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Sulleh Gbande, Johanna Elizabeth Maree and Oluchukwu Loveth Obiora

Abstract

Background: Women receiving palliative chemotherapy for breast cancer have various support needs. **Aims:** To identify and describe the nurse-led interventions implemented to support women receiving palliative chemotherapy for breast cancer. **Methods:** The five-stage framework by Arksey and O'Malley guided the review. The following databases were searched: PubMed, CINAHL complete, ProQuest and SCOPUS for articles published from 2012 to 2021. Retrieved data were analysed using descriptive statistics and thematic analyses. **Findings:** A total of 110 articles were identified but only six were included. Nurse-led interventions were reported from five countries and they were: Japan, USA, Australia, China, South Korea and Australia. **Conclusion:** Interventions to support women receiving chemotherapy for breast cancer were reported from five countries, with none from Africa. A study on the interventions to support women receiving chemotherapy for breast cancer in Africa is recommended.

Key words: breast cancer ● Ghana ● nurse-led ● palliative chemotherapy ● scoping review

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According to the World Health Organization (WHO) (2024), 2.3 million women were newly diagnosed with breast cancer in 2022, while 670 000 died from the disease worldwide. In Ghana, breast cancer is the most common cancer responsible for 18.4% of all cancers and 31.4% of all cancers in women (Ferlay et al, 2024). Unfortunately, a high proportion of women living in sub-Saharan Africa present with late-stage disease and have limited treatment options (Espina et al, 2017). One in two women diagnosed with breast cancer in sub-Saharan Africa will die within 5 years of diagnosis (International Agency for Research on Cancer and World Health Organization, 2021).

Living with a life-limiting illness threatens the individual's sense of personhood leading to physical, psychosocial and spiritual challenges and needs (Hardy and Flemming, 2023). Although palliative chemotherapy has the potential to prolong life, alleviate symptoms and improve quality of life (Cherny et al, 2018a; Akhlaghi et al, 2020), it is not without complication and can lead to severe side effects such as nausea, fatigue, hair loss, constipation and anaemia, making it difficult for the patient to continue with the treatment (Maree and Potgieter, 2018; Anand et al, 2023). In addition, studies conducted in Ethiopia and Egypt found that women living with breast cancer experienced high levels of anxiety and depression (Alagizy et al, 2020; Ayalew et al, 2022). A similar trend was found by Calys-Tagoe et al (2017) as, when investigating the experiences of 120 Ghanaian women living with breast cancer, found 92.5% experienced anxiety and 84.2% depression.

Furthermore, women receiving palliative chemotherapy for breast cancer often face significant spiritual challenges (Wahyuningsih et al, 2019). Spiritual distress may emerge from feelings of hopelessness, fear of death and concerns about the meaning and purpose of life. Many women seek solace in their faith; however, the struggle to reconcile their illness with their spiritual beliefs can result in inner conflict and spiritual pain (Leão et al, 2021). In the African context, such spiritual and psychosocial challenges are best understood and addressed through culturally grounded frameworks. One such framework is the African philosophy of Ubuntu, which emphasises communal values, interconnectedness and the belief that 'a person is a person through other people' (New World Encyclopedia, S.A.). This philosophy highlights the importance of relational identity and collective support in navigating life's hardships. Incorporating Ubuntu into the understanding of spiritual care in a nurse-led programme

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provides a culturally sensitive lens through which to support Ghanaian women, acknowledging the vital role of family, community, and shared spiritual beliefs in fostering resilience and holistic wellbeing.

Nurse-led support programmes have shown significant benefits for women undergoing palliative chemotherapy for breast cancer (Whyman, 2024). These programmes often include emotional support, symptom management, education about treatment and side effects and coordination of care (Reiser et al, 2019; Whyman, 2024). Reiser et al (2019), in a study conducted in the USA, found nurse-led interventions improved symptom management, reduced psychological distress and enhanced the quality of life of patients.

Scoping reviews is a valuable method for mapping the existing literature on a specific topic, identifying gaps and informing future research directions (Peters et al, 2021).

Two research questions guided this study:

- What nurse-led interventions were employed to support women receiving palliative chemotherapy for breast cancer within the 10-year period 1 January 2012 to 31 December 2021?
- What are the gaps and trends in these programmes?

