



DOI: 10.32768/abc.9152073846-129



Self-Compassion in Women After Breast Cancer Surgery: A Concept Analysis Based on Walker and Avant's Method

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ARTICLE INFO

Received:

20 May 2025

Revised:

21 June 2025

Accepted:

19 July 2025

Keywords:

self-compassion, breast neoplasms, surgery, concept analysis

ABSTRACT

Background: Self-compassion is an important concept for women facing breast cancer, yet there is limited research on changes in self-compassion during the postoperative phase. This concept analysis aimed to explore the nuances of self-compassion in women recovering from breast cancer surgery, enhance the understanding of their emotional journeys, and inform future clinical practices to support their well-being.

Methods: This study used a concept analysis method to investigate the attributes, antecedents, and consequences of self-compassion in women following breast cancer surgery. The Google Scholar and Summon search engines were used to access relevant articles from the PubMed and MEDLINE databases, encompassing journals from both nursing and non-nursing fields. The analysis was based on the Walker and Avant method, which entails identifying a concept, reviewing its prior applications, and defining its attributes, cases, antecedents, consequences, and empirical referents.

Results: This concept analysis highlights the importance of self-compassion among women who have undergone breast cancer surgery. It suggests that self-compassion positively affects their physical and mental well-being postoperatively, reducing stress and promoting overall quality of life. This emphasizes the need to include self-compassion practices in the psychological support provided during postoperative care.

Conclusion: This concept analysis identified the defining attributes, antecedents, consequences, and empirical referents of self-compassion. The findings may guide healthcare providers and institutions to develop standards and strategies for assessing and enhancing self-compassion to promote well-being in women recovering from breast cancer surgery.

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INTRODUCTION

The concept of self-compassion has its roots in Buddhist philosophy, as discussed in various writings.¹ Neff played a pivotal role in identifying and operationalizing self-compassion within education and psychology, establishing an empirical framework for the concept.² Since that time, self-compassion has found applications across a variety of disciplines. It

refers to an individual's capacity to care for themselves during times of stress or feelings of disconnection from their normal state. A previous study noted that psychological levels of self-compassion can vary significantly among individuals³ However, its importance becomes more pronounced in the context of surgical procedures, where patients often experience considerable stress, such as body image and psychological distress.⁴ The exploration of self-compassion changes in postoperative women remains under-researched, primarily because of the varied experiences women

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encounter, such as psychological, mental, emotional, and physical⁴⁻⁶ transformations, and the fluctuating nature of self-compassion, which complicates its study.

In psychology, self-compassion is increasingly recognized as a vital psychological construct that serves as a defensive mechanism, enabling individuals to guard against negative thoughts and potential harm.^{7,8} Research has shown a significant positive correlation between self-compassion and body image among women who have undergone mastectomy. This finding indicates that higher levels of self-compassion are linked to more positive perceptions of body image in this population. Additionally, self-compassion can mitigate the negative effects of mastectomy on body image by fostering self-acceptance and diminishing negative thoughts and feelings related to one's body.⁹ This practice not only fosters a supportive internal environment but also acts as a preventive measure, mitigating risks that could adversely affect an individual's well-being. By promoting a compassionate stance toward oneself, individuals can more effectively navigate challenges and reduce the impact of stressors, ultimately enhancing their resilience.

Numerous studies have highlighted the positive impact of self-compassion on psychological outcomes within the oncology population, particularly its effectiveness in patients with cancer, including women following breast cancer surgery.¹⁰⁻¹² Research has found that self-compassion plays a crucial role in reducing levels of hyperarousal. Hyperarousal is an abnormal state characterized by heightened psychological and physical reactions to events, with symptoms including increased respiration and heart rate, elevated anxiety, anger, restlessness, and discomfort.¹⁴ This finding was supported by a separate study involving 23 patients with breast cancer, which revealed that self-compassion plays a significant role in delaying the onset of the disease. The findings indicated that women with higher levels of self-compassion experienced a later age at diagnosis (indicating a later onset) and lower levels of hyperarousal. The proposed explanation is that individuals with self-compassion are better equipped to manage stress and physiological arousal, potentially reducing immune dysregulation and contributing to a delay in disease onset for those predisposed to breast cancer.¹³ In the context of breast cancer surgery, recent research has shown that patients experiencing higher anxiety and hyperarousal are more likely to report worse psychological outcomes, including increased postoperative anxiety, depression, pain, and reduced quality of life, regardless of the surgical modality.¹⁵

