

REVIEWS

The Nurse's role in managing the psychological and emotional impact on women diagnosed with breast cancer

Deirdre O 'Sullivan¹, Mansour Mansour *²

¹Plastic Surgery Ward, Broomfield Hospital, Mid Essex Hospital Services Trust, UK

²Adult and Mental Health Nursing Department, Faculty of Health, Social Care and Education, Anglia Ruskin University, UK

Received: March 19, 2015

Accepted: June 23, 2015

Online Published: July 2, 2015

DOI: 10.5430/cns.v3n4p29

URL: <http://dx.doi.org/10.5430/cns.v3n4p29>

ABSTRACT

Objective: The purpose of this review is to examine the current evidence on the psychological and emotional impact on women diagnosed with Breast Cancer, and the role of nurses in alleviating such impact.

Methods: A literature review was conducted and included papers published between January 2004 – January 2014.

Results: Thematic analysis of the selected papers revealed three main themes: “Just want to carry on as normal”, “Family support vs support from health care professionals” and “Staffing”. Women often suffer both emotionally and psychologically following a diagnosis of Breast Cancer. While nurses play a significant role in helping women to cope with Breast Cancer, they often feel ill-equipped to do so.

Conclusions: Women diagnosed with Breast Cancer suffer emotionally and psychologically, but they don't always receive the appropriate support to enable them to cope with this burden. Additional training, funding and nursing staff skill mix may be needed to provide a patient-tailored emotional and psychological support for the affected women. This may contribute to establishing good practice and help nurses to care for those patients more holistically.

Key Words: Breast Cancer, Nurse, Role, Women, Psychological support, Emotional support

1. INTRODUCTION

The aim of this review is to examine the current evidence on the psychological and emotional impact on women who are diagnosed with Breast Cancer, and the role of nurses in providing emotional and psychological support for those women. Breast Cancer in all its facets is the most researched of all types of cancers,^[1] and it has attracted extensive media coverage, including The Breast Cancer Awareness Month Campaign.^[2] Furthermore, with the release of the Francis report in the UK,^[3] providing compassionate care for pa-

tients has become a much debated public concern. It has been reported that one in three women diagnosed with Breast Cancer will suffer from anxiety or depression,^[4] and nurses have a particularly important role in supporting the patients through their experience of Breast Cancer care.^[5]

2. SEARCH STRATEGY

According to Aveyard,^[6] one of the most successful methods for searching the evidence is to develop a systematic search strategy. This entails developing search terms relevant to

* **Correspondence:** Dr. Mansour Mansour; Email: Mansour.mansour@anglia.ac.uk; Address: Adult and Mental Health Nursing Department, Faculty of Health, Social Care and Education, Anglia Ruskin University, 4th Floor William Harvey Building, Chelmsford Campus, CM1 1SQ, Chelmsford, Essex, UK.

the topic being researched, and using inclusion and exclusion criteria to search for literature, both through electronic data bases and searching by hand. In this review, relevant search terms, including “Breast Cancer”, “Nurse”, “Role”, “women”, “Psychological”, “emotional” were searched using online data bases. Databases utilised include the British Nursing Index, Medline and CINAHL. The search was limited to the last ten years (January 2004 – January 2014). In a bid to widen the search for the relevant papers, the search term “Nurse” was then exchanged for “Nurs*”, which resulted in twelve more hits, totalling 34 hits. The use of this Boolean logic is an essential part of searching databases.^[6] Several of these 34 hits provided a great insight into the topic area. However, whilst some of the content was at best only partially beneficial, it did provide guidance to more valuable research. Grey literature^[6] including accessing non-academic sources, such as Government Policies and Guidelines, National Institute of Clinical Excellence (NICE), World Health Organization (WHO), Department of Health (DoH), National Cancer Survivorship Initiative (NCSI) and the National Cancer Action Team (NCAT). Charitable organisations such as Macmillan Cancer Support (Macmillan), Breast Cancer Care and Cancer Research UK, have contributed a wealth of information on this topic. The dates of publication, and in some cases, the country of publication, were considered carefully whilst searching, and efforts were made to ensure that the most recent information was utilised. Various books also contributed to this review. A continuous comparative method was used to establish emerging themes from each paper. This method is described by Ridley^[7] as making explicit connections between references, and has been practiced by many authors writing about this topic.^[8]

