparation was provided, such as getting rid of bias, experiencing the participatory perspective, and preparing oneself for the process by realizing what emotions the questions might evoke. One thing that applies to the entire process is researcher self-care (Figley, 1999). Part of researcher self-care is the researcher's ability to use resources that enable them to feel good, continue their research, and avoid burnout. During this process, researchers devoted time to activities that made them feel good and reminded themselves from time to time of their motivation to do the research. Also all two authors have conducted qualitative studies on the lives and experiences of women with breast cancer in the treatment process.

Ethical Considerations

Approval for the research was obtained from the Clinical Research Ethics Committee of the Faculty of Medicine located in the province where the study was conducted (Decision No: E-40465587-050.01.04-95 on 21 April 2021). Additionally, each participant was made aware of the study's objectives as well as the fact that the interview would be recorded using a voice recorder to obtain their informed consent.

RESULTS

Participants' ages ranged between 65 and 74, with a mean age of 68 (±2.4). The mean time after surgery was 7.33 months (±1.03). Of the participants, 91.7% (n=11) were married, 50% lived with their spouses, and all were housewives with a primary school education. Furthermore, 50.0% of them had at least one chronic illness, and 66.7% were patients undergoing modified radical mastectomy.
The following are the three main themes and ten subthemes developed as a result of the research in Figure 1:

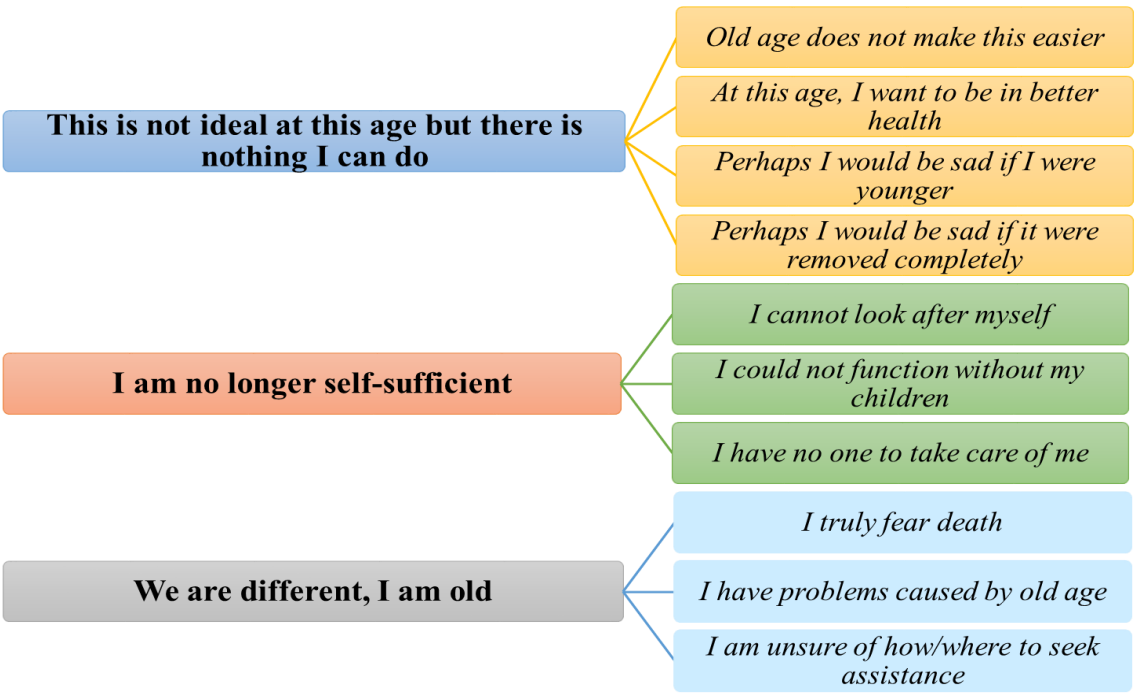

Figure 1. Main themes and subthemes of the research

This isn't ideal at this age but there is nothing I can do

This theme was made up of "*Old age does not make this easier", "At this age, I want to be in better health", "Perhaps I would be sad if I were younger"* and *"Perhaps I would be sad if it were removed completely"* subthemes.