Other research indicates that self-compassion serves as a mediator between changes in body image and the associated distress experienced by women after breast cancer surgery.⁴ Given the adverse alterations in body image that women may face postoperatively, it is essential to examine the role of self-compassion within this demographic.⁴ Furthermore, self-compassion can mitigate the feelings of surveillance and shame linked to body image disturbances.¹²

Previous studies used concept analysis to explore self-compassion as a broad concept and specifically within the context of nursing.^{16,17} These analyses aimed to explore the dimensions and implications of self-compassion, highlighting its relevance and significance in various fields, particularly in healthcare settings. Understanding self-compassion can enhance caregiver resilience and improve patient outcomes, making it an important area of study in both psychology and nursing.

Breast cancer surgery poses significant challenges to cultivating self-compassion, primarily due to increased self-critical judgments, disturbances in body image, and psychological distress. Many women struggle with negative thoughts and feelings concerning changes in their appearance and function postoperatively, which heightens self-criticism and a sense of isolation, ultimately leading to diminished self-compassion.⁹ Commonly experienced depression and anxiety following breast cancer surgery further impair the ability to practice self-kindness and acceptance.¹⁸ Moreover, one's attachment style and the absence of social support can impede the development of self-compassion, while societal pressures and internalized expectations about appearance intensify body image dissatisfaction.¹⁸ These barriers indicate that interventions aimed at fostering self-compassion must address not only the physical but also the emotional and psychological repercussions of breast cancer surgery, with a particular emphasis on reducing self-judgment and enhancing support systems.¹⁹ Additionally, cultural and demographic factors can have a considerable impact on self-compassion in women facing breast cancer surgery. For instance, a person's cultural background, religious beliefs, and societal norms influence their understanding of suffering and self-compassion, whereas demographic elements such as age, education, and ethnicity affect levels of self-compassion and psychological adaptation.¹⁸

While studies focusing on self-compassion among women after breast cancer surgery have explored various populations^{9,20}, a comprehensive concept analysis of self-compassion in this specific group is still lacking. In this context, we aim to analyze self-compassion in women following breast



cancer surgery. Self-compassion was defined by Kristin Neff, the theorist of self-compassion theory, as follows: self-compassion involves being gentle with oneself during challenging life events, treating oneself with kindness and patience throughout stressful situations, and refraining from self-judgment in light of physical and psychological changes that may occur after breast cancer surgery.²¹ Analyzing self-compassion in women after breast cancer surgery should inspire nursing researchers to develop self-compassion interventions that aim to enhance self-compassion among breast cancer survivors; this concept analysis can guide nursing researchers toward designing measurement tools to assess the level of self-compassion in women with breast cancer postoperatively. Furthermore, this analysis should bring nursing practitioners' attention to the diverse physical and psychological concerns of patients with cancer. Meanwhile, nursing stakeholders and policymakers can formulate policies to prevent adverse postoperative reactions by targeting women's self-compassion.

This paper begins by outlining the search strategy and discussing the employed methodology. It then identifies the selected concept and the rationale for its selection. Finally, the paper explains the results of the analysis, synthesizes a theoretical definition from the findings, and presents its conclusions.

METHODS

The Walker and Avant method was selected for this concept analysis due to its widespread use in the nursing field.²² Its popularity stems from a clear structure and straightforward steps that facilitate understanding of the concept. The 8 steps proposed by Walker and Avant are as follows: (1) selecting a concept, (2) defining the purpose of the analysis, (3) reviewing prior applications of the concept, (4) identifying key attributes, (5) determining a model case, as well as borderline, related, and contrary cases, (6) identifying antecedents, (7) recognizing consequences, and (8) establishing empirical referents. We used these 8 steps to analyze the concept of self-compassion in women following breast cancer surgery.

