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Holistic Understanding of Concerns of Women with Breast Cancer in Oncology Nursing: Carper-Guided Narrative Conceptual Analysis

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ABSTRACT

Background: Women diagnosed with breast cancer face various mental, emotional, psychological, and physical challenges. This study seeks to identify different ways of knowing to better understand the concerns of women with breast cancer, as well as the significance of implementing these insights in nursing, especially within the field of oncology care.

Methods: This Carper-guided narrative conceptual analysis used Carper's 4 patterns of knowledge to explore the issues faced by women diagnosed with breast cancer. The 4 kinds of knowing described are personal, empirical, aesthetic, and ethical.

Results: Personal knowledge empowers nurses to enhance their emotional intelligence and cultivate a deeper understanding of their patients' needs. The integration of aesthetic knowing in nursing practice is essential for those dedicated to providing compassionate and holistic care within the oncology field. Empirical knowing involves conducting research, developing measurement scales, and formulating compassion-focused therapies. Additionally, ethical dilemmas frequently arise during nurse-patient interactions in oncology settings.

Conclusion: Applying Carper's 4 ways of knowing is essential for understanding the needs of women with breast cancer throughout their care. However, oncology nurses may also use their own judgment in certain circumstances. This study is poised to substantially influence the landscape of breast cancer care, with direct implications for nursing research, clinical practice, and the holistic management of patients.

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INTRODUCTION

Breast cancer represents a significant global health issue, characterized by a notable annual rise in incidence rates. As reported by the World Health Organization in 2022, breast cancer emerged as the most prevalent cancer diagnosis among women in 157 of 185 countries.¹ Breast cancer treatment is accompanied by several adverse effects. Women diagnosed with breast cancer experience various mental, emotional, psychological, and physical

issues. Their concerns range from feelings of anger and psychological distress to disturbances in body image, changes in their bodies, and anxiety and depression.^{2,3} These concerns highlight the critical need for comprehensive support systems that address not only the physical aspects of treatment but also the psychological and emotional well-being of patients throughout their journey with breast cancer.

Nursing theorists have consistently enhanced nursing knowledge by employing a variety of ways of knowing to improve patient care and nursing practice. This understanding revolves around comprehending both the self and the world.⁴ Kristen Neff, a prominent psychologist, introduced the concept of

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self-compassion, which focuses on how individuals treat themselves during challenging situations. This concept is based on 3 key components: self-kindness, common humanity, and mindfulness. Self-kindness involves treating oneself with gentleness and compassion in the face of life's stressors. Common humanity emphasizes the recognition that one's experiences are shared by others, fostering a sense of connection. Lastly, mindfulness allows individuals to observe their thoughts and emotions without judgment.⁵

As the most prevalent form of cancer,¹ breast cancer, its delayed diagnosis, and its treatments can significantly affect patients' psychological, mental, and physical well-being.⁶⁻⁸ This theoretically guided narrative analysis examines concerns for these women, particularly in the context of self-compassion, alleviating psychological and body image distress, which are common concerns among patients with breast cancer.^{8,9} Furthermore, the study explores the components of Carper's fundamental knowledge pattern and their connection to these concerns in oncology nursing.¹⁰ Although breast cancer is widely understood as a complex condition that encompasses physical, emotional, psychological, social, and spiritual challenges,^{2,3,11} much of the existing literature tends to examine these dimensions separately rather than as interconnected elements of patients' lived experiences.

Carper's framework offers a comprehensive perspective for grasping this complexity by highlighting 4 interrelated patterns of knowing (i.e., empirical, ethical, personal, and aesthetic)¹⁰ that together shed light on both the scientific and humanistic aspects of nursing care. Using this framework supports a more holistic understanding of how women experience and manage breast cancer, specifically employing self-compassion, helping oncology nurses to combine evidence-based interventions with relational, reflective, and ethical insight. Consequently, Carper's model serves not only as a theoretical foundation but also as a practical guide for addressing the multifaceted nature of breast cancer care.¹⁰

Therefore, the aim of this Carper-guided narrative analysis was to identify different ways of knowing to better understand the concerns of women with breast cancer, as well as the significance of implementing these insights in nursing, especially within the field of oncology care.

