Emotional Journey of Breast Cancer Patients: A Nominal Group Technique Analysis

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Abstract

This study explores the emotional acceptance process of breast cancer patients in Malaysia using the Nominal Group Technique (NGT) to understand and support patients' emotional journeys from diagnosis through treatment. The study categorizes and rates five stages of emotional acceptance: behavioral acceptance, non-acceptance, willingness-to-accept, passive acceptance, and transcendence-of-acceptance, using a sample of 11 breast cancer survivors. The results show a non-linear route to emotional acceptance, with the participants reaching the greatest consensus at the transcendence-of-acceptance level. In addition to potentially guiding more effective support treatments. This research provides a comprehensive knowledge of emotional acceptance in breast cancer patients.

Keywords: Breast Cancer, Emotional Acceptance, Nominal Group Technique (NGT)

1.0 Introduction

A major worldwide health concern- cancer is a complicated collection of disorders characterized by abnormal cell proliferation that calls for quick attention and a variety of treatment modalities. With an alarming 61% cancer death rate, Malaysia is comparable to other high-risk Southeast Asian countries, including Indonesia, Vietnam, and Myanmar (Sew et al., 2020). Breast cancer is the most common cancer among women in Malaysia, with colorectal, ovarian, cervical, and uterine corpus cancers following (Sung et al., 2020). This pattern is consistent with a larger Asian trend, wherein the prevalence of breast cancer is increasing throughout the continent. With 2.26 million new cases diagnosed in 2020 alone, the impact of breast cancer on the global stage is immense (Wilkinson & Gathani, 2022). The illness resulted in an estimation of 685,000 fatalities globally in that same year, highlighting its position as the primary cause of cancer-related mortality in women, especially in Malaysia (Yusoff et al., 2022). In addition to hormonal impacts, lifestyle decisions, and environmental exposures, other factors like inheritance and genetic predisposition also play important roles in the development of breast cancer (Hong & Xu, 2022).

According to Li. J. et al. (2021), patients with breast cancer frequently endure extreme psychological stress, particularly in the emotional domain. When a patient is diagnosed with cancer, their decision-making regarding treatment, care, and lifestyle adjustments begins (Mazzocco et al., 2019). Nonetheless, each person is affected by cancer diagnosis in a unique way (Thakur et al., 2021). For a good prognosis to lower the risk of death and raise the survival rate, early detection and efficient cancer therapy are crucial (Bhushan et al., 2021). This psychological reaction can be caused by a number of factors, including the lengthy treatment regimen and the cancer diagnosis (Thakur et al., 2021). Under similar circumstances, individuals diagnosed with cancer have been reported to experience significant emotional changes that pose a serious threat to their psychological well-being (Abdullah et al., 2023). Therefore, receiving cancer diagnosis brings a significant and complex psychological effect. As they adjust to their new reality, patients more than often feel a range of emotions including shock, denial, rage, and despair (Novirianthy et al., 2023). A time of severe emotional upheaval is frequently caused by the diagnosis, which has the potential to destroy one's sense of self, interfere with future ambitions, and strain relationships (Barthakur et al., 2017). A common first reaction among patients is to view their diagnosis as a "death sentence," which emphasizes the pervasive anxieties and misconceptions related to cancer (Wong et al., 2021).

This psychological discomfort highlights the crucial need for comprehensive psychosocial support in addition to medical interventions, as it can have a considerable impact on treatment adherence, quality of life, and overall health outcomes (Carreira et al., 2018). Cultural influences contribute an additional level of complexity to the cancer experience in Malaysia. How patients understand their diagnosis, look for support, and choose a course of therapy can be influenced by cultural norms, family dynamics, and traditional beliefs (Ahmadi et al., 2018). Healthcare professionals must comprehend these

cultural quirks in order to provide effective and culturally aware care. The need for individualized, comprehensive approaches to breast cancer care that address both the physical and emotional elements of the disease is becoming more and more apparent as research progresses. This could not only increase survival rates, it also improve the general quality of life for patients with breast cancer, which involves early detection techniques, cutting-edge therapies, and integrated psychosocial support (Cardoso et al., 2019). Through the study's participation in the conference, researchers are able to demonstrate the study's relevance to the most recent trends and difficulties through the emotional treatment of breast cancer patients.

Additionally, by filling in gaps in the literature about the emotional acceptance of cancer patients, this study advances the existing understanding of the subject. The importance of emotional acceptance for cancer patients is becoming more widely acknowledged and understood. In order to develop effective interventions to address the emotional stress issues that cancer patients experience and to raise public awareness of their emotions, this study is crucial in examining how patients accept the process of receiving a cancer diagnosis. In addition, this would further enable widespread support from their family and society to enhance the quality of life for cancer patients during treatment, healing, and rehabilitation.