Concepts serve as essential components of any theoretical framework and are highly regarded as valuable constructs within the nursing discipline.²³ Concept analysis is a systematic approach that entails exploring a broad concept, defining it, simplifying it, and distinguishing it from similar concepts.²⁴ While many concepts are widely utilized in nursing research, they often require further clarification or an operational definition.²⁵ Decomposing these concepts into simplified elements enhances their clarity, facilitating both the definition of the concept and the

development of a measurement tool.²² When creating an assessment tool, it is important to identify empirical referents to measure the various elements contained within it.²² Concept analysis in nursing gained recognition in the early 1990s, and since then, several methods have been developed, including those proposed by Morse.^{22,26–28}

A literature search was performed utilizing the Google Scholar and Summon search engines and the PubMed database. PubMed encompasses MEDLINE-indexed articles, offering a comprehensive coverage of the biomedical literature. The search terms employed included: “self-compassion among women with breast cancer,” “self-compassion following breast cancer surgery,” “self-compassion after breast cancer,” “concept analysis,” “concept,” “compassion,” and “self-compassion,” focusing on journals from both nursing and non-nursing disciplines. The literature search incorporated a broad spectrum of methodological approaches published in English, allowing for the inclusion of original primary studies, theoretical papers, narrative reviews, and relevant books. No specific limitations on study types were imposed during the search to ensure a broad examination of the existing literature. However, any articles that analyzed concepts unrelated to self-compassion were excluded from consideration to maintain a focused analysis on the topic of interest.

Application of the Walker and Avant method of analysis

Step 1: Select the Concept

We focused on self-compassion in women following breast cancer surgery. While self-compassion is widely acknowledged as relevant for these women, it remains understudied specifically among breast cancer survivors. Analyzing this concept is essential for nursing practitioners to better address these survivors' physical and psychological concerns. Furthermore, this analysis could aid nursing researchers in developing an appropriate scale to measure self-compassion in women postoperatively. The ultimate goal is to inform the creation of self-compassion-based interventions aimed at reducing surgery-related physical and psychological distress.

Step 2: Aim of Analyzing the Concept

This analysis aimed to explore the concept of self-compassion among women after breast cancer surgery to determine its uses, defining attributes, cases, antecedents, and consequences. To better understand this concept, we examined previous studies addressing self-compassion, particularly in women after breast cancer surgery.



RESULTS

Step 3: Previous Uses of the Concept

Self-compassion among patients with breast cancer has been the subject of extensive research, underscoring its impact on several key areas.^{4,11,29,30} Notably, it enhances psychological well-being. One study collected data from approximately 300 women who had completed breast cancer treatment, assessing their body image, self-compassion, depression, and anxiety. The results indicated that sessions focused on self-compassion significantly reduced body image distress among these women and contributed to lower levels of psychological distress.⁴ Additionally, self-compassion has been shown to alleviate psychological distress and diminish the fear of cancer recurrence. Research involving breast cancer survivors has identified self-compassion interventions as an effective therapeutic approach for reducing the fear of recurrence within this population.^{29,30} These findings illustrate that interventions that incorporate self-compassion can effectively address this fear.

Furthermore, the field of psycho-oncology has been leveraged to enhance body image, thereby promoting a better overall psychological state for patients with cancer.^{4,11} Interventions aimed at improving body image have been developed to support these initiatives. Notably, self-compassion plays a mediating role in the relationship between body image distress and psychological distress, highlighting its vital importance for women experiencing physical changes due to cancer treatment. Self-compassion may provide essential comfort for women dealing with body image concerns postoperatively.⁴ Additionally, self-compassion-based mindfulness interventions stand out as effective strategies for integrating self-compassion into therapeutic plans for breast cancer survivors. Brief mindfulness-based interventions have been shown to significantly enhance self-compassion in women experiencing bodily changes following cancer treatment.³¹

Self-compassion interventions are highly viable for clinical implementation due to their flexibility and efficiency in resource use. Research indicates that these approaches effectively improve psychological outcomes in a variety of healthcare settings, making them a valuable resource for practitioners working with adult patients with cancer, as highlighted by a feasibility and acceptability study.³²

Step 4: Defining Attributes

Walker and Avant defined attributes as terms with meanings closely aligned with the concept under exploration.²² Within the realm of self-compassion, previous literature has identified several core attributes, notably self-kindness, a sense of common

humanity, and mindfulness.² In addition to these, several other attributes have emerged from the literature. The Gilbert self-compassion framework identifies sensitivity and distress tolerance as essential characteristics that significantly contribute to the reduction of shame and the enhancement of psychological well-being.³³ Furthermore, emotional regulation has been highlighted in a separate study as another attribute.³⁴ Self-kindness is characterized by treating oneself with care and avoiding self-judgment during stressful times.^{4,12,21} This attribute enables individuals to connect with their social networks even when facing significant life challenges, thereby facilitating acceptance, adaptation, and resilience in the face of adversity.^{4,12,21}