Old age does not make this easier

A complex and hazy relationship exists between cancer and aging, and there are many instances where the two are parallel. Psychosocial issues such as loss, stigma, fear, anxiety, suicide risk, social isolation, and loneliness are quite often seen in both processes. The majority of the participants (n=9) reported that they could only look at the surgery site after a long while that it made them feel lost and depressed and that they were sad. Additionally, it was found that the majority of the participants were afraid and unable to approach the operation site.

"I looked at my scar much later, even my daughter took a picture of me, I said "oooo, it can't be there", I couldn't look at the area. Even now, I still find it difficult to look at it, but sometimes I look at the area from time to time. It's such a loss, regardless of my age. They cut it off so severely that it makes me depressed. Do you get what I mean?" (11th Participant)

"I wasn't even able to look there. I had a hard time looking there. I thought to myself, " you vanished," and I was very sad." (2th Participant)

One participant claimed that balance issues were brought on by the loss of her breast.

"Even my balance became off after I lost this breast" (10th Participant) (showing her body, meaning her posture).

At this age, I want to be in better health

As people get older, their ability to participate in society is limited by chronic illnesses, and their quality of life declines. Therefore, when dealing with illnesses that may have an impact on their daily lives, elderly people do not want to experience any additional negativity. It was found that, despite experiencing emotional challenges or confusion following breast surgery, half of the participants (n=6) cared more about their health than their outward appearance and consoled themselves in this way.

"Instead of how I look, I believe that my overall health is sufficient. However, as I was being taken to the surgery, I hoped the cancer had not spread and there were no tumors in my armpit area." (1th Participant)

"I mean, I first saw the area when it was bandaged, then I got a better look at home; I didn't and couldn't feel anything, because I said to myself, I mean, at this age, it is better to be healthy. My doctor initially offered to remove a portion of my breast if I wanted, but I declined, so I said, I just want this illness to leave me alone." (10th Participant)

Perhaps I would be sad if I were younger

Because the average age of those diagnosed with cancer is increasing, it is also thought of as an aging disease. Cancer is one of the leading causes of death worldwide. It was found that some of the participants (n=4) cared more about their health than losing their breasts and were less impacted by the procedure because of their age.

"I think I might be more upset about having my breast removed if I were younger, but I'm old and we already have health issues. I don't want to develop any new illnesses or problems. The rest is not that important as long as I'm healthy." (7th Participant)

"I was unaffected; I can say that much. Therefore, as I said, perhaps I would be affected if I were younger. Right now, all I can think about is my health. Oh, of course people get upset, but I'm not bothered by it." (6th Participant)

Perhaps I would be sad if it were removed completely

Women who have had a mastectomy may experience negative body image because the entire breast is removed and can be noticed by others, even through clothing. The fact that some of their breasts survived for all of the participants (n=4) who underwent breast-conserving surgery was solace to them.

"I would be very upset if my breast was removed completely." (9th Participant)
"I never gave my post-surgery appearance any thought. Simply because, only a small portion of it was removed." (1th Participant)

I am no longer self-sufficient

This theme was made up of "*I cannot look after myself", "I could not function without my children"* and *"I have no one to take care of me" subthemes.*

I cannot look after myself

The arm on the affected side should be shielded from harm in patients with axillary dissection (AD). The individual's daily life is negatively impacted by this circumstance, and she ends up needing assistance from other family members because she is unable to complete her daily tasks on her own. The majority of the participants (n=8) struggled with daily tasks because they were unable to use their arms after surgery and were unable to take care of themselves on their own.

"In the kitchen, I was unable to cook. When the glass slipped from my grasp and shattered on the floor as I was drinking water with my hand on the operated side because I was unable to muster the strength to hold it, it truly affected me. I was depressed, I assure you. After the surgery, I felt so weak that I began to wonder if I had suffered a stroke. I take my bath myself, but ask me what kind of bath it is. Who should I get help from? I'm going under the water, I'm going out soon. Now I don't mind how much dirt goes." (2th Participant) (looking sad)
"I don't want you to feel awkward, you're young enough to be my daughter, but it was my husband who helped me with my baths, and you know, to shave myself." (12th Participant) (whispering and looking ashamed)

It was found that participants who had breast conserving surgery (BCS) but no AD fared better during this process because they were at lower risk of developing lymphedema.

