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**Breast Cancer Patients' Emotional Acceptance:
Nominal Group Technique (NGT) approach**

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Abstract

Many individuals diagnosed with breast cancer experience emotional stress that interferes with their psychological functioning and quality of life. Thus, this study aims to explore the level and experience of emotional acceptance when individuals are diagnosed with breast cancer. This study's main objective is to determine the emotional acceptance process of patients diagnosed with breast cancer in Malaysia. This study uses the Nominal Group Technique (NGT) and has involved a total of 11 experts who have faced breast cancer. Changing the patient's emotional acceptance depends on the influence of the cancer patient's internal and external positive motivation.

Keywords: breast cancer; acceptance of cancer; cancer diagnosis; emotional acceptance

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1.0 Introduction

Cancer is a non-communicable disease that requires immediate attention and treatment (Andriani, 2022). The death rate due to cancer is as much as 61% in Malaysia, which has put Malaysia in line with other neighboring countries with high death rates, such as Indonesia, Vietnam, and Myanmar (Sew et al., 2020). The five most common types of cancer suffered by women in Malaysia are breast, colorectal, ovarian, uterine cervix, and corpus uteri (Sung et al., 2020). Breast cancer is the most frequently diagnosed cancer with an estimation of 2.26 million cases recorded in 2020 (Wilkinson & Gathani, 2022). This growing cancer trend also affects women in Asia (Htay et al., 2021) while Malaysia remains to be the leading country with the higher number of cancer patients. In 2020, breast cancer accounted for nearly 685,000 deaths among women worldwide (Wilkinson & Gathani, 2022) and is the leading cause of cancer death among women in Malaysia (Yusoff et al., 2022). The occurrence of breast cancer is associated with many risk factors, including genetic predisposition and heredity (Hong & Xu, 2022). Cancer can be a traumatic experience for patients (Noviriany et al., 2023). Receiving a cancer diagnosis can be very unsettling for patients, necessitating a period of adjustment before they feel ready to share the news with their family and close friends. They may encounter a decline in their ability to regulate their behaviour, as they experience feelings of anger or sadness, or a loss in their belief in their own abilities considering that cancer diagnosis can have a profound effect on people by altering their sense of self and how they perceive themselves. In addition, patients consider a cancer diagnosis as a death sentence and describe it as the end of life (Wong et al., 2021).

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Breast cancer patients often experience severe psychological stress (Li. J. et al., 2021), especially in the emotional aspect. Cancer diagnosis is the beginning of life for patients to make choices about treatment and actions in care and changes in life (Mazzocco et al., 2019). However, a cancer diagnosis affects each individual differently (Thakur et al., 2021). Early diagnosis and effective cancer treatment are essential for a favorable prognosis to reduce the risk of death and increase the survival rate (Bhushan et al., 2021). Various factors can contribute to this psychological response, from the diagnosis of cancer to the treatment that takes a long time (Thakur et al., 2021). Based on the current scenario, patients are found to experience disturbing emotional changes that significantly challenge their psychological well-being when receiving a cancer diagnosis (Abdullah et al., 2023). Researchers can verify the relevance of their study to the latest trends and challenges in the emotional management of breast cancer patients through the study's participation in the conference. This study also contributes to the current body of knowledge and addresses gaps in the literature about the emotional acceptance of cancer patients. Recently, there has been a growing recognition and understanding of the significance of emotional acceptance among cancer patients. This study is critical in helping to understand how patients react when they receive a cancer diagnosis so that effective interventions can be designed to overcome the patient's emotional and mental stress problems. This study is essential in exploring how patients accept the cancer diagnosis process so that effective interventions can be designed to overcome the patient's emotional stress problem and increase public awareness about the emotions that the cancer patients face as more extensive support from family and society can be given to help improve the quality of life in cancer patients' treatment, healing, and rehabilitation. Hence, this study's main objective is to determine the emotional acceptance process of patients diagnosed with breast cancer in Malaysia.

2.0 Literature Review

In the era of modern progress, society cannot avoid the increasing wave of chronic diseases. Cancer, including breast cancer, is a life-threatening disease with burdensome treatment and associated with profound emotional impact. The results of the study found that approximately 30% of patients diagnosed with cancer experience psychological or mental health problems (Al Mahyijari et al., 2022) especially during the process of treatment and recovery as they deal with their emotional challenges. Emotional acceptance refers to how patients acknowledge and manage their feelings and emotions after receiving a breast cancer diagnosis. Previous studies have defined acceptance as an active state in which individuals live with uncomfortable experiences, wanting to experience all aspects of the current situation from physical and emotional elements regardless of social pressure and self-will (Novirianthy et al., 2023). However, emotional acceptance among breast patients is an essential aspect of the journey in the treatment and recovery process as the level of positive patient acceptance will help launch the treatment and healing process effectively. Based on the literature, patients experience various feelings when diagnosed with cancer by thinking about the future and their hopes are mixed with fear and inadequacy. Patients find it difficult to predict how life will be and feel that they need support to maximize recovery to avoid future distress (Wennerberg et al., 2021). Some patients may face temporary mental disability after receiving a cancer diagnosis by feeling empty and lost when they know they have cancer. This is because they did not get any additional information or understand the information about the given prognosis or the treatment plan (Wong et al., 2021). The suffering experienced by cancer patients is an experience synonymous with the fear of death (Novitarum, 2021) as they were stressed (Andriani, 2022), causing a person to experience depression. A study by Ośmięłowska et al. (2022) found a statistically significant relationship between acceptance of illness and quality of life. Patients with a high level of acceptance of illness have qualities that are higher in all functional domains and experience lower intensity of cancer-related symptoms. The diagnosis of cancer burdens patients and causes them to avoid thinking about the health-related aspects of cancer and treatment during the acceptance phase (Abdullah et al., 2023).