3. BACKGROUND

Breast Cancer occurs when cells which are habitually produced in an orderly fashion, begin to grow uncontrollably.^[9] It is a diverse disease, which encompasses various biological physiognomies.^[10] Since the 20th century, the incidence of Breast Cancer across Europe has continued to grow.^[11] Recent decades have seen improvements in survival rates. Since peaking up in the late 1980's, Breast Cancer' mortality in Europe has decreased by 15.8%.^[11] In 1971, 54% of cancer patients survived in England, whilst in 2011 there was an 84% survival rate.^[12] Early detection, alongside enhanced treatments, have all resulted in a reduction in mortality rates.^[13] On the other hand, increased survival rates provide a fresh challenge for health care professionals. For example, Breast Cancer treatments that improve survival rates may result in a decreased quality of life for the patient, with subsequent psychological and emotional distress.^[14] It has been reported

that there are still large gaps in the provision of psychological and emotional support services available for cancer patients across the UK.^[15] A cancer diagnosis has been described as a crisis period for both patients and their families, which requires assistance to cope,^[1] with fluctuating emotions, coupled with a period of adjustment.^[5]

4. POLICY CONTEXT

The relatively high prevalence of Breast Cancer in the UK has triggered the publication of several White Papers in an attempt to address the gap in the care provided for this relatively large population. In 2002, the UK NICE produced guideline entitled “Improving Outcomes in Breast Cancer”. This guideline is largely related to diagnosis and psychological support for those women diagnosed with Breast Cancer, but it also recognised the importance of psychological support, and suggested that it is an integral aspect of the management of Breast Cancer (NICE, 2002).^[16] This guidance advocated that psychological support should be provided at all Cancer stages, and Health Care Professionals should be equipped with appropriate training to recognise the psychological and emotional needs of patients. Clear information and appropriate sensitive communication skills are also recognised as vital aspects of providing psychological care. NICE recommendations state that Breast Care Nurses and lead clinicians require special training in communication and counselling skills and effective recognition of patients' psychological needs. However, later reports by NICE,^[17] established that fewer than half of 174 Multi-Disciplinary Teams across England met the recommendations of NICE,^[16] because they failed to meet the requirements of two core members of staff in all key disciplines. NICE's^[17] report appears to primarily focus on metastatic Breast Cancer care, but it also recognised the need for psychological support, information and care planning. Brooker & Nicol^[5] state that the nursing management of Breast Cancer patients includes assessing the patient's individual needs, helping her to cope with emotions, providing information and psychological support and assisting in the subsequent, informed decision-making process. They further amplify these proposals by stating that on-going assessments are key in providing psychological and emotional support, and must be sensitive to the information needs of each patient. Rogers & Turner^[1] correspondingly identified that assessment and giving information is vital when caring for Breast Cancer female patients, and they claimed that communication skills, including non-verbal communication skills, are vital, and it is essential that nurses are aware of their body language and tactical messages which the patient may be receiving. This coincides with recommendations from the NCSI Vision

(2010a; 2010b).^[18,19] There are also professional obligations for nurses to acquire the necessary skills to the highest possible standards to care for the patients. The UK Nursing and Midwifery Council (NMC) Code of Conduct^[20] conveys that nurses must meet the communication needs of their patients, and share information that patients want or need to know. Furthermore, the Royal College of Nursing (RCN),^[21] advocates that nurses working in speciality of Breast Care must provide emotional support, information and demonstrate excellent communication skills. What is less clear is how such professional recommendations are to be translated into practice, and how far nurses feel confident in providing psychological and emotional support to Breast Cancer patients.