"I feel good right now. Maybe it is because they didn't also remove my underarm. I can use my arm. However, I've heard that people who had their underarms removed are struggling. Even so, I had some trouble and my daughter had to help out for the first 15 days or so, after which I was able to function on my own." (9th Participant)
"No, I didn't encounter any problems. Thank goodness, my armpit was clean, and only part of my breast was removed. Nevertheless, it goes without saying that I would find it difficult if it were all removed, God forbid." (8th Participant)

I could not function without my children

Elderly people are more likely to develop chronic illnesses and disabilities, which may make it difficult for them to carry out one or more of their daily activities, such as housekeeping, cleaning, shopping, cooking, using the bathroom, and using the toilet. They may also become increasingly dependent on others. Either institutions or family members and relatives take care of elderly individuals. This duty is typically assumed by the spouse, adult children—typically daughters—or a family member. In our study, the majority of participants (n=9) required assistance with daily living activities, personal care, and housework. It was found that the participants received this support from their children and that in the absence of children, they would feel helpless.

"I don't know what I would do without my children. They helped with every task. Once I was looking after them, now they are looking after me (eyes watering up). I don't know what to say, they cooked, and they brought me food." (4th Participant)
"My son and husband assisted me in getting dressed. However, bathing was the worst part. I couldn't (crying). *My son washed me just as I washed him when he was a baby* (continues to cry). *However, I wish I had daughters. Because with a son, after all, it was so embarrassing."* (12th Participant)

I have no one to take care of me

Self-care behaviors and daily living activities in elderly people are influenced by a variety of factors, including advanced age and social support. Elderly patients' declining functional status could lead to a rise in care requirements. It was found that some of the participants (n=3) struggled because they lacked a support system in their daily lives and were incredibly upset about it.

"After the surgery, it was very challenging. When I was in the hospital, I thought I was feeling better, but when I got home, I don't know, I felt like I was all by myself. Now think about it, everyone has a daughter, or I don't know, there are people who help. I felt safe in the hospital. However, at home, there are those who need me, right?" (12th Participant)

"I struggled because I had no one to turn to for support. I don't have a son or a daughter. How will you proceed? I moved slowly and incrementally." (6th Participant)

We are different, I am old

This theme is made up of "*I truly fear death", "I have problems caused by old age"* and *"I am unsure of how/where to seek assistance" subthemes.*

I truly fear death

Anxiety related to surgery can be attributed to a variety of factors, including uncertainty, loss of competence, fear of dying, pain, waking up during surgery, being unable to wake up after surgery, and the fear that body organs and parts will be damaged. Some of the participants admitted to being scared of the surgery and even of losing their lives. Although they provided varying explanations, they were sufficiently alarmed by breast cancer surgery to raise their blood pressure (n=5).

"I have a problem that keeps me up at night. I've been contemplating death a lot lately. I'm not sure if this is related to the surgery or just getting older. I think about how many years I have left." (6th Participant)

"I was terrified that I would pass away. When I was scared, my blood pressure increased. I mentioned that my blood pressure was high and that I was concerned that my bleeding won't stop." (7th Participant)

I have problems caused by old age

Chronic illnesses are among the major stressors that alter a person's capacity for adaptation, other elements (such as treatments, medications, deteriorating family dynamics, changes in one's body image, pain, dietary changes, etc.) can also cause stress. We found that the majority of the chronic disease participants (n=5) experienced some challenges both before and after surgery as a result of their preexisting chronic diseases.