Methods

Study design

The Arksey and O'Malley methodological framework (Arksey and O'Malley, 2005; Sucharew and Macaluso, 2019) consisting of five steps guided the review. In Step 1, research questions are identified; Step 2, involves identification of relevant studies; in Step 3, inclusion and exclusion criteria are applied to select the studies for inclusion in the review; Step 4 addresses data extraction and the charting process, while Step 5 includes collating, summarising and reporting of results.

Search strategy

The key words breast cancer, women and nurse-led combined with palliative chemotherapy and supportive care were used to search Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, Scopus and ProQuest. Reference lists of tracked articles were also examined. For inclusion in this review, studies had to include a nurse, be written in English and peer reviewed, published between 1 January 2012 and 31 December 2021 and focus on support programmes aimed at women with breast cancer who received palliative chemotherapy. The review excluded conference abstracts, abstracts, dissertations, editorials, case reports, letters to the editor and grey literature as the researchers wished to report published research only (Radbruch et al, 2020). Articles of which the full texts were not available through the South African inter-library system were also excluded.

Data collection

The data were collected between October to December 2022. The lists of publications were imported into an electronic reference manager allowing for the removal of the duplicates. The database search produced 110 articles and 34 duplicates were removed; the remaining articles (n=76) were transferred on to an Excel spreadsheet. The titles of the articles were first screened to determine if they meet the inclusion criteria; abstracts and full text were used when the titles were inconclusive; 46 articles were removed leaving 30 for possible inclusion in the review. After reviewing the full texts, 24 articles did not meet the inclusion criteria and six were included in the review. Two researchers applied the selection criteria independently, where a consensus meeting was held to finalise the work included in the review. The screening process is detailed in the PRISMA Flow chart, *Figure 1*.

Data capturing and analyses

The authors developed a data extraction chart to capture the data. This chart retrieved pertinent information, such as author(s), year of publication, country of origin, name of journal, purpose of the study, study design, sampling method and sample size, data collection method, instrument and analysis and major findings (*Table 1*). The data were analysed by means of descriptive statistics and content analyses. To enhance the rigour of the study, a dual-researcher approach for independent data analysis was applied. The authors also iteratively reflected on each step before proceeding further (Verdejo et al, 2021).

Results

Countries of origin, years and journals of publication

The articles included in the review originated from five (n=5) countries. The highest percentage (n=2; 33.3%) was from Australia, followed by the USA, Japan, South Korea and China who each published one article (n=1; 16.7%) respectively. Most of the work (80%; n=4) was published in 2017 and 2019 while there were no publications in 2012, 2013, 2015, 2016

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Table 1. Details of the articles included in the review (n=6)

Author (year), country	Name of journal	Purpose of the study	Study design	Sampling method and sample size	Data collection method and analysis	Major findings
1.Komatsu et al (2020), Japan	European Journal of Oncology Nursing	To evaluate the effects of a patient-centred medication self-management support programme in patients with metastatic breast cancer undergoing oral anticancer treatment.	Randomised controlled trial (RCT)	Purposive and stratified sampling (n=155)	Researcher-administered questionnaire and focus group Descriptive statistics and content analysis	A significant effect of the programme was not found in the programme because the adherence rate was low.
2. Reiser et al (2019), USA		To describe the effect of a quality improvement project for coordination of supportive care in metastatic breast cancer	A prospective pre- and post-experimental cohort design	Convenience sampling (n=118)	Self-administered questionnaires and data extraction sheet (Chart review). Descriptive statistics	Purposeful nurse-led assessment for social service and palliative care needs increases referrals with improvement in patient-reported outcomes.
3.Yee et al (2019), Australia	Journal of Pain and Symptoms Management	To determine the safety and feasibility of a physical activity programme for women with metastatic breast cancer and explore the efficacy of the programme	Randomised controlled trial (RCT)	Stratified sampling (n=14)	Researcher-administered questionnaire. Descriptive statistics	A significant effect of the programme was not found in the programme because the adherence rate was low.
2. Reiser et al (2019), USA		To describe the effect of a quality improvement project for coordination of supportive care in metastatic breast cancer	A prospective pre- and post-experimental cohort design	Convenience sampling (n=118)	Self-administered questionnaires and data extraction sheet (Chart review) Descriptive statistics	Purposeful nurse-led assessment for social service and palliative care needs increases referrals with improvement in patient-reported outcomes.
4.Ye et al (2017), China	Breast Cancer Treatment and Research	Be Resilient to Breast Cancer' (BRBC) was de-signed to help Chi-nese women with metastatic breast cancer to enhance their resilience levels, biopsychosocial functions, and potentially extend their life span.	Randomised controlled trial (RCT)	Stratified and randomised sampling (n=226)	Researched-administered questionnaire Focus group Descriptive statistics and content analysis	Be Resilient to Breast Cancer did not significantly prolong 3- or 5-year survival (median survival, 36.7 months in IG and 31.5 months in CG).
5. Lee et al (2017), South Korea	Holistic Nursing Practice	To describe the effects of MBSR on the physical and psychological status and quality of life of patients with MBC receiving anticancerous treatment.	Non-equivalent group Experimental design.	Not specified (n=18)	Self-administered questionnaires Descriptive statistics	The mindfulness-based stress reduction programme had an effect on improving average pain and alleviating distress