Research evidence suggests that most of the nursing role in supporting women who are diagnosed with Breast Cancer is concerned with the clinical aspects of the condition^[16] and regrettably, more recent guidelines from NICE^[22] appear to focus minimally on the psychological side of Breast Cancer. It has been reported that women diagnosed with metastatic Breast Cancer have unique emotional and psychosocial needs that differ markedly from the needs of women diagnosed with early Breast Cancer.^[23] This includes living with uncertainty, dealing with the emotional impact of a life-threatening diagnosis, experiencing a sense of loss of control and grappling with existential distress.^[8,24] Such different needs do not seem to have been met equally in health care settings, with significant discrepancies in the level of supportive care received during women's treatment for primary Breast Cancer and that received after the women were diagnosed with secondary Breast Cancer.

5. RESULT

Nine papers were finally included in the review. Thematic analysis of the papers was carried out following the six-step framework identified by Braun & Clarke.^[25] Three main themes were identified: "Just want to carry on as normal", "Family support vs support from health care professionals" and "Staffing". Details of the included papers are summarised in Table 1.

5.1 Just want to carry on as normal

An important theme that emerged from this review of the selected articles was the women's reluctance to discuss the emotional impact of Breast Cancer on their Health. This was particularly for older women. A qualitative study was carried out by Blows *et al.*^[27] with 9 older women (women of 65 years and older) found that in general, the participants tend to be reluctant to discuss their emotional support needs as, on the surface, most appeared not to have unmet

needs. However, the study highlighted that some women may not feel able to talk about the emotional impact of Breast Cancer, as they perceive the importance of managing their physical needs outweighs their emotional and psychological needs, therefore, paying more attention to developing coping mechanism with their day-to-day physical needs for the diagnosis of Breast Cancer, and assigning lower priority to their psychological and emotional wellbeing. Consequently, both patients and nurses may find it more difficult to engage in a serious conversation about the patient's psychological and emotional needs. Beatty *et al.*^[28] interviewed thirty-four participants in seven focus group interviews to examine three categories of participants: patients diagnosed within the past 12 months with early-stage Breast Cancer, oncology nurses, and volunteers who work with cancer patients. The study reported that while the participants had lost some of their traditional roles at home such as picking children up from school, cleaning the house and engaging on other social activities, their main concern was how to regain control of performing these duties again. Such desire to return to "normal life" seemed to occupy a substantial part of the participants' mental activities.

5.2 Family support vs. support from health care professional

Reed *et al.*^[29] conducted a questionnaire-based, cross-sectional study, in two U.K cancer centres and online via the Breast Cancer Care website, assessing Quality of Life and the experience of care in 235 women with metastatic Breast Cancer. Overall, the results showed that the patients' satisfaction with their experience of care, including psychological and emotional care, was low. Their experience appeared to be predominantly in the hospital setting, with little evidence of involving the General Practitioners (GP) and Palliative Care Services. Thematic analysis of free-text questions relating to the experience of metastatic Breast Cancer revealed that the majority (162 [68.9%]) felt that their main source of psychological support was from family and friends. Those who received formal support services felt these were beneficial, but a significant number did not know how to seek formal support. The importance of receiving support was echoed by a study undertaken by Kroenke *et al.*^[30] which demonstrated that women who are socially isolated have an increased risk of mortality following a Breast Cancer diagnosis. They concluded that this might be a as a result of a lack of support from family and friends and a lack of access to care. Mehnert & Kock^[31] established that less social support was a contributing factor to psychological comorbidities in Breast Cancer patients. A further study noted that of a sample of newly-diagnosed Breast Cancer patients, 84% were satisfied with the support they received from health care

professionals and 85% from family, at diagnosis. However, when evaluating this data five months post diagnosis, this support had decreased from both health care professionals and family.^[32] This demonstrates the importance of support from both health care professionals and family and friends through all stages of the patient's journey.