Furthermore, there is a lot of research related to the emotional acceptance of cancer patients recently as the awareness of mental health issues among cancer patients is increasing to help reduce stigma and allow patients to get the help that they need. There is a lack of research in planning psychological interventions, especially the emotional aspect as research in exploring changes in emotional acceptance and psychological well-being of diagnosis, treatment, and recovery is limited. Previous findings also suggest that healthcare professionals address emotional issues among patients diagnosed with cancer to help them accept the diagnosis (Abdullah et al., 2023). Despite a number of studies, there is a dearth of comprehensive understanding on the impact of variables such as social support, cultural background, and psychological interventions on the process of acknowledging these emotions. The research of Chen et al. (2020) has used the individual interview method for data collection for breast cancer patients in China, while this study used the Nominal Group Technique (NGT) as the primary method to identify the emotional acceptance process of patients diagnosed with breast cancer. Active exploration related to the emotional and cognitive aspects of breast cancer patients can ensure that the desired help, as well as the help offered, is mutually understood between the patient and the community. A study on the emotional acceptance of patients diagnosed with breast cancer is an effort to gain a deep understanding of the emotional process experienced by them. With good emotional acceptance, cancer patients can reduce psychological stress and improve their quality of life. The experience of receiving breast cancer can help and promote the patient's development to understand a new understanding of life (Chen et al., 2020). The results of this study are expected to contribute to developing more effective intervention and support strategies to help breast cancer patients in the future by the helping and medical professions.

3.0 Methodology

This study uses the Nominal Group Technique (NGT) method as the primary method. Bekri et al. (2015) state that expert panel selection for NGT should be based on specific specifications or criteria. One of the main criteria that needs to be considered is expertise in the field being studied by experts who have experienced breast cancer. The participants were taken from two states, Kuala Lumpur and Selangor. This study assessed the needs of cancer survivors in terms of several demographic characteristics, including age, education level, cancer stage, and nation. Verbal and written informed consent were obtained from all participants before the NGT was implemented. The purpose of the study was explained to all participants. In this study, the researcher used a total of 11 experts who are former breast cancer patients and have been cured for at least three years. This amount is adequate to ensure that the sample utilised is specialised and does not necessitate a substantial amount. The researcher employed random sampling to select the participants involved. Purposive sampling consists of a group of subjects with certain characteristics based on knowledge and the specific purpose of the study as they were chosen as study participants (Chua, 2006). Therefore, the choice of participants is based on the potential of each participant to contribute to the researcher's understanding of the phenomenon under investigation. Researchers conducted NGT sessions online using the Google Meet application. The data collection process was carried out for 2 hours. Experts were gathered, and brainstorming sessions related to the NGT method were held to gather ideas and solutions based on expert opinions. The data analysis involves the value of the voting marks made by experts, converted into percentage form, and compared with the evaluation conditions set in the literature. The accepted range measurement in NGT is that the percentage of marks should be above 70%. The range must be aligned and correspond to the expert's view that the acceptance percentage must be based on the score percentage value where the applicability of the measured element must exceed 70%. The element scores are then sorted based on the total score received to determine priority. At the end of the session, the researcher did specific calculations using the NGT method to obtain results to answer the research objectives.

The Nominal Group Technique (NGT) is a methodological procedure to determine consensus among people regarding a specific issue. Since then, it has been used in various group situations, including social science empirical research. O'Neil and Jackson (1983), Lomax and McLeman (1984), and MacPhail (2001) are only a small number of researchers who have used it in education, but it is used more often in health research. According to Harvey & Holmes (2012), the number of samples between 6-12 is sufficient to perform the NGT procedure. The NGT is a highly structured process that includes four distinct phases. First, the NGT provides a free generation of ideas in response to stimulus questions. Second, respondents shared and listed ideas in round-robin mode without discussion. Third, similar ideas are grouped; fourth, individual voting of prioritized ideas. Voting names shall be kept confidential to promote transparent results and participation, and the process shall follow the guidelines outlined above. According to Thier & Mason, (2019), among the advantages of NGT in social science studies NGT, are: (1) it enables the production of data that is suitable for the main methodology, (2) it minimizes bias based on participant status and external processing methods, (3) produces the maximum range of perspectives and, (4) can produce scaled solution. The NGT provides a permanent record of the group's process and results by writing all approved recommendations and changes on a flip chart page.