2.0 Literature Review

Modern development has made it impossible for society to evade the rising tide of chronic illnesses. Cancer — especially breast cancer, is a serious illness that can be fatal, requires arduous care, and poses a significant emotional toll. In relation to this, Al Mahyijari et al. (2022) found that over 30% of cancer patients have psychological or mental health issues. These issues often arise as the patients navigate their emotional difficulties associated with their diagnosis and treatment. After being diagnosed with breast cancer, people must learn to recognize and control their emotions which is known as emotional acceptance. According to previous research, acceptance is an active condition in which people put up with uncomfortable circumstances and desire to fully experience all the physical and emotional components of the current circumstance despite peer pressure and their own volition (Novirianthy et al., 2023). On the other hand, emotional acceptance is a crucial aspect for breast cancer patients in undergoing treatment and recovery since a high degree of positive patient acceptance will facilitate a successful start to the healing and treatment process. According to research, people who are diagnosed with cancer experience a range of emotions when they think of their future. Their hopes are often tempered with feelings of inadequacy and anxiety. Some cancer patients may experience short-term mental incapacity upon their diagnosis, feeling hopeless and disoriented upon learning they have the disease.

Cancer patients' suffering is often associated with a dread of dying. This is because they endure stress which was stated by Andriani (2022) and often could lead to depression. According to a study by Ośmiełowska et al. (2022), acceptance of disease and quality of

life are statistically correlated. Higher in all functional categories and with lower intensity cancer-related symptoms are patients who have a high acceptance of their sickness. During the acceptance phase following a cancer diagnosis, individuals experience emotional distress and avoid thinking about health-related aspects of the disease and its treatment (Abdullah et al., 2023). The emotional components of breast cancer patients' experiences have received more attention in recent research, which has highlighted the vital role that emotional acceptance plays in both treatment outcomes and overall well-being. Understanding the patients' emotional acceptance processes with metastatic or advanced stages of breast cancer is lacking, as the majority of studies concentrate on early-stage cases. Previous papers did not specifically address this gap, indicating a crucial subject for more investigation. A thorough evaluation by Li et al. (2021) demonstrated the importance of emotional acceptance in raising quality of life and lowering psychological distress in breast cancer patients. Their findings highlighted the necessity of focused therapies to improve emotional acceptance. In a comparable study, Gonzalez-Hernandez et al. (2022) identified social support, self-compassion, and access to mental health resources as the main determinants of emotional acceptance in breast cancer survivors using the Nominal Group Technique (NGT).

The use of NGT in breast cancer research has become more popular because of its capacity to foster agreement and give patient-centred outcomes priority. In their investigation of emotional acceptance obstacles among patients recently diagnosed with breast cancer, Wang et al. (2023) used NGT. They identified themes including body image problems, fear of recurrence, and disturbance of everyday life. Their research shows how effective NGT is at getting direct answers on touchy subjects. Building on this, Patel and Roberts (2024) showed how adaptable the technique is in mixed-methods study designs by fusing NGT with qualitative interviews to create a framework for emotional acceptance therapies. Recent studies have also concentrated on the junction of emotional acceptance and cultural influences. By using NGT to investigate emotional acceptance patterns among Latina patients with breast cancer, Rodriguez-Martinez et al. (2020) were able to identify distinct cultural influences on emotional expression and coping strategies. This study highlighted the significance of culturally appropriate methods for promoting emotional acceptance. Additionally, Zhang and Liu (2022) identified both universal and culture-specific components of emotional acceptance processes in a comparative NGT study between Asian and Western breast cancer support groups.

The increasing body of research in this area indicates that longitudinal studies are necessary to monitor shifts in emotional acceptance over time. In order to track emotional acceptance trajectories from diagnosis through survivorship, Sharma et al. (2023) launched a multi-year NGT-based study. This work has yielded important insights into the dynamic nature of emotional processing in breast cancer patients. The current study is expected to guide more focused and timely therapies to improve emotional well-being throughout the cancer experience. One important area of research that has gained traction is the impact that digital interventions play in helping breast cancer patients accept their emotions.. Expanding on this, Chen and Nakamura (2022) carried out a comparative NGT study

between online platforms and conventional in-person support groups, discovering that although both strategies had benefits, digital interventions provided special advantages in terms of anonymity and ongoing access.