Table 1. Summary of research papers identified for the review

Author (s)	Purpose	Method/sample	Key findings	Limitations
Breast Cancer Care and RCN ^[26]	To establish the challenges faced by Breast Care nurses across the UK	Quantitative Study. A survey of 272 Breast Care nurses.	Challenges recognised in delivering psychological and emotional support included the developing role of Breast Care nurses with challenging and additional responsibilities, the increasing complexity of Breast Cancer patient's needs (namely due to advancements in treatments) and staff shortages. Despite these findings, the nurses in this survey recognised that providing information is a key part of their role; however, they felt unable to fulfil this key role sufficiently.	This study is now ten years old which may further affect its generalizability.
Macmillan 2006	This survey aimed at establishing the contrasting views of people living with, or affected by cancer, and those not affected.	Quantitative Study. A Survey of 1751 participants between December 2005 and February 2006 in UK, of them: 606 people with cancer; 550 people affected by cancer; 595 people not affected by cancer.	45% of cancer patients disclosed finding the emotional associations of cancer most problematic, 49% reported experiencing depression and 75% anxiety. Only 44% of this survey sample received information, advice or support.	A qualitative research method, which is concerned with exploring meaning, feelings and experience may have been more suitable in exploring the patient feelings and emotions.
Kroenke, <i>et al.</i> 2006	To examine social ties and survival after a diagnosis of Breast Cancer.	Quantitative Study. Analysing data related to 2,835 women who were diagnosed with Breast Cancer. These women had various stages of Breast Cancer. Data was collected through questionnaires and various themes were identified.	The risk of mortality following a diagnosis of Breast Cancer is significantly higher in women who are considered socially isolated. Women without living children or close family also had an elevated risk of mortality.	The study lacked direct information on the quality and type of support (eg, instrumental, emotional) from social contacts. Thus, it is difficult to rule out the possibility that socio-emotional support may influence survival since having a confidant is a limited proxy for this type of support. Also, there is the possibility of residual confounding factors effect.
Arora, <i>et al.</i> 2007.	To evaluate the significance and helpfulness of information and emotional support to newly-diagnosed Breast Cancer women patients. This included information and support provided by friends, family and health care professionals.	Quantitative Study including secondary analysis of data collected from a sample of 246 women with Breast Cancer at two points, at baseline and a five month follow up.	The support Breast Cancer patients received at the five month follow up had significantly decreased. This included support from friends, family and health care providers. This needs to be addressed and efforts need to be made to ensure patients receive support through their entire cancer journey.	The study focused on women under the age of 60, and is limited to a five month follow up time period.
Beatty, <i>et al.</i> 2008	To establish the concerns needs of women diagnosed with Breast Cancer in Australia.	Qualitative Focus groups which consisted of 34 participants.	A variety of psychological concerns and survivorship issues were identified, including coping with the side effects of treatment and adjustment.	This study is Australian-based which may restrict the transferability of the findings to other contexts, although many challenges faced by nurses in this study may be similar to those faced by nurses in other countries.
Mehnert & Kock, 2008.	To examine the link between psychological comorbidity's and quality of life in long term Breast Cancer survivors.	Quantitative study which included postal questionnaires were sent to 1,083 Breast Cancer patients from the Cancer Register in Hamburg Germany. There was a response rate of 66%. Respondent must have been diagnosed between 18 months and 6.5 years prior to the survey.	22% of the sample suffered from depression and 38% suffered from anxiety. Factors contributing to psychological comorbidities included disease progression, younger age, lower education level and less social support.	This study is limited to those previously diagnose over 18 months, excluding newly diagnosed patients.
Blows, <i>et al.</i> , 2011	To investigate the information and support needs of older women with Breast Cancer.	Qualitative study. Four women attended a focus group in London, and an additional eight women took part in telephone interviews to explore more in-depth issues raised in the focus group.	Participants highlighted the importance of providing support and information regarding Breast Cancer. Furthermore, they viewed Breast Care Nurses and Consultants as the most important source of information, but felt the number of Breast Care Nurses was inadequate.	Settings and Age restriction of the participants may restrict the transferability of the findings to other contextual settings.
Absolom, 2011	To explore the views of cancer professionals, in recognising and managing emotional distress	Qualitative study. 23 professionals consisting of ward sisters, Clinical Nurse Specialists, Oncologists and Surgeons took part in semi-structured interviews in the UK. Initially, additional ward-based nurses were involved; however one district general hospital withdrew their nursing staff from this study, owing to work load demands	Respondents accepted responsibility for the detection of emotional distress, however all viewed time pressures to be a central problem, impeding the management of distressed patients. Others were unsure about how to make referrals for psychology services, and additionally often felt that this service is over-burdened, thus being unable to provide adequate support, resulting in a reluctance to make referrals. The professionals had limited experience of screening tools, questioning their effectiveness and time requirements.	The withdrawal of some nurses from this study as a result of work load demands may have led to compromising data saturation as a result of this withdrawal. Moreover, this research is not limited to Breast Cancer.
Reed, <i>et al.</i> 2012	The authors aimed to explore the experience of the care and support needs of women with metastatic Breast Cancer in the UK through the use of a cross-sectional survey.	Quantitative study. Cross-sectional survey study undertaken in two UK Cancer centres and online via the Breast Cancer Care website, assessing Quality of Life and experience of care in 235 women with metastatic Breast Cancer.	Less than 50% of this sample were satisfied with the information and advice they received. Additionally, through open ended questions, it became apparent that good relationships with Health Care professionals have resulted in a positive impact on the patients. Furthermore, many of the women who responded found formal support services helpful, but a substantial number of them did not know how to access these services.	This study excludes primary Breast Cancer patients, thus content validity may be questioned. Furthermore, the authors propose that longitudinal data is required, as this study is limited to insights gained at a certain point in a patient's course of the disease.