Theoretical framework: Carper's patterns of knowing

Carper's Patterns of Knowing serve as the theoretical underpinning for this review, providing a comprehensive lens for analyzing how oncology

nurses acquire and apply knowledge to address the complex needs of women diagnosed with breast cancer. Building on Carper's foundational work and its subsequent advancements, nursing knowledge is delineated into 4 interrelated patterns: empirical knowing (the scientific foundations of nursing), personal knowing (reflective awareness within the nurse-patient relationship), ethical knowing (moral reasoning and advocacy in clinical practice), and aesthetic knowing (the art, intuition, and creativity integral to understanding individualized patient experiences). Collectively, these patterns advance nursing practice beyond a solely biomedical orientation, promoting a holistic approach that encompasses physical symptoms, psychological distress, social dynamics, and spiritual-existential concerns encountered throughout the breast cancer continuum. In this study, Carper's framework is adopted as an organizing scaffold for interpreting the literature on concerns of patients with breast cancer, illustrating how each pattern of knowing informs and guides oncology nurses in recognizing, analyzing, and comprehensively managing these multifaceted concerns.¹⁰

METHODS

This Carper-guided narrative conceptual analysis conducted purposive searches in Google Scholar and identified the relevant literature. Included terms were "breast cancer nursing," "breast cancer patient concerns," "oncology nursing," "self-compassion and breast cancer," "psychological distress and breast cancer," and "body image and breast cancer." Searches were conducted until theoretical saturation was achieved.

The analysis utilized Carper's fundamental patterns of knowing, which constitute the foundation of nursing knowledge and practice. Carper illuminated 4 key patterns of knowing in nursing¹⁰: the personal pattern of knowing, which reflects a nurse's experience and self-confidence in their understanding; the aesthetic pattern of knowing, which represents the artistry and beauty inherent in nursing practice in qualitative research and in poetry; the empirical pattern of knowing, which emphasizes the scientific foundation of nursing practice and measurement scales; and the ethical pattern of knowing, which encompasses the morals, obligations, and values that guide nurses in applying their knowledge.¹⁰ These fundamental patterns of knowing significantly enhance oncology nurses' comprehension of self-compassion in both the mental and physical dimensions of care for women with breast cancer.

This Carper-guided narrative conceptual analysis included all studies published in English that



addressed nurses providing care for breast cancer, self-compassion, body image, psychological distress, and ethical concerns among female breast cancer survivors. There were no restrictions on study design or publication date to maximize the comprehensiveness of the search. In addition, only open access studies were included to enhance replicability and transparency. Studies that enrolled men with breast cancer, as well as conference papers, abstracts, theses, and dissertations, were excluded from this analysis.

RESULTS

Applying each pattern of knowing to breast cancer care

In this analysis, the findings represent the outcome of a Carper-guided narrative conceptual analysis. Drawing on Carper's 4 fundamental patterns of knowing represented in 4 primary themes—empirical, aesthetic, personal, and ethical—relevant literature and practice-based insights regarding the concerns of patients with breast cancer were repeatedly reviewed, reflected upon, and interpreted. Each source was examined in depth through the lens of these patterns to illuminate how women's experiences, needs, and challenges are understood, articulated, and addressed within oncology nursing practice. The following sections provide a narrative synthesis of these interpretive insights, structured around Carper's patterns of knowing. Figure 1, developed by the first author, summarizes the essential synthesized information from each pattern. It illustrates the 4 fundamental patterns of knowing, their sources, and their implications for nursing practice, nursing research, and women with breast cancer.