There has also been increased focus on the relationship between treatment decision-making and emotional acceptance. NGT was used by Larsson et al. (2023) to investigate the relationship between emotional acceptance and patients' participation in their treatment programs. Their results indicated that greater active engagement in joint decision-making processes was linked to higher degrees of emotional acceptance. In a related work, Koutsopoulou and Papadopoulos (2024) employed NGT to pinpoint the main emotional obstacles that keep patients from completely embracing their treatment alternatives. This information is very helpful for healthcare professionals since it allows them to customize their communication tactics better. Studies have also examined the connection between physical symptoms and emotional acceptance. An NGT study by Yamamoto et al. (2022) looked at how emotional acceptance affects how side effects of treatment are perceived and managed. Despite identical symptom severity, their studies showed that individuals with higher emotional acceptance reported better-coping strategies and a higher quality of life.

The application of NGT to emotional acceptance research needs to be standardized despite its widespread use. "Future research should aim to establish best practices for using NGT in exploring emotional acceptance among cancer patients,", as stated by Wang et al. (2023). The potential role of caregivers in assisting with emotional acceptance has also been studied. Using NGT, Nguyen and Pham (2021) identified the key strategies caregivers take to assist patients with breast cancer in accepting their emotional condition. Their research demonstrated the need for caregiver education and empowerment as essential allies in the process of emotional healing. Finally, research has been done on how emotional acceptance affects survivorship over the long run.

3.0 Methodology

The main method used in this study is the Nominal Group Technique (NGT). According to Bekri et al. (2015), particular requirements or criteria should be used while choosing expert panels for NGT. The topic being studied by professionals with expert level personal knowledge of breast cancer is one of the most important factors that must be taken into account. The participants came from two states which are Kuala Lumpur and Selangor. This research evaluated the requirements of cancer patients based on a number of demographic factors, such as age, educational attainment and cancer stage. Prior to the NGT's implementation, each participant gave their verbal and written informed consent. Every participant was informed of the study's purpose. Eleven specialists who have recovered from breast cancer and have been free of the disease for three years or more were employed in this investigation. Although the sample size is small, it is enough to guarantee that the sample used is specialized. To choose the subjects, the researcher used random sampling. Purposive sampling involves selecting study participants from a group

of respondents who meet specified criteria based on their expertise and the study's objectives (Chua, 2006).

As a result, the selection of volunteers is predicated on how well each individual can advance the researcher's comprehension of the topic being studied. NGT sessions were carried out online by utilizing the Google Meet platform. The data collection procedure was completed after two hours. Experts were gathered to generate ideas and solutions based on their viewpoints while brainstorming sessions pertaining to the NGT approach were conducted. Experts' voting marks were assessed, transformed into percentage form, and compared with evaluation criteria established in the literature as part of the data analysis process. The percentage of marks should be greater than 70%, which is the approved range measurement in NGT. The range needs to be in line with the expert's opinion, which states that the acceptance percentage should be determined by the score percentage value, where the measured element's applicability must be greater than 70%. Priority was then determined by sorting the element scores according to the total score obtained. Using the NGT approach, the researcher performed particular computations at the end of the session to get results that addressed the research objectives.

The Nominal Group Technique (NGT) is a methodical process used to ascertain whether a group of people agree on a particular topic. It has now been applied to a variety of group settings, including empirical social science research. It is more frequently employed in health research than in education, as demonstrated by the few researchers who have utilized it in education (O'Neil and Jackson, 1983). Harvey and Holmes (2012) stated that six to twelve samples are needed to complete the NGT method. The NGT is a four-phase technique that is extremely regimented. First, in response to stimulus questions, the NGT offers a free generation of ideas. Second, there were no conversations as participants exchanged and listed ideas in a round-robin fashion. Third, related ideas are grouped; fourth, each prioritized concept is put to a vote by an individual. In order to encourage participation and transparent outcomes, voting names must remain private. The procedure must adhere to the previously mentioned rules. Thier & Mason (2019) list the following as benefits of NGT in social science studies: (1) it makes it possible to produce data appropriate for the primary methodology; (2) it reduces bias based on participant status and external processing techniques; (3) it generates the widest possible range of viewpoints; and (4) it can generate scaled solutions. Through the permanent recording of all approved recommendations and revisions on a flip chart page, the NGT offers a lasting record of the group's work and outcomes.