The attribute of common humanity involves recognizing that one is not alone in facing stress and challenges; it fosters an understanding that such experiences are part of the shared human condition.²¹ Mindfulness denotes a state of alertness, consciousness, and awareness towards one's environment, particularly in responding to unexpected situations. This quality aids individuals in accepting life's changes without succumbing to excessive distress.^{4,12,21} Sensitivity, as it relates to self-compassion, reflects an individual's ability to recognize the emotional and mental challenges of others.³³ This awareness often inspires a desire to assist those who are struggling, thereby fostering a supportive community. Distress tolerance, highlighted in the context of women with breast cancer, including those with surgery, refers to the capacity to manage distressing emotions. Women who exhibit high distress tolerance can navigate the negative aftermath of surgical interventions and maintain a balanced understanding of their changed circumstances.³⁵

Furthermore, self-compassion serves as an essential mechanism for emotional regulation, particularly for women coping with the physical and emotional repercussions of breast surgery. Those who can effectively regulate their emotions are more likely to engage socially rather than adopt avoidant behaviors.³⁴ Figure 1 illustrates the attributes associated with the concept of self-compassion as explored in this concept analysis.

The identified attributes of self-kindness, common humanity, mindfulness, sensitivity, distress tolerance, and emotional regulation are firmly rooted in established nursing theories that advocate for holistic care and resilience. The Watson Theory of Human Caring emphasizes self-compassion as vital for genuine presence and effective self-care, allowing nurses to extend compassionate care to others.³⁶ The Gilbert model of compassion identifies sensitivity as a core component, along with distress tolerance,



emphasizing the importance of noticing and being moved by suffering—both one's own and that of others—as a foundation for compassionate action.³³ In addition, the Neff Self-Compassion Theory offers a thorough understanding of self-kindness, common humanity, and mindfulness as interconnected components that promote psychological health and resilience in clinical practice.³⁷ Collectively, these theoretical viewpoints support the crucial importance of self-compassion and its key attributes in enhancing both nurses' well-being and the quality of patient care.

Step 5: Identification of Self-Compassion Cases in Women After Breast Cancer Surgery

Model Case

Layla, a 34-year-old high school science teacher, was diagnosed with stage II right breast cancer 1 year ago. Following the diagnosis, Layla's oncology team decided on a therapeutic plan to reduce the tumor's size, starting with chemotherapy. After she completed her chemotherapy course 3 months ago, Layla underwent a unilateral right mastectomy without surgical complications. After the surgery, her breast surgeon prescribed radiotherapy as a preventive measure. Layla was given postoperative health instructions to encourage early ambulation and to move her right arm. Layla is hemodynamically stable, and the incision is clean, without discharge or any sign of infection; however, she mentions light discomfort at the incision site.

Despite the discomfort and the physical changes affecting her identity as a woman, Layla is tolerating this distress, is motivated, and is looking forward to her breast reconstruction and nipple-sparing surgery. She has a sense of common humanity; she is constantly requesting that her loved ones surround her, seeking support and hope. She is celebrating the success of her cancer treatment and surgery and the overall improvements in her health status. Moreover, Layla demonstrates mindfulness; she is keenly aware of changes in her body and recognizes that this is a consequence of her therapeutic journey toward survival. Layla has a sympathetic attitude, understanding the feelings of her sister, who was diagnosed with breast cancer 4 months ago. Layla is empathic with her sister, assuring her that she will remain by her side throughout her treatment journey; she promises to support her and provide her with hope. This model case highlights the ability to maintain sufficient self-compassion after breast cancer surgery, showing that Layla experienced all the aforementioned attributes, including distress tolerance, motivation, mindfulness, sympathy, empathy, maintaining a sense of humanity toward herself despite her body changes, being kind to herself, and treating herself with love and mercy.