"I was already late to have the surgery. Wanna know why? My heart was aching because I had a heart condition at the time. Therefore, I thought this pain in my left breast was also caused by my heart. I'm telling you; additional illnesses can delay our visits to the hospital." (6th Participant)

"Due to our advanced age, even visiting the hospital can occasionally be challenging for us. To go to the doctor around here, you know, we always have to bring someone with us. We should be taken to the doctor because the hospital's commotion is too much for us to handle. If I were to ask something about myself, sometimes, I can't understand what is said; I can't hear it when it's too crowded. I'm old after all." (11th Participant)

"Oh, and sometimes, I also can't use this arm when I need to do things about my other diseases. Here, I need to measure my blood sugar or blood pressure; I always have to use the other arm. I mean, If I were younger, I would only deal with this cancer, but I'm an old hag; I got troubles all over." (3th Participant) (laughing).

I am unsure of how/where to seek assistance

People's levels of health literacy are low owing to factors such as the rise in chronic diseases as people age, the decline in physical and cognitive abilities, and economic and social losses. The majority of the participants (n = 8) were found to be in need of health-related information and were unsure of where to find support for this problem.

"I believe that we are quite uninformed. We do not know from where to learn, so understand, that we are the ones who cannot reach the information. I think we are special-need patients, as we are both cancer patients and elderly." (11th Participant)

"I don't know… I wish they would give us this support without us having to somewhere. We're obviously old. My psyche is damaged as well. I'm scared." (5th Participant)

DISCUSSION

There are both qualitative and quantitative studies in the literature on breast cancer, the difficulties people face during treatment, and their experiences during this process. However, young people are the main subject of studies. This study is the qualitative study that the experiences of people 65 and older who have had breast cancer surgery.

When elderly breast cancer patients are the case, more aggressive surgical options are preferred over BCS (Van et al., 2019). Participants in this research who underwent a mastectomy outnumbered those who underwent breast-conserving surgery. The first theme portrays the emotions and ideas of elderly women who have undergone breast cancer surgery. Cancer patients may experience more intense negative feelings and thoughts, and the detection and treatment of the disease may cause significant losses (Ayvat and Atlı Özbaş, 2021). In the study, the coping mechanisms and emotional and mental experiences of our participants varied. While some people experienced intense sadness, others found solace in the realization that as they grew older, their health became more crucial. According to Van et al.'s research, elderly women have unique experiences and coping mechanisms (Van et al., 2019). In our study, the majority of elderly women reported that it was extremely upsetting to see the operation site and that they could not look at it for a long time. For a while some of them were unable to get close to the operation area. According to Fenlon et al., some patients have a difficult time taking care of their bodies years after having a mastectomy, and elderly women may have a negative self-image after having a mastectomy (Fenlon et al., 2013). In fact, a systematic review of body image showed that elderly women are concerned about physical and emotional changes that have an impact on their body image (Davis et al., 2020).

Some of the patients commented that they care more about their health than losing their breasts because they are old. This could be an elderly person's defense mechanism to keep them from comparing themselves to younger people. In fact, Taylor defined "downward comparison" as a useful coping strategy for boosting self-esteem and called accepting oneself as being in a better situation by comparing them with others as such (Taylor, 1983). According to Angarita et al., when choosing a course of treatment, some elderly women may prioritize maintaining their independence and quality of life rather than the length of their lives (Angarita et al., 2021).

Our second theme, "I am no longer self-sufficient," describes the challenges elderly women face following surgery. The majority of the women claimed that they were unable to continue living independently after the operation and could not take care of themselves. Arm problems accounted for the majority of this. There were additional factors for feeling depressed, such as fatigue and nostalgia. According to studies, patients' daily lives are negatively impacted by arm issues following breast surgery (Dantas de Oliveira et al., 2017; Fenlon et al., 2013; Morgan et al., 2020). According to qualitative research on the same age group, some of the patients refused surgery only because they were worried about how it would affect their independence and quality of life (Angarita et al., 2021; Sowerbutts et al., 2015).