Personal knowing

Carper's theory of knowing emphasizes the importance of personal experiences in shaping one's understanding and actions within a specific field.¹⁰ The first pattern of knowing, known as personal knowing, holds particular significance in oncology nursing, especially in understanding the self-compassion of patients with breast cancer. An oncology nurse's personal experiences can profoundly influence their emotional state and drive to address the mental and physical concerns of these patients. These experiences have enabled nurses to recognize the necessity for improvements in practice, particularly as they have encountered numerous women after breast cancer surgery who were psychologically distressed and struggled with changes to their body image in their daily lives.¹¹

The personal and professional experiences embedded within a nurse's practice fundamentally

inform their motivation, shape their actions, and deepen their expertise. These lived encounters serve as a critical foundation, empowering nurses to more effectively explore, refine, and theorize the art and science of their clinical work. By reflecting on these experiences, oncology nurses can better understand their patients' needs and challenges, which can contribute to their clinical training and improve patient outcomes.¹² The role of personal experience in shaping the emotional understanding and motivation of nurses is significant within clinical practice.¹³ By engaging in self-reflection on their own experiences, nurses can enhance their emotional intelligence and develop a deeper understanding of their patients' needs.¹⁴ This reflective process is essential for developing the skills and knowledge necessary to deliver compassionate and effective patient care. Through learning from both positive and challenging experiences, nurses can develop resilience and empathy, ultimately enhancing their professional competence and the quality of care they provide.¹⁴

Aesthetic knowing

Aesthetic knowing, as proposed by Carper, highlights the significance of the art and beauty of nursing in enhancing the understanding of oncology nursing regarding the mental and physical concerns of women diagnosed with breast cancer.¹⁰ This approach involves using qualitative research methods and creative expression through media, such as poetry, to provide a more comprehensive and holistic approach to patient care. It emphasizes the importance of subjective experience and personal interpretation, highlighting the role of intuition, emotion, and imagination in understanding patients' perspectives and needs.

Qualitative research investigates the perception of patients with breast cancer of their bodies, a perception profoundly influenced by the aesthetic pattern of knowing; phenomenological qualitative research allows the researcher to explore the participants' lived experiences.¹⁵ Phenomenological research plays a crucial role in advancing our understanding of individuals' experiences, particularly in the context of breast cancer and the profound implications of mastectomy.¹⁶ By delving into the narratives of those affected, this research facilitates a more in-depth examination of how women perceive their bodies after breast cancer surgery. Insights gained from these personal stories are instrumental for nurses and healthcare professionals, as they can better comprehend the mental and physical needs, as well as the concerns of their patients. This understanding ultimately fosters more compassionate and tailored care approaches,



thereby enhancing the overall support provided to individuals navigating their breast cancer journeys.¹⁷

Poetry is a valuable artistic medium that nurses use to convey their sense of individuality in caring for patients. It is a significant representation of nursing aesthetics and aids oncology nurses in gaining insights to cultivate a novel understanding about patients and the nursing profession.¹⁸ Nurses can draw inspiration from poetry to reflect on their interactions with patients, ultimately enriching their practice and fostering a more profound understanding of the compassionate aspects of nursing.¹⁹ Poetry illuminates the significance of the distinctive attributes of a healthy nurse–patient relationship, enhances the emotional intelligence of healthcare professionals, and underscores the importance of a supportive relationship in the healing process.