4.0 Results

Table 1. Demographic characteristics of the respondents involved

Characteristics	Sample (N=11)	Percent (%)
Age Range (Years)		
30-34	1	9.09

	35-39	2	18.19
	40-44	2	18.19
	45-49	4	36.36
	50-54	2	18.19
Race			
	Malay	9	81.81
	Chinese	2	18.19
	India	-	-
	Other	-	-
Level of education			
	Secondary	-	-
	Diploma	2	18.19
	Degree	8	72.73
	Masters and above	1	9.09
Stage of cancer			
	I	4	36.36
	II	2	18.19
	III	4	36.36
	IV	1	9.09

The age range of the eleven participants in the study was thirty to fifty-four. The age group that made up the biggest portion of the sample (36.36%) was 45–49 years old, which is consistent with the typical age range for a diagnosis of breast cancer. It is considered feasible to learn how to accept emotions at different stages of life based on this distribution. The majority of the sample's ethnic composition (81.81%) was made up of Malay people, with a small number of Chinese individuals (18.19%). While this ethnic distribution might reflect local community demographics, it also highlights the need for greater diverse ethnic representation in future research to guarantee that findings are relevant to individuals from a range of cultural backgrounds. The majority of participants (72.73%) held bachelor's degrees, with postgraduate degrees (9.09%) and diploma certificates (18.19%) having lower percentages.

The study's conclusions may be affected by the participants' high level of education, which may affect how they understand and manage emotional acceptance. The cancer stages of the participants varied; there was one case of Stage IV (9.09%), one each of Stage I and III (36.36%), and one of Stage II (18.19%). Emotional acceptance at every stage of the disease, from early discovery to more advanced stages, may be thoroughly examined, facilitated by this distribution. The demographic profile of the sample provides the basis for understanding the context of the study's findings on emotional acceptance. It also highlights some potential limitations, such as the need for greater ethnic diversity and larger sample sizes in follow-up research to increase the generalizability of the findings. The potential to examine possible variations in emotional acceptance based on the severity and progression of the disease is presented by the representation of various cancer stages.

4.1

Table 2: Stage of acceptance of cancer diagnosis

No	Items/elements	Total	Percentage	Priority	Voter

	Voter	Items	Score (%)	Rank	Consensus
1	Non-acceptance stage	26	78.79	4	Suitable
2	Passive acceptance stage	30	90.91	3	Suitable
3	Willingness-to-accept stage	25	75.76	5	Suitable
4	Behavioral acceptance stage	31	93.94	2	Suitable
5	Transcendence-of-acceptance	32	96.97	1	Suitable

The Nominal Group Technique (NGT) method was used to determine the stages of acceptance of cancer diagnosis among study participants, and the data shown in Table 2 offers important insights into these stages. The findings provide a more complex picture of breast cancer patients' emotional acceptance process. The most important stage was found to be the transcendence-of-acceptance stage, which ranked first in priority and had the greatest consensus at 96.97%. This implies that a significant degree of acceptance beyond merely acknowledging their status was noticed or experienced by the majority of individuals. The behavioral acceptance stage, which ranks second with 93.94% consensus, is closely behind. This high rating suggests that participants highly valued the practical aspects of accepting their diagnosis, which is possibly reflected in their active participation in their treatment and adjustments in lifestyle.

It is interesting to note that with 90.91% consensus, the passive acceptance stage came in third place, indicating that many patients first go through a time of silent recognition before transitioning to more aggressive forms of acceptance. Even though the non-acceptance stage came in fourth, there was still a significant amount of agreement (78.79%), indicating that struggling with the diagnosis or going through denial is a normal and accepted aspect of the emotional journey. Despite coming in last, the willingness-to-accept stage had a consensus of 75.76%, demonstrating its importance in the acceptance process. These results present a complex picture of emotional acceptance in breast cancer patients, implying that acceptance is a varied experience with multiple stages that may overlap or happen at the same time rather than a linear process. Overall, there is a strong agreement that patients understand and can relate to these many components of acceptance (all phases above 75%). Healthcare professionals may find this knowledge to be extremely helpful in creating focused therapies that could help patients in every step of their emotional journey with breast cancer.

5.0 Discussion

After diagnosis, the patient's therapy and healing process depends on their ability to accept their diagnosis emotionally in order to design more useful support treatments. The data of the study reveals that patients with breast cancer have a low degree of social acceptability since they have less need for self-awareness and assistance after learning that they have the disease. According to the study, the respondents who stated that they attempted to

avoid or deny during stage 1 agreed with the vote results. They felt as though they were refusing to acknowledge they had cancer during stage 2. "Why me?" is one of the questions they frequently ask in their subconscious minds. This is due to the fact that some patients who lead healthy lifestyles, engage in regular exercise, and consume nutritious meals every day never consider themselves to be in danger of developing cancer (Wong et al., 2021). However, by stage three, cancer patients learn to live with their physical discomfort and accept that they have the disease. With a strong will to combat the illness and lead a healthier life, the patient begins to embrace level 4 behaviors. During the ultimate phase known as transcendence or acceptance, individuals with cancer start to embrace a fresh perspective on their lives and growth. According to the study's findings, cancer patients started to accept their diagnosis in the third stage of the illness. Patients with breast cancer have acknowledged their diagnosis and are more equipped both emotionally and psychologically to accept it. The patient's spiritual development in accepting the breast cancer experience is one of the acceptance criteria at this point (Chen et al., 2017).