5.3 Staffing

Absolom *et al.*^[33] conducted 23 semi-structured interviews with a group of health care professionals (clinical nurse specialists, oncologists, surgeons and ward sisters) to explore their views regarding their current roles and responsibilities in the detection and management of Emotional Distress (ED), including with Breast Cancer patients, the use of screening tools and access to expert psychological support. The findings suggested that staffing and the pressures of handling both clinical and emotional care were challenging for all professionals, although oncologists and surgeons believed that nursing staff generally had more time to address patients' psychological issues. It was also apparent that Clinical Nurse Specialists (CNS) for Breast Cancer were not available for all tumour groups, and where they were in post there were differences in what could be achieved within their role depending on their work loads.

There are recognised connections between patient outcomes, and whether organisations have the right people, with the right skills, in the right place at the right time.^[34] The Compassion in Practice paper,^[9] emphasised the significance of achieving this goal. Furthermore, the publication of the Mid-Staffordshire NHS Foundation Trust Public Inquiry,^[3] and the later reviews by Professor Sir Bruce Keogh into 14 Hospitals with high death statistics,^[35] alongside Don Berwick's evaluation of patient safety,^[36] have all highlighted the serious risks to patients as a consequence of not adhering to right staffing level and mix of skills. The UK Government's response to the Francis report stated that staffing levels would be published on a ward by ward basis by April 2014 to ensure safe staffing levels, and vowed to employ 3,700 more nurses between 2013/14.^[37] The need for greater funding to provide more staff with necessary training to solicit, assess and manage the Breast Cancer patient's emotional and psychological needs therefore represents a significant challenge for the delivery of safe, tailored services to all NHS patients, including those with Breast Cancer. A previously analysed report carried out by Macmillan Support^[38] offers a caveat that further funding is needed to address the emotional needs of cancer patients. The report explained that although guidance has been previously published on improving cancer services,^[39] this has not resulted in the allocation of additional funding by the UK Government. This poses the question of how valuable are these policies and recommendations without the required funding to implement them. Concerns about understaffing, however, continue to pose a risk to patient safety and the provision of effective care. Whilst analysing the Francis report, Ford^[40] found that only 6% of a sample of 526 nurses thought that staffing levels had increased as a consequence of this report, and 50% felt their ward/department

is at times dangerously under staffed. Furthermore, it has been reported that the cancer specialist workforce is not expanding sufficiently, considering the increasing prevalence of cancer.^[41]