Aesthetic knowing involves the ability to perceive, interpret, and empathically connect with the unique emotional and psychological landscape of a patient facing a cancer diagnosis.²⁰ By integrating aesthetic knowing into their clinical practice, oncology nurses can gain a deeper understanding of the complexities of cancer care and develop more meaningful relationships with their patients.¹⁹ Moreover, by incorporating the principles of aesthetic knowing, nurses can be better equipped to address the multifaceted challenges that patients and their families face, ultimately enhancing patient satisfaction, providing a more compassionate and empathetic approach to patient care, and acknowledging their unique experiences and perspectives.²¹

Empirical knowing

Empirical knowing is an essential and valuable pattern of knowing that plays a critical role in enhancing nurses' understanding of their patients with breast cancer.²² This pattern of knowing involves conducting extensive research to assess the fundamental concepts related to patients with breast cancer, developing precise measurement scales to measure the effectiveness of treatments, and constructing compassion-focused therapies that cater to the unique needs of women with breast cancer. By leveraging empirical knowledge, nurses can gain deeper insights into the complex and nuanced nature of breast cancer, enabling them to provide more personalized and effective care to their patients.

Research indicates that self-compassion is crucial in mediating the relationship between changes in body image and postsurgery distress among women who have undergone breast cancer surgery.⁹ Furthermore, the mediation model suggests that self-compassion has an indirect effect on body image

disturbance, with body surveillance and body shame acting as mediators in the relationship.²³

The measurement scale of self-compassion was developed by the theorist Kristen Neff based on empirical research and theory development.²⁴ The self-compassion scale is intended to measure 3 positive components, including self-kindness, common humanity, and mindfulness, with 26 items, where a lower score indicates a lower level of self-compassion.⁵

Empirical research and scientific knowledge have played a crucial role in the development of compassion-focused therapy. This therapeutic approach aims to alleviate the emotional distress experienced by women who have survived breast cancer. Studies have shown that this innovative therapy has a significant and positive effect on breast cancer survivors, helping them cope with the psychological challenges associated with their disease and improve their overall well-being.²⁵

Empirical knowledge is fundamental for deepening nurses' comprehension of patients with breast cancer. This encompasses conducting research, creating measurement scales, and formulating compassion-focused therapy. Findings indicate that self-compassion serves as a mediating factor between body image changes and distress experienced by women following breast cancer surgery. The Self-Compassion Measurement Scale, developed by Kristen Neff, assesses self-kindness, common humanity, and mindfulness.⁵ This empirical knowledge has been instrumental in developing compassion-focused therapy, which has shown a positive effect on breast cancer survivors.²⁶

Ethical knowing

Healthcare professionals who engage in their practice with a robust ethical foundation typically subscribe to a comprehensive set of ethical standards. They consistently evaluate their decisions to ensure alignment with principles that are deemed morally appropriate and justifiable. This commitment facilitates the preservation of ethical values within their professional conduct.²⁷

Although Carper recognized the importance of adhering to a code of ethics in nursing practice, she argued that these codes may sometimes be at odds with the prevailing healthcare system.¹⁰ This discrepancy may result in ethical dilemmas for nurses, as it can conflict with their personal values and hinder their decision-making processes.²⁸ Consequently, nurses frequently find themselves compelled to rely on their moral compass, adjusting it to accommodate the specific circumstances they encounter.²⁹ In oncology departments, nurses play a pivotal role in patient care, often making critical



judgment calls that are deeply influenced by their ethical beliefs and commitment to providing care.³⁰ The complexities of cancer treatment require a nuanced understanding of each patient’s unique situation, integrating clinical knowledge with ethical

considerations. This intersection of ethics and clinical practice ensures that nurses not only advocate for patient needs but also uphold the principles of fairness and justice in the healthcare system.³¹