Borderline Case

According to Walker and Avant, borderline cases exhibit some but not all attributes.²² Amna, a 42-year-old teacher, underwent a unilateral mastectomy 3 months ago, after which she requires a course of postoperative radiotherapy. Throughout her recovery, Amna has been treating herself with compassion and actively engaging in social activities. She is a dedicated member of a support group for newly diagnosed patients with breast cancer, where she helps others navigate their emotions and offers spiritual support. Although her health status is stable, Amna remains concerned about the loss of her breasts and the changes to her body. This case illustrates several key attributes of self-compassion among women following a breast cancer diagnosis. Amna finds it difficult to fully enjoy herself, as concerns about her body image continue to weigh heavily on her mind at this stage.

Contrary Case

Salma, a 32-year-old housewife, lives with her supportive husband and their 9-year-old daughter. Six months ago, she underwent a bilateral mastectomy after a year of medical therapy. Following her surgery, Salma showed positive progress in her recovery, prompting her oncologist to schedule a course of prophylactic radiotherapy as a precautionary measure. She attends these therapy sessions with either a friend or a family member, as outlined in her care plan, in addition to her medical appointments. However, after each treatment, she often declines any offered assistance and chooses to endure her struggles alone, experiencing adverse reactions after each radiation session.

Salma frequently wonders, "Why me?" Despite having a caring and supportive network of family and friends, she refrains from accepting help or participating in social gatherings. She perceives herself as a burden to her loved ones and feels unworthy of support, indicating signs of low self-appreciation. She has stopped attending weekly family meetings and appears to shy away from activities that once brought her joy. This situation is particularly striking because, despite her positive health progression and the support available to her, Salma exhibits notably low self-compassion, failing to tap into the attributes often associated with self-kindness following breast cancer surgery.

Step 6: Identifying Antecedents

Walker and Avant defined antecedents as all potential factors or behaviors that precede the occurrence of a concept.²² A thorough literature review identified several antecedents: discomfort, feelings of sadness, feeling overwhelmed, experiences of failure, struggles²¹, along with a fear



of cancer recurrence³⁰, feelings of shame, and body image distress.^{4,38} Figure 1 illustrates the antecedents of self-compassion following breast cancer surgery. The antecedents, such as discomfort and shame, were recognized through specific findings and recurring themes highlighted in the relevant literature regarding women's concerns in cancer care.

Step 7: Identifying Consequences

It is essential to consider the outcomes associated with the application of this concept. For women

following breast cancer surgery, the effects of self-compassion include enhanced body appreciation, reduced body image distress, effective management of physical changes, improved self-esteem, and increased body acceptance.³⁹ As illustrated in Figure 1, these consequences of self-compassion play a vital role in understanding women's recovery after breast cancer surgery.