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Table 1. Details of the articles included in the review (n=6)						
6.Yee et al (2014), Australia	Journal of Cancer Survivorship	To explore differences in physical activity and fitness between women with metastatic breast cancer compared to healthy controls and factors associated with their physical activity levels	Not specified	Not specified (n=71)	Self-administered questionnaire Descriptive statistics	Women with metastases were significantly less aerobically fit than the control group, as evidenced by a lower mL•kg^−1•min^−1 value (25.3 vs. 31.9; P<0.001).

Table 2.Year and journal of publication of the studies included in the review (n=6)

Year	Number (n)	%	Journal of publication
2021	1	16.7	American Journal of Hospice and Palliative Medicine
2020	0	0	-
2019	2	33.3	Breast Cancer Treatment and Re-search and European Journal of Oncology Nursing
2018	0	0	-
2017	2	33.3	Holistic Nursing Practice and Journal of Cancer Survivorship
2016	0	0	-
2015	0	0	-
2014	1	16.7	Journal of Pain and Symptom Management
2013	0	0	-
2012	0	0	-

and 2020. The papers were published in six (n=6) different journals (n=6). See *Table 2* for the details.

Focus of the studies and outcomes measured

The studies focussed on five diverse themes. Except for physical activity investigated in two studies (n=2; 33.3%), the rest (n=4; 66.7%) did not overlap. Although the outcomes were not specifically mentioned in all the articles, various outcomes were investigated, most commonly in one study only. See *Table 3* for the details.

General characteristics of the articles

The studies were primarily quantitative (n=4; 66.7%). Two studies (n=2; 33.3%) used mixed methods. Different research designs were used; three studies (n=3; 5%) used randomised control trials, one study (n=1; 16.7%) used a prospective pre-test post-test experimental cohort design, and one a non-equivalent control group experimental design. One study (n=1; 16.7%) did not mentioned the design.

Four sampling methods were employed. Two studies (n=2; 33.3%) used two sampling methods each namely stratified and simple randomised sampling, and purposive and stratified sampling. Purposive and convenience sampling were used in one study (n=1; 16.7%) while two studies (n=2; 33.3%) did not provide details about their sampling methods. The sample sizes of the studies ranged from 14 to 226 with a median of 94.5, mean 100.33, and standard deviation of 75.67

All the studies (n=6; 100%) used either researcher-or self-administered questionnaires to collect the data and descriptive statistics for analyses. A focus group interview analysed by means of content analyses was also used in two of the studies (n=2; 33.3%).

Data collection instruments

Data collection instruments varied across the studies and a total of 26 different instruments were used. The majority of the instruments (n=18; 69.2%) were used only once. However, the following instruments were used in more than one study: Wisconsin Brief Pain Inventory, Hospital Anxiety and Depression Scale, Distress Thermometer, Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-F) questionnaire, European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-30), International Physical Activity Questionnaire (IPAQ), Back-leg dynamometer and hand dynamometry, and the Japanese version of the 36-item Functional Assessment of Cancer Therapy-Breast (FACT-B) scale (*Table 4*).