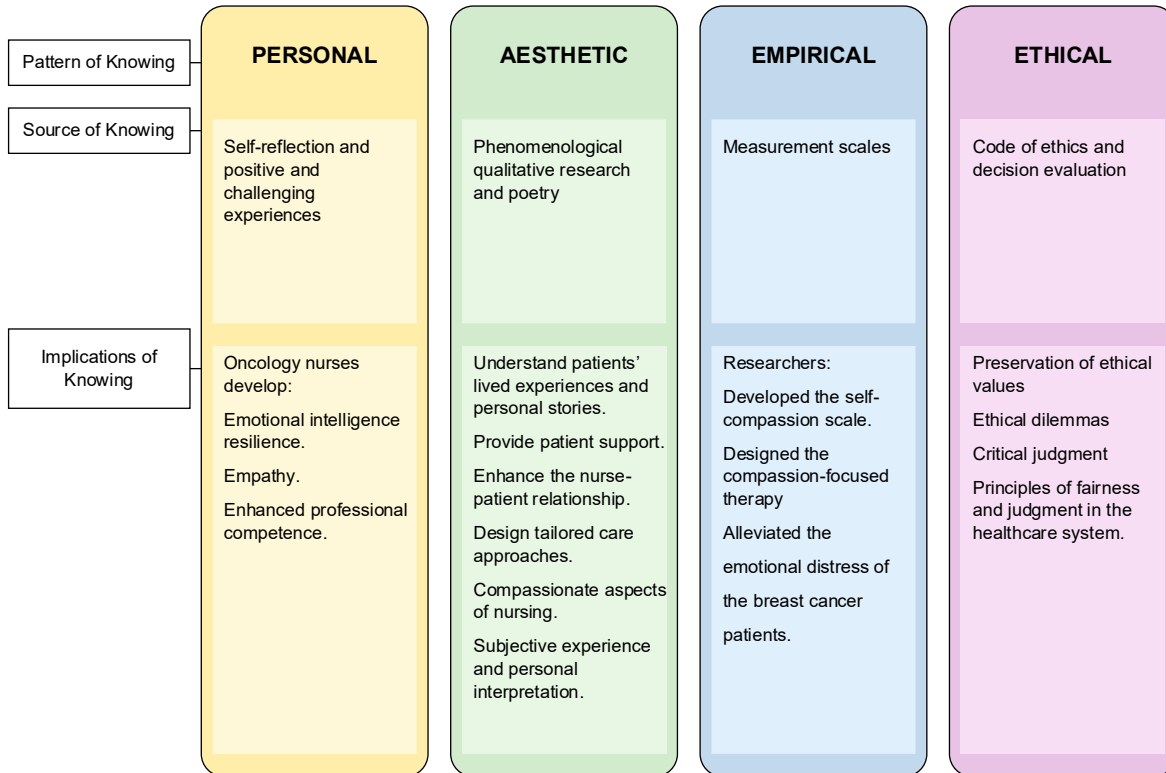


Figure 1. Carper’s Patterns of Knowing as a Framework for Holistic Understanding of Concerns of Patients with Breast Cancer. This figure is a conceptual diagram developed by the first author to illustrate how Carper’s 4 fundamental patterns of knowing—empirical, personal, ethical, and aesthetic—interact to support oncology nurses in achieving a holistic understanding of the concerns of patients with breast cancer.

DISCUSSION

Carper’s fundamental knowing patterns outline 4 distinct approaches that create a comprehensive framework aimed at enhancing oncology nurses’ understanding of the concerns faced by women diagnosed with breast cancer. This study utilized these patterns to delve into the needs of women, going beyond traditional methods. By integrating personal, empirical, aesthetic, and ethical knowing, oncology nurses are equipped to provide holistic care that addresses the multifaceted needs of these patients.³² Our research highlights the intricate nature of patient experiences, emphasizing the critical need for a multidimensional approach to nursing care. This underscores the necessity for nurses to adopt comprehensive strategies that address the diverse and multifaceted needs of patients in clinical settings.

Personal knowing underscores the significance of self-awareness among oncology nurses in fostering an effective nurse–patient relationship. Through

processes of reflection and the cultivation of empathy, nurses can gain a deeper understanding of each patient’s unique experiences. This understanding is critical for addressing the emotional and psychological concerns that patients may face. Supporting this notion, research indicates that when nurses engage with empathy and establish trust, patients are more likely to disclose their concerns, subsequently feeling more supported. This supportive environment has a positive effect on patients’ coping mechanisms and overall well-being.³³

Empirical knowledge is fundamental in equipping nurses with the evidence-based understanding necessary to inform patients about their diagnoses, treatment options, and prognoses. This finding aligns with a previous study, which confirms that providing accurate and timely information is essential for alleviating anxiety and facilitating informed decision-making throughout the cancer care journey.³⁴ Oncology nurses have a vital role in assessing



patients' information needs and addressing gaps, particularly during critical transition points such as diagnosis and treatment changes.