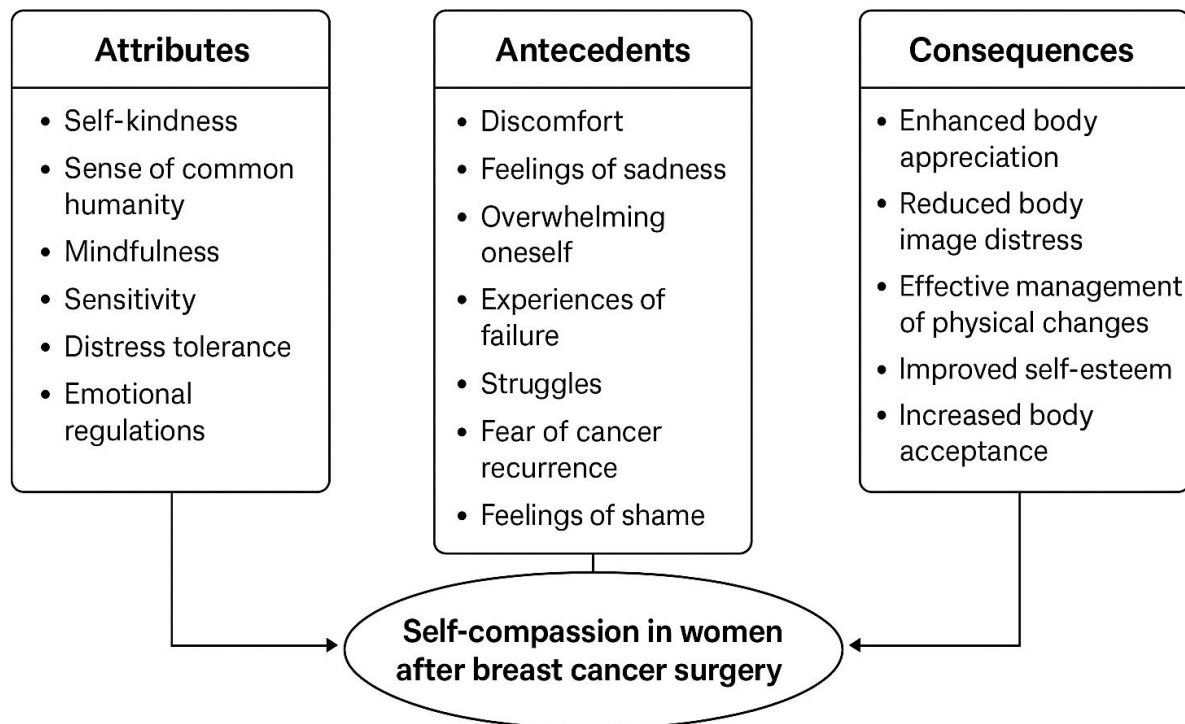


Figure 1. Conceptual Framework of Self-Compassion Post-Breast Cancer Surgery. This figure illustrates the key attributes, antecedents, and consequences identified in the qualitative analysis of self-compassion among patients undergoing breast cancer surgery.

Step 8: Identifying Empirical Referents

According to Walker and Avant, empirical referents are the means by which researchers identify specific variables or attributes.²² The Self-Compassion Scale was initially developed with undergraduate students and subsequently evaluated for its reliability and validity. Various scales have been used to assess self-compassion in women following breast cancer surgery, including the 26-item Self-Compassion Scale⁴⁰, and the 12-item Self-Compassion Short Scale, which is available in only 2 languages.² Additional measures for self-compassion include the Self-Compassion Attitude Scale¹⁰, the Depression, Anxiety, and Stress Scale, and the Body Image Scale.⁴ Although all these scales can effectively measure self-compassion within the study population,

the 26-item Self-Compassion Scale is the most widely used in research. It has been administered across diverse populations, demonstrating high internal validity and test-retest reliability ($\alpha = 0.93$). Moreover, it has been translated into 6 languages: Czech, Dutch, Japanese, Chinese, Turkish, and Greek. This scale serves as the primary tool for self-reporting on self-compassion.

The identification of empirical referents for the attributes of a concept is crucial for ensuring observable and measurable definitions. For the current analysis, we identify empirical referents for each attribute as follows:

Self-Kindness: This can be operationalized through the self-kindness subscale of the Self-Compassion Scale², which evaluates how individuals



respond to themselves with care and understanding. Additionally, qualitative interviews may reveal supportive and nonjudgmental self-talk, serving as observable indicators.

Sense of Common Humanity: Responses to the common humanity subscale of the Self-Compassion Scale² reflect this attribute, highlighting the acknowledgment that suffering and personal inadequacy are elements of the shared human experience. Qualitative statements that recognize these shared experiences can also serve as empirical referents.

Mindfulness: This attribute can be assessed with validated tools such as the Five Facet Mindfulness Questionnaire⁴¹ or the Mindful Attention Awareness Scale.⁴² Both measure the capacity to maintain an awareness of present-moment experiences.

Sensitivity: Sensitivity can be evaluated using established empathy scales, such as the Interpersonal Reactivity Index⁴³, or by observing individuals' reactions to others' emotional states in clinical or interview settings.

Distress Tolerance: This can be assessed with the Distress Tolerance Scale⁴⁴, which gauges the ability to endure emotional distress, or via behavioral tasks requiring persistence in stressful conditions.

Emotional Regulation: Typically measured with the Emotion Regulation Questionnaire⁴⁵, this attribute evaluates individuals' usual practices of adaptive emotion regulation strategies. Observation of coping behaviors in response to emotional challenges also provides insight into this area.

By linking each attribute to specific empirical referents, the concept is effectively operationalized and made measurable, enhancing its applicability in both research and clinical settings.