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Table 3. Focus of the studies and outcomes investigated (n=6)

Focus	Number (n)	Percentage (%)
Medication self-management	1	16.7
Co-ordination of supportive care	1	16.7
Physical activity	2	33.3
Survival	1	16.7
Mindfulness	1	16.7
Outcomes investigated		
Quality of life	4	66.6
Fatigue	2	33.3
Anxiety and depression	2	33.3
Self-efficacy	1	16.7
Functioning	1	16.7
Psychological distress	1	16.7
Symptom severity and symptom interference	1	16.7
Patient satisfaction	1	16.7
Generalized anxiety	1	16.7
Overall symptoms	1	16.7
Overall well-being	1	16.7
Referrals (palliative care, social services, and clinical trials)	1	16.7
Referrals to palliative care, social services, and clinical trials	1	16.7
Feasibility of a physical activity programme	1	16.7
Safety of a physical activity programme	1	16.7
Survivial (3- and 5-years)	1	16.7
Resilience	1	16.7
Alostatic load index	1	16.7
Pain	1	16.7
Heart rate	1	16.7
Distress	1	16.7
Physical activity	1	16.7
Physical fitness	1	16.7
Life space	1	16.7
Frequency and intensity of exercise	1	16.7

Discussion

The scoping review described literature on nurse-led interventions employed to support women receiving palliative chemotherapy for breast cancer. The authors had initially planned to scope the described evidence applicable to Africa, and as evident from this study, no work in the field could be found. This is not exceptional as the global cancer nursing review conducted by Molassiotis et al (2006) found only four of the 619 papers, less than 1%, included in the review came from Africa, with none focusing on breast cancer and palliative chemotherapy. The scoping review completed by Maree et al (2021) included 84 studies, but only six (7.1%) included women with breast cancer. Only one of the 16 studies (6.3%) in a review on palliative care nursing in Africa had studied women with breast cancer (Maree et al, 2023). Sub-Saharan Africa faces serious problems in terms of cancer control (Ngwa et al, 2022) which could be responsible for the lack of studies on the topic investigated. Yet, for this very reason work on support programmes for women diagnosed with advanced cancer are urgently needed. The reason for the small number of studies conducted worldwide is not clear as the support needs of these women are well described (Cherny et al, 2018b; Klungrit et al, 2019; Chua et al, 2020).

When comparing the focus of the studies with the biopsychosocial-spiritual model of care of patients at end of life (Sulmasy, 2002), it is clear that even if the work is combined, it would not meet the criteria for holistic care as the most common focus and outcomes rested on the physical. The psychological and social aspects were also neglected and not one of the studies included spirituality. Therefore, the total body of work diverts from the World Health Organization's (2020) definition of palliative care focusing on the whole person—physical, psychological, social or spiritual.

Considering the importance of the African philosophy of Ubuntu, it is highly unlikely that the work included in the review could guide the psychosocial aspects of care for Ghanaian women. These studies argue that healthcare providers should recognise and respect the religious and spiritual beliefs of their patients to deliver holistic care. By doing so, healthcare providers can build trust and rapport with patients, which is crucial for effective communication and patient-centered care (Brunsdon, 2019; Olaoye et al, 2024). Olaoye et al (2024), when describing the holistic approach to nursing care, recognises the interconnection between the spiritual, physical and emotional wellbeing of patients, emphasising that overlooking the spiritual aspect can impede patients' overall healing and recovery. Iddrisu et al (2019) supported these statements and highlighted that religious and spiritual practices among Ghanaian patients with breast cancer significantly correlated with enhanced psychological wellbeing.

As seen from this review, not all the studies were methodologically sound. Some of the studies did not specify their designs, the primary and secondary outcomes and sampling methods. Without this essential information, it becomes challenging for readers and fellow researchers to

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Table 4. Instruments used in the studies included in the scoping review (n=26)