Moreover, aesthetic knowing, often regarded as the art of nursing, is expressed through creativity, empathy, and the capacity to recognize the patient as a whole, individualized person. Recent literature highlights the importance of individualized care, which involves tailoring communication, providing comfort, and fostering a supportive environment tailored to each woman's unique experiences and needs.³⁵

Furthermore, our findings suggest that ethical knowledge plays a crucial role in enabling nurses to navigate complex moral situations, including respecting patient autonomy, maintaining confidentiality, and supporting challenging decisions related to treatment or end-of-life care. Contemporary oncology practice frequently presents ethical dilemmas, and the ability to apply ethical reasoning is crucial for delivering care with integrity and respecting patient values. This aligns with earlier literature that emphasizes the importance of using nurses' judgment in oncology care settings.³⁶

Implications for nursing practice

The findings of this study will have significant implications for nursing research and practice, particularly for women who have undergone breast cancer surgery. By illuminating the factors that contribute to body image distress and diminished psychological well-being, the results will help nursing researchers develop effective self-compassion strategies tailored to this population. Furthermore, nursing practitioners will acquire a deeper understanding of these factors, enabling them to implement targeted interventions that foster self-compassion and alleviate psychological distress. This approach can inform nursing education and practice, ultimately enhancing patient-centered care and outcomes. Ultimately, women with breast cancer will benefit from evidence-based strategies aimed at enhancing their body image and overall well-being.

Future research is essential to explore the intricate relationship between ethical knowing and patient outcomes. Additionally, it is essential to evaluate how the application of various patterns of knowing can improve patient outcomes. This investigation will provide deeper insights into the ethical dimensions of healthcare and their tangible effects on patient care.

CONCLUSION

Integrating the 4 patterns of knowing in the care of women with breast cancer can lead to improved, high-quality patient care. By using Carper's patterns of knowing, we establish a holistic framework that addresses the concerns of patients with breast cancer

regarding self-compassion. This approach fosters the development of nursing interventions that are evidence-based, empathetic, ethical, and socially conscious, ultimately enhancing patient outcomes. While the 4 patterns of knowing are vital for advancing nursing practice, Carper acknowledged the importance of adhering to a code of ethics. However, she also pointed out that applying this code can sometimes conflict with nurses' decision-making abilities. This paper aims to significantly influence nursing research, practice, and breast cancer treatment.

Recommendation

This Carper-guided analysis advocates integrating Carper's fundamental patterns of knowing: personal, aesthetic, empirical, and ethical to assist oncology nurses in understanding the comprehensive concerns of women with breast cancer and especially, identifying the role of self-compassion in their concerns. We recommend further research to determine the role of oncology nurses' personal experience in understanding women's concerns. Furthermore, investigating the cultural and contextual factors that influence these patterns among diverse oncology nurses is crucial for a comprehensive understanding of this topic.

ETHICAL CONSIDERATIONS

This research is a theoretically guided analysis that relies exclusively on a narrative examination of existing literature and does not include human participants, patient information, or animal subjects. Consequently, ethical approval and informed consent were unnecessary.

DATA AVAILABILITY

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

CONFLICT OF INTERESTS

The authors declare no conflicts of interest.

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AI DISCLOSURE

The authors confirm that no artificial intelligence (AI) tools were used at any stage of this study,



including the writing or language editing of the manuscript. The work was conducted entirely by the authors, who take full responsibility for its content.

AUTHOR CONTRIBUTION

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

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