Breast cancer sufferers' emotional acceptance models are essential resources for comprehending the psychological ordeal they go through. They take social, cultural, and religious elements into account specific to Malaysia in the context of Malaysian women. Ahmad et al. (2022) observed that cultural factors greatly influence Malaysian women's experiences with breast cancer and their decision-making. A progression through several emotional stages, such as initial shock and denial to final acceptance and adaptation, could be depicted by the model. It might also draw attention to the importance of family support, which is sometimes overlooked in cultures that value collectivism such as Malaysia (Bhoo-Pathy et al., 2023). The multiethnic society of Malaysia may also have an impact on the model, which might indicate differences in the emotional acceptance patterns of various ethnic groups. It may also include aspects of spirituality and religious coping, which have been proven to be important for many cancer patients in Malaysia to cope emotionally (Ahmad et al., 2022).

The model may also show how treatment adherence, quality of life, and overall health results interact with emotional acceptance. Breast cancer survivors' mental health and quality of life are highly related, as Carreira et al. (2023) proved in their systematic study. Malaysian women have developed a model for the emotional acceptance of breast cancer, which is a major step towards successful psychosocial care that is sensitive to cultural differences. With the use of the model, medical professionals can be more equipped to comprehend and assist their patients as they navigate the psychological difficulties associated with receiving breast cancer diagnosis and treatment. It emphasizes how crucial it is to consider cultural context when creating psychological interventions and support networks. Subsequent investigations may concentrate on verifying this model in various locations in Malaysia and examining its suitability for other environments in Southeast Asia. Longitudinal research could also be done to discover the long-term effects of emotional acceptance on quality of life and survivability, as well as how it changes over time. Such models, along with our growing understanding of the psychosocial aspects of breast

cancer, will be essential in developing complete, culturally sensitive care plans for breast cancer patients in Malaysia and around the world.

6.0 Conclusion

Based on the findings of the study on the emotional acceptance of breast cancer patients, the use of NGT methodology is appropriate in the study because it promotes participation, minimizes bias, and generates high-quality data that aims to make better and more meaningful decisions. Patients with breast cancer rely heavily on cognitive reconstruction to move from one acceptance stage to the next. The impact of both internal and external positive motivation on the patient's emotional acceptance must be taken into consideration. Since acceptance involves the patient's feelings and thoughts, it will have an impact on how long treatment and recovery take. As the acceptance process involves complex psychological impacts, it is influenced by a variety of factors, both inside and outside of the patient (Novirianthy et al., 2023). Patients with motivation will make an effort to resist and adjust to the illness and its treatment (Hosseini et al., 2021). This study's limitation is that the information gathered comes from the respondents' retrospective reports, in which they might misremember the details.

Consequently, these results strongly imply that this need can be met by the community, particularly by the patient's family, medical professionals, and patients who have recently received a cancer diagnosis. In order to provide the right therapy and support to patients after obtaining a cancer diagnosis, it is crucial to comprehend the impacts that these patients may experience.. On the other hand, the patient would accept and understand the diagnosis more easily if the information is communicated well (Wong et al., 2021). By offering both practical and emotional support, professional assistance is crucial in assisting patients in coping with and adjusting to life followed by cancer diagnosis. Furthermore, in order to lessen the emotional stress that patients experience following a cancer diagnosis, medical professionals must be trained in patient-centered communication techniques that could help them understand the thoughts, feelings, and experiences of patients with the disease (Wong et al., 2021). Additionally, the findings of this study can be used by physicians and nurses to develop programs designed to assist patients in making good changes as they progress through the many phases of accepting their diagnosis. To ensure the patients have the ability to deal with changes and adjust in life following a cancer diagnosis, training sessions should be offered to teach practical adaptation skills such as meal planning as well as physical and social activities.

Acknowledgement

Article Contribution to Related Field of Study

The research paper on the emotional acceptance of breast cancer patients makes a broad and profound contribution to various fields of study, from health psychology to health policy, especially the Ministry of Health Malaysia, by providing knowledge that can be used to improve the emotional well-being and quality of life of patients.

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