Theoretical definition of self-compassion for women after breast cancer surgery

Self-compassion for women following breast cancer surgery is understood as a multifaceted and adaptive process that allows individuals to address the physical and emotional challenges of postoperative survivorship with kindness, sensitivity, and emotional balance. This process is characterized by self-kindness, a sense of shared humanity, mindfulness, awareness of one's own needs, the ability to tolerate distress, and emotional regulation. It often emerges in response to discomfort, sadness, feelings of being overwhelmed, experiences of failure or struggle, fears of cancer recurrence, shame, and body image distress. The cultivation of self-compassion in this context fosters greater body appreciation, minimizes body image distress, supports effective management of physical changes, enhances self-esteem, and promotes increased body acceptance. This

understanding is rooted in the unique experiences and needs of women during the recovery and adjustment phase following breast cancer surgery.

DISCUSSION

This concept analysis aimed to investigate the concept of self-compassion in women following breast cancer surgery. Based on findings and theoretical frameworks from the existing literature, we identified self-compassion as a multifaceted and adaptive process. Women with a high level of self-compassion after breast cancer surgery typically seek social and psychological support, accept unexpected challenges that may arise, and maintain the inspiration and motivation necessary to manage their mental and physical stressors. Key attributes identified in this analysis include self-kindness, common humanity, mindfulness, sensitivity, distress tolerance, and emotional regulation.

Self-kindness involves being compassionate towards oneself during the recovery process. Women who exhibit self-kindness are more inclined to communicate their physical and emotional concerns to healthcare providers and family members, rather than isolating themselves due to body image changes resulting from surgery.¹² The concept of common humanity helps women recognize that they are not alone in experiencing the stresses associated with their diagnosis and treatment. This awareness enables them to accept the physical changes they face as part of a shared human experience.²¹

Research indicates that self-compassion is indirectly linked to reduced body image disturbances, as it promotes lower levels of body surveillance and shame among breast cancer survivors. Previous research illustrates the negative association between self-compassion and body image disturbance, suggesting that coping styles mediate this relationship.¹² This underscores the importance of self-compassion in enhancing body image postoperatively, with higher levels of self-compassion corresponding to reduced body image concerns.

Although self-kindness, common humanity, mindfulness, and similar qualities are mainly linked to psychological well-being, some research presents conflicting or nuanced results that deserve attention. For instance, people with low self-compassion might view self-kindness as a weakness or irresponsibility, especially when such behaviors clash with personal values like ambition or hard work.^{46,47} Moreover, studies indicate that the negative aspects of self-compassion, such as self-judgment and overidentification, may correlate more strongly with psychological distress than the positive aspects, indicating that simply boosting self-kindness or



mindfulness might not be enough without tackling negative self-perceptions.⁴⁸ Additionally, although self-compassion is firmly associated with individual mental health, compassion toward others does not consistently provide the same advantages, and there tends to be an excessive emphasis on self-focused outcomes in compassion research, which suggests possible limitations in applying these findings to all types of compassion.⁴⁹ Together, these studies highlight the need to consider context, individual differences, and a well-rounded perspective when assessing the impact of self-compassion and its main characteristics on psychological well-being.

While self-compassion is commonly endorsed as a valuable concept in breast cancer recovery, this examination indicates that its conceptual limits are frequently unclear, leading to possible misunderstandings and inauthentic uses. As Neff indicates, self-compassion comprises self-kindness, common humanity, and mindfulness, setting it apart from related ideas such as self-esteem and self-pity.³⁷ Nevertheless, in practice, self-compassion is sometimes mistakenly equated with self-indulgence or evasion of personal accountability, which diminishes its true significance and effectiveness. This underscores the necessity for a clearer delineation of the concept of self-compassion, ensuring it is perceived as a balanced, self-supportive approach rather than a justification for inaction or self-centeredness.^{37,50}

Self-compassion is increasingly recognized as a vital resource and protective factor against the negative physical and psychological consequences of body image distress following breast cancer surgery. While its direct and indirect advantages in alleviating body image issues are well-established, a novel aspect arises when viewing self-compassion as a means to promote patient empowerment and shared decision-making in postoperative care. By incorporating self-compassion practices into standard follow-up procedures, healthcare professionals can not only enhance body image outcomes but also motivate women to take an active role in their healing process. This strategy may also lead to the creation of innovative care models that emphasize emotional resilience along with physical recovery. Ultimately, these observations might support the development of a culturally relevant, breast cancer-specific self-compassion scale, which would further tailor and improve rehabilitation strategies. Additionally, recommended strategies for healthcare providers may consist of compassion-focused interventions such as guided meditations, constructive feedback, brief self-compassion exercises, reflective journaling, and educational resources on self-kindness, which have demonstrated effectiveness in enhancing self-

compassion, emotional regulation, and health-promoting behaviors in women after breast cancer surgery.^{51,52} Furthermore, such research may serve as a foundation for creating a self-compassion scale specifically tailored for women facing breast cancer.