Even after survival, women who have recovered from Breast Cancer may still need emotional and psychological support. Vivar & McQueen^[41] conducted a literature search for the period between 1985 and March 2004 to ascertain the informational and emotional needs of long-term Breast Cancer survivors. They reported that survivors of Breast Cancer continue to experience emotional needs during their long-term survivorship, but also, such needs are often unmet by oncology teams, and those women have to find other sources of support, such as self-help groups.

6. CONCLUSION

This review has investigated the psychological and emotional effects on women diagnosed with of Breast Cancer, and the nurse's role in managing these psychological effects. A significant finding to emerge from this review was the psychological impact that Breast Cancer has on women, and the need for adequate nursing support. The evidence from this review suggests that the emotional and psychological nursing needs for Breast Cancer women patients are yet to be met, and although there are growing efforts to address these two important aspect of patient care, there is still a need for more efforts to materialise such support in practice.

The challenges faced by nurses in providing this care were identified. Despite various Government-led initiatives and the work of charitable organisations, the lack of education, time and suitable staffing levels emerged as reliable predictors of inadequate support. Insufficient funding by Government Departments also arose as a barrier, contributing to the difficulty in providing satisfactory care. More research is needed to further ascertain how the psychological and emotional needs for Breast Cancer women can be best met by nurses. Very few studies have been carried out on this subject, which demonstrated the needs for further studies. While women with Breast Cancer can benefited for a longer following up by nurses after being discharged from the hospital, however, this may not be always feasible in every country, and it would depend on the availability of the resources to meet such prolonged nursing care.

There is an ample research on the barriers faced by Breast Care nurses. This review highlighted a gap in practice that needs to be addressed. It is hoped that this review will serve as a base for future studies to investigate this gap.

ACKNOWLEDGEMENTS

The authors would like to thank Patricia Macnamara, Senior Lecturer from Department of Adult and Mental Health Nursing at School of Nursing and Midwifery at Anglia Ruskin

University for her role in critically reviewing the final script.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare no competing interest.