Issues related to aging directly impact not only the elderly but also the family members and friends who provide for them. Despite the fact that the way in which the elderly are cared for varies depending on social and cultural norms, girls are typically expected to provide parental care (Schulz and Eden, 2016). The majority of the women reported that their kids assisted them with daily tasks, self-care, housework, and cleaning. The women were appreciative of their relatives for providing them with this support. In their study, Van et al. found that elderly women require support in their daily lives (Van et al., 2019). According to Williams and Jeanetta's study, receiving support from loved ones and friends made it easier to deal with the challenges of the breast cancer treatment process (Williams and Jeanetta, 2016).

It was observed that some of the participants struggled because they lacked a support system in their everyday lives, and they were very upset about this. The elderly will live more comfortably and be happier if their family, friends, and other loved ones are warm and supportive and create environments where they can forge new connections. Lack of social support is said to increase the risk of mortality in the elderly and may contribute to the development of physical and mental health issues (Softa et al., 2016).

The way that women view themselves after surgery is the subject of our final theme. Some of the participants admitted to having a fear of dying. Old age is a time of intense death anxiety, knowledge that death is inevitable, and awareness that time is running out (Yerli, 2017). Additionally, receiving a cancer diagnosis, the condition that poses the greatest risk to a person's physical and mental health, forces that person to confront their fear of death. According to a thorough meta-analysis, cancer patients experience mild death anxiety (Soleomani et al., 2020).

It was discovered that the majority of the participants with chronic diseases experienced some challenges both before and after surgery as a result of their preexisting chronic diseases. Problems or concerns that are not related to breast cancer can preempt the worries that arise from breast cancer treatment (Amiel et al., 2016). The

additional issues brought on by cancer make treating elderly patients' preexisting comorbidities and the complexity of their general medical conditions even more challenging (George et al., 2021). Furthermore, declining cognitive and sensory abilities in elderly cancer patients may make it harder for them to process and remember the information given (Magnuson et al., 2016). In fact, a study of elderly breast cancer patients provided confirmation of this information (Kobayashi et al., 2020). The majority of our participants said they were in need of information but had no idea where to look. Wong et al. discovered that due to more comorbidities and physical issues, elderly patients with breast cancer required additional support and information (Wong et al., 2020). The patient's coping mechanisms can be supported, their independence can be increased, their lives can be made easier, and their compliance with healthy behavior practices can increase with knowledge of their needs (Tania et al., 2020).

Limitations

This study reflects the experiences of elderly Turkish women with breast cancer. People of the same age may have comparable experiences and derive comparable meanings. However, each culture brings unique dynamics to the treatment of cancer. As a result, different results may be seen depending on the culture. However, rather than seeing this as a limitation, we accept it as the study's nature. The education level of women is one of the study's limitations. Women over the age of 65 will participate in the study as participants. Most of the women in our study had only completed their primary education because there are few educated women in this age group in our nation. Education will have an impact on coping mechanisms, information-seeking behavior, and support networks. In terms of age, financial resources, and support systems for this age group, we can say that the sample is fairly homogeneous. We selected the participants among the patients who visited the chemotherapy unit for treatment. Another limitation is that patients who do not receive chemotherapy do not have a chance to participate in the study.

CONCLUSION

The majority of studies have prioritized young women. In this study, elderly breast cancer patients' own words are used to describe their post-surgery perspectives on life and daily experiences. Additionally, it has been observed that elderly breast cancer patients who have care addictions also struggle with this illness and have a fear of dying. Through this process, we came to the conclusion that women with physical and psychosocial issues lacked information and were unsure of where or how to obtain it. In light of their life experiences, it is intended that this research will help improve the supportive care provided to geriatric women who have undergone breast cancer surgery.

We recognize that we are doing a remarkable job as health professionals who actively participate in the detection, early diagnosis, and treatment of breast cancer. Despite this, we continue to work hard and with dedication while maintaining peace. Although there may be a group that we can skip or ignore without realizing it, we might not be aware of this. What we said, did, or managed in each of these processes followed a generalized and standardized methodology. As a result, our intended message was only as clear as what the person in front of us could understand or perceive. We believe that the findings will greatly aid healthcare teams' understanding of the thoughts, feelings, and experiences of geriatric women. This study will also act as a manual for healthcare teams as they create fresh approaches to geriatric patients' experiences and look into efficient ways to handle new health realities.

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