This concept analysis has several strengths. It utilized Walker and Avant's systematic method, which provided a holistic and structured understanding of the concept. The analysis defined the concept's attributes, antecedents, and consequences. A thorough search was conducted using large search engines (Google Scholar and Summon) and an extensive database (PubMed, which encompasses MEDLINE). Furthermore, the concept analysis included relevant studies without geographic or methodological restrictions, ensuring a broad and diverse evidence base. This approach minimizes selection bias and enhances the generalizability of the findings. Consequently, the analysis holds significant relevance for both clinical practice and future research. However, there are limitations, primarily the focus on English-language literature, which may exclude valuable perspectives and findings from other cultural contexts.

This study has implications for nursing practice, education, and policymakers, as it provides greater awareness of self-compassion, particularly for women with breast cancer. This understanding may benefit nurse practitioners in addressing women's needs and guide policymakers in tailoring self-compassion-based interventions to support women undergoing breast cancer surgery.

CONCLUSION

The findings of this concept analysis highlight the significant value of self-compassion among women following breast cancer surgery. Self-compassion is an extensively used concept within this population. We used the 8 steps of concept analysis proposed by Walker and Avant to explore self-compassion in this context. We reviewed reports from both nursing and non-nursing disciplines to identify various applications of this concept. Through our analysis, we identified its attributes, antecedents, and consequences, along with model, borderline, and contrary cases. Our findings indicate that self-compassion plays a crucial role in enhancing the physical and psychological well-being of women after undergoing breast cancer surgery.

This concept analysis advocates for the integration of self-compassion across various dimensions, including the implementation of self-compassion interventions, emphasizing the role of nursing in future research, and developing strategies and policies to provide psychological support for women. It is essential to consider self-compassion-focused



interventions for women following breast cancer surgery. These interventions may encompass workshops, focused therapy groups, and online courses or exercises designed to enhance self-compassion. Furthermore, we recommend conducting additional research to explore the role of nursing in assessing self-compassion among women undergoing breast cancer surgery. This research should also investigate how nurses can aid in fostering self-compassion in women experiencing body image changes after their surgical treatments. Lastly, the study underscores the importance of formulating effective strategies and policies to ensure psychological support for women post-breast cancer surgery, taking into account the feasibility and cultural relevance of the proposed recommendations. Future research is necessary to broaden the analysis by incorporating non-English literature. Additionally, it is essential to conduct empirical studies that validate and refine the identified conceptual attributes. Furthermore, investigating the cultural and contextual factors that influence self-compassion among diverse populations of patients with breast cancer is crucial for a comprehensive understanding of this topic.

ACKNOWLEDGMENTS

This concept analysis was developed as a requirement of the Nursing Theories course at King Saud University. We appreciate Dr. Rawaih Falatah for her mentorship. We extend our gratitude to Robert

Ireland, PhD, from Scribendi (www.scribendi.com) for proofreading a draft of this manuscript.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

ETHICAL CONSIDERATIONS

This research is a conceptual analysis that relies exclusively on an examination of the existing literature and does not include human participants, patient information, or animal subjects. Consequently, institutional review board approval and informed consent were not required.

FUNDING

This research received no external funding.

DATA AVAILABILITY

The datasets generated and analyzed during the current study are available from the corresponding author upon reasonable request.

AI DISCLOSURE

No artificial intelligence used in the preparation of this study

AUTHOR CONTRIBUTIONS

SAG: Conceptualization, Methodology, Writing – Original Draft, Visualization, Formal Analysis. MA: Writing – Review & Editing.

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How to Cite This Article

Al-Ghareeb S, Asiri MY. Self-Compassion in Women After Breast Cancer Surgery: A Concept Analysis Based on Walker and Avant's Method. *Arch Breast Cancer*. 2025; 12(4):368-78.

Available from: <https://www.archbreastcancer.com/index.php/abc/article/view/1127>