REFERENCES

- [1] Rogers J, Turner M. Psychological issues for the patient with breast cancer. *Breast Cancer Nursing care and management*. 2nd ed. Oxford: Blackwell Publishing Ltd; 2011. Ch.15.
- [2] Grimsey E. An overview of the breast and breast cancer. *Breast Cancer Nursing care and management*. 2nd ed. Oxford: Blackwell Publishing Ltd; 2011. Ch.1.
- [3] Francis R. Report of the Mid Staffordshire NHs foundation trust public inquiry. London: The Mid Staffordshire NHS Foundation Trust Public Inquiry; 2013[cited 2014 February 5]. Available from: <https://www.midstaffs.nhs.uk/About-Us/Publications-and-Reports/docs/Reports-About-Our-Trust/Public-Inquiry-Volume-1.aspx>
- [4] Maguire P, Hopwood P. Psychological aspects. *ABC of breast disease*. 3rd ed. Oxford: Blackwell Publishing Ltd; 2006. Ch.15.
- [5] Brooker C, Nicol M. *Alexander's nursing practice*. 4th ed. Edinburgh: Churchill Livingstone; 2011.
- [6] Aveyard H. *Doing a literature review in health and social care a practical guide*. 2nd ed. Maidenhead: Mc Graw-Hill/Open University Press; 2010.
- [7] Ridley D. *The literature review, a step-by-step guide for students*. London: SAGE Publications Ltd; 2008.
- [8] Warren M. Uncertainty, lack of control and emotional functioning in women with metastatic breast cancer: a review and secondary analysis of the literature using the critical appraisal technique. *European Journal of Cancer Care*. 2010; 19(5): 564-574. PMID:20735467. <http://dx.doi.org/10.1111/j.1365-2354.2010.01215.x>
- [9] National Health Service, Compassion in practice. Nursing, midwifery and care staff, Our vision and strategy. Leeds: Nursing, Midwifery and Care Workers Team. 2012 [cited 2014 March 31]. Available from: <http://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf>
- [10] Froyd H, Harmer V. The histopathology of breast cancer. *Breast Cancer Nursing care and management*. 2nd ed. Oxford: Blackwell Publishing Ltd; 2011. Ch.2.
- [11] Watts T. Primary breast cancer: what do practice nurses need to know? *Practice Nurse*. 2013; 43(2): 36-42.
- [12] Office for National Statistics. Breast cancer incidence, mortality and survival, England, 1971–2011 Infographic. 2013 [cited 2013 October 19]. Available from: <http://www.ons.gov.uk/ons/re1/vsob1/cancer-statistics-registrations--england--series-mb1-/no--42--2011/info-breast-cancer.html>
- [13] Schopper D, Wolf C. How effective are breast cancer screening programs by mammography? Review of the current evidence. *European Journal of cancer*. 2009; 45(11): 1916-1923. PMID:19398327. <http://dx.doi.org/10.1016/j.ejca.2009.03.022>
- [14] *Throwing light on the consequences of cancer and its treatment*. Macmillan Cancer Support. 2013.
- [15] Psychological and emotional support provided by Macmillan Professionals: An evidence review. Macmillan Cancer Support. 2011 [cited 2013 October 14]. Available from: <http://www.macmillan.org.uk/Documents/AboutUs/Commissioners/PsychologicalandEmotionalSupportProvidedByMacmillanProfessionalsEvidenceReviewJuly2011.pdf>
- [16] Improving outcomes in breast cancer. London: National Institute of Clinical Excellence. 2002 [cited 2014 January 18]. Available from: <http://www.nice.org.uk/nicedia/live/10887/28763/28763.pdf>
- [17] Advanced breast cancer: diagnosis and treatment. London: National Institute of Clinical Excellence. 2009 [cited 2014 January 18] Available from: <http://www.nice.org.uk/nicedia/live/11778/43414/43414.pdf>
- [18] National Cancer Survivorship Initiative. London: National Cancer Survivorship Initiative. 2010a. Available from: <http://www.ncsi.org.uk/wp-content/uploads/NCSI-Vision-Docment.pdf>
- [19] Assessment and care planning workstream 2008-2010. London: National Cancer Survivorship Initiative. 2010b [cited 2014 January 19]. Available from: <http://www.ncsi.org.uk/wp-content/uploads/Assessment-and-Care-Planning-Workstream-Report.pdf>
- [20] *The Code: Standards of Conduct, Performance and Ethics for nurses and Midwives*. London: Nursing and Midwifery Council; 2008.
- [21] Clinical standards for working in a breast speciality. London: Royal College of Nursing. 2007 [cited 2014 February 19]. Available from: http://www.rcn.org.uk/__data/assets/pdf_file/0008/78731/003110.pdf
- [22] NICE support for commissioners and other using the quality standards on breast cancer. London: National Institute of Clinical Excellence. 2011 [cited 2014 January 20]. Available from: <http://www.nice.org.uk/nicedia/live/13844/60302/60302.pdf>
- [23] Johnston SRD. Living with secondary Breast Cancer: Coping with an uncertain future. *European Journal of Cancer Care*. 2010; 19: 561-563.
- [24] Sarenmalm EK, Thoren-Jonsson AL, Gas-ton-Johansson F, *et al*. Making sense of living under the shadow of death: Adjusting to a recurrent breast cancer illness. *Qualitative Health Research*. 2009; 19: 1116-1130. <http://dx.doi.org/10.1177/1049732309341728>
- [25] Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2006; 3(2): 77-101. <http://dx.doi.org/10.1191/1478088706qp0630a>
- [26] Time to care. Maintaining access to breast care nurses. London: Breast Cancer Care and Royal College of Nursing. 2004 [cited 2014 February 17]. Available from: http://www.breastcancercare.org.uk/upload/pdf/timetocare_briefing_0_1.pdf
- [27] Blows E, De Blas Lop J, Scanlon K, *et al*. Information and support for older women with breast cancer. *Cancer Nursing Practice*. 2011; 10(3): 31-37. <http://dx.doi.org/10.7748/cnp2011.04.10.3.31.c8439>
- [28] Beatty L, Oxlad M, Koczwara B, *et al*. The psychosocial concerns and needs of women recently diagnosed with Breast Cancer: a qualitative study of patient, nurse and volunteer perspectives. *Health Expectations*. 2008; 11(4): 331-342. PMID:19076662. <http://dx.doi.org/10.1111/j.1369-7625.2008.00512.x>