Instruments	Reiser et al (2019)	Lee et al (2017)	Yee et al (2019)	Komatsu et al (2020)	Yee et al (2014)	Ye et al (2017)	Total	Percentage (%)
Generalized Anxiety Disorder Scale (GAD-7)	Yes						1	66.6
Magee Women's	Yes						1	16.6
Cancer Services PROcis							1	16.6
Life-Space Assessment							2	33.3
Wisconsin Brief Pain Inventory		Yes			Yes	Yes	1	16.3
Heart Rate Monitor (FT4, Polar Electro Oy, Finland)							1	16.6
Breathing Frequency Match (BFM 5000 equipment)		Yes					1	16.6
Physical Activity Readiness Medical Ex-amination (PARmed-X)					Yes		1	16.6
Modified Canadian Aerobic Fitness Test (mCAFT)					Yes		2	33.3
Hospital Anxiety and Depression Scale		Yes			Yes	Yes	2	33.3
Distress Thermometer		Yes			Yes	Yes	1	16.6
Functional Assessment of Cancer Thera-py Scales for Breast (FACT-B)		Yes					2	33.3
Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-F) questionnaire			Yes		Yes		2	33.3
European Organisation for Research and Treatment of Cancer Quality of Life Ques-tionnaire (EORTC QLQ-30)			Yes			Yes	2	33.3
International Physical Activity Question-naire (IPAQ)			Yes		Yes		1	
ActiHeart device			Yes				2	16.6
Back-leg dynamometer and hand dyna-mometry			Yes		Yes		1	33.3
Japanese version of the 10-item General Self-Efficacy (GSE) Scale				Yes		Yes	2	16.6
Japanese version of the 36-item Func-tional Assessment of Cancer Therapy-Breast (FACT-B) scale				Yes			1	33.3
Japanese version of the 6-item Kessler 6 (K6) scale for psychological distress				Yes			1	16.6
Japanese version of the 13-item M.D. Anderson Symptom Inventory for symp-tom severity and interference				Yes			1	16.6
A self-designed patient satisfaction scale				Yes			1	16.8
Quality of life questionnaire							1	16.6
Godin Leisure-Time Exercise Question-naire (GLTEQ)					Yes		1	16.6
SenseWear physical activity monitor					Yes		1	16.6
10-item Conner-Davidson Resilience Scale (CD-RISC-10)						Yes	1	16.6
Visual Analog Scale	Yes						1	16.6

judge the study's generalisability and the strength of its conclusions (Panke, 2018; Asenahabi, 2019). However, this is not unique as Molassiotis et al (2006) and Maree et al (2017) found the same trend in their reviews synthesising cancer nursing research output.

A clear trend emerged from the review, indicating a dominance of quantitative methods in the studies, as the majority of the studies included employed this approach. This trend aligns with findings from Maree et al (2021) and Molassiotis et al (2006), although this is

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in contrast with the qualitative focus found in broader cancer nursing research reviews (Maree et al, 2023). This suggests a preference for quantifiable outcomes over qualitative insights into interventions programmes. However, this might not the best approach for studies conducted in Africa, as Zimbalist (2022) when investigating bias in face-to-face surveys in Africa, found bystanders and family members can influence the responses to questions. Additionally, Harris and van der Windt (2023) found that the gender of an interviewer could influence responses.

Limitations

This scoping review focused on peer-reviewed articles written in English that were available through the South African interlibrary system. It is possible that relevant works not included in the review may have been missed. Additionally, the selection of keywords may have contributed to the exclusion of some relevant literature. The findings of the review cannot be generalised due to the limited number of studies that met the inclusion criteria

Conclusion

During the review, 110 articles were accessed, but only six met the inclusion criteria. The articles originated from five countries with none from Africa. The articles were primarily quantitative with a focus on improving physical wellbeing. None of the studies included in the review included spiritual support or used a holistic approach. Therefore, holistic, nurse-led intervention programmes focusing on all dimensions of palliative care is needed, especially in Africa. *IJPN*

Statement of interest: *None*

Key points

- Why is it important to consider a patient's spiritual and religious needs?
- How can you incorporate acknowledging the patient's spiritual and religious needs within your practice?
- What areas of research could improve the care of patients with breast cancer in Africa?

CPD reflective questions

- Consider a time when you have provided care after death. In what ways were the bereaved family enabled and supported to make an informed choice on whether to view their deceased relative?
- Reflecting on the research findings reported in this paper, for what reasons do the bereaved decide to view their deceased relative?
- In your experience, which members of the interprofessional team help to facilitate and support a viewing, and how might a collaborative approach enhance the quality of care?
- What caregiver qualities and skills do you recognise as important to a positive viewing experience?

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