- [29] Reed E, Simmonds P, Haviland J, *et al.* Quality of life and experience of care in women with metastatic breast cancer: A cross-Sectional survey. *Journal of pain and symptom management.* 2012; 43(4): 747-758. PMID:22088804. <http://dx.doi.org/10.1016/j.jpain-symman.2011.05.005>
- [30] Kroenke C, Kubzansky L, Schernhammer E, *et al.* Social networks, social support, and survival after breast cancer diagnosis. *Journal of Clinical Oncology.* 2006; 24(7): 1105-1111. PMID:16505430. <http://dx.doi.org/10.1200/JCO.2005.04.2846>
- [31] Mehnert A, Koch U. Psychological comorbidity and health-related quality of life and its association with awareness, utilization, and need for psychological support in a cancer register-based sample of long-term Breast Cancer survivors. *Journal of Psychosomatic research.* 2007; 64(4): 383-391. PMID:18374737. <http://dx.doi.org/10.1016/j.jpsychores.2007.12.005>
- [32] Arora N, Turren L, Gustafson D, *et al.* Perceived helpfulness and impact of social support provided by family, friends, and health care providers to women newly-diagnosed with Breast Cancer. *Psycho-Oncology.* 2007; 16: 474-486. PMID:16986172. <http://dx.doi.org/10.1002/pon.1084>
- [33] Absolom K, Holch P, Pini S, *et al.* The detection and management of emotional distress in cancer patients: the views of health-care professionals. *Psycho-Oncology.* 2011; 20(6): 601-608. PMID:21308857. <http://dx.doi.org/10.1002/pon.1916>
- [34] How to ensure the right people, with the right skills, are in the right place at the right time. A guide to nursing, midwifery and care staffing capacity and capability. National Health Service. 2013 [cited 2014 March 31]. Available from: <http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf>
- [35] Keogh B. Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report. NHS. 2013 [cited 2014 March 31]. Available from: <http://www.nhs.uk/nhsengland/bruce-keogh-review/documents/outcomes/keogh-review-final-report.pdf>
- [36] Berwick D. A promise to learn – a commitment to act: improving the safety of patients in England. Surrey: NHS; 2013.
- [37] Hard Truths, The Journey to putting patients first: volume one of the government response to the Mid Staffordshire NHS foundation trust public inquiry 2. London: Department of Health; 2014.
- [38] Worried Sick: The emotional Impact of Cancer. London: Macmillan Cancer Support; 2006.
- [39] Guidance on cancer services: Improving supportive and palliative care for adults with cancer. London: National institute of Clinical Excellence; 2004.
- [40] Ford S. Staffing levels still "dangerous". *Nursing Times.* 2014; 110(6): 2-3.
- [41] Quality in nursing, clinical nurse specialists in cancer care; provision, proportion and performance. Surrey: National Action Cancer Team; 2010.
- [42] Vivar CG, McQueen A. Informational and emotional needs of long-term survivors of Breast Cancer. *Journal of Advanced Nursing.* 2005; 51: 520-528. <http://dx.doi.org/10.1111/j.1365-2648.2005.03524.x>