4.0 Findings

Table 1. Demographic characteristics of the respondents involved:

Characteristics	Sample (N=11)	Percent (%)
Age Range (Years)		
30-34	1	9.09
35-39	2	18.19
40-44	2	18.19
45-49	4	36.36
50-54	2	18.19
Nation		
Malay	9	81.81
Chinese	2	18.19
India	-	-
Others	-	-
Level of education		
Secondary	-	-
Diploma certificate	2	18.19
Degree	8	72.73
Masters and above	1	9.09
Stage of cancer		
I	4	36.36
II	2	18.19
III	4	36.36
IV	1	9.09

Of the 11 former breast cancer patients who were interviewed, 9 were Malays (81.81%), and 2 were Chinese (18.19%). Respondents were between 30 and 54 years old. Respondents aged 45 to 48, 36.36%, are the largest group participating in this study. As many as 72.73% of the respondents have a degree. The results show that stage one cancer (36.33%) and stage four (36.36%) are the highest cancer stages of the respondents.

This study found that the emotional acceptance of patients diagnosed with cancer varies by stage, which is influenced by several factors, such as the level of the disease, social support, and the coping strategies used. Acceptance of cancer goes through 5 stages, which are non-acceptance, passive acceptance, willingness to accept, accepting behavior, and acceptance practice. This study presents five main themes involving three options, namely 1- disagree, 2- neutral, and 3- agree. Respondents hold a group discussion about the themes presented. Then, all the experts involved will vote on the theme based on their opinions. The data analysis consists of the value of the voting marks done by the respondents and converted it into a percentage form. The respondents' opinions will be evaluated quantitatively through a ranking process or an order of priority for ideas. The findings are as follows:

Table 2: Stage of acceptance of cancer diagnosis

No	Items/elements	Total Items	Percentage Score (%)	Rank Priority	Voter Consensus
1	Non-acceptance stage	26	78.79	4	Suitable
2	Passive acceptance stage	30	90.91	3	Suitable
3	Willingness-to-accept stage	25	75.76	5	Suitable
4	Behavioral acceptance stage	31	93.94	2	Suitable
5	Transcendence-of-acceptance	32	96.97	1	Suitable

Findings indicate aggregate agreement and ratings for the model. All model construct concentrations are within the optimal range, as shown by this analysis. Based on the findings of this study, the percentage must be more significant than 70%. As a result of the analysis, expert approval data shows that all items exceed 70% based on expert consensus. The results found that the element "transcendence-of-acceptance" stage obtained the highest score of 32 (96.97%). Meanwhile, the "willingness-to-accept stage" element obtained the lowest score, 25 (75.76%). Deslandes, Mendes, Pires, and Campos (2010) and Mustapha et al. (2022) provide several examples of research that support this notion. This allows the researchers to conclude that the core features of the model are feasible and well-received by the target population. A modified NGT technique is a time-saving alternative.

5.0 Discussion

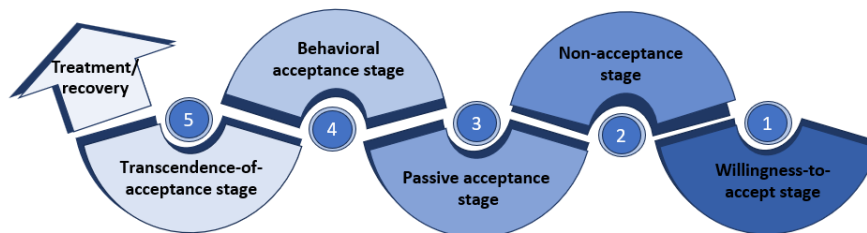


Figure 1. Model of the emotional acceptance of breast cancer among Malaysian women

Emotional acceptance after diagnosis is essential to the patient's treatment and recovery process to determine more effective support interventions. Data analysis shows that breast cancer patients have a low level of social acceptance, as the need for self-awareness is limited, and they seek support during the diagnosis of cancer. The study found that the respondents agreed with the voting results by stating that they tried to deny or avoid at stage 1. While at stage 2 they felt that they did not accept the fact of having cancer. Among the questions often asked in their subconscious thinking is, "Why me?". This is because some patients never imagine themselves at risk of getting cancer as they practice a healthy lifestyle, exercise actively, and eat healthy and balanced meals daily (Wong et al., 2021). However, cancer patients passively begin to accept the fact of having the disease at stage 3 and tolerate the physical discomfort they face. The patient starts to adopt level 4 behaviors by being determined to fight the disease and live healthier. In the final stage, which is the stage of transcendence or acceptance, cancer patients begin to accept a new understanding of their life and development. The results of this study found that cancer patients began to accept the fact of having the disease starting from the 3rd stage. Breast cancer patients acknowledged and are more prepared in terms of emotions and attitudes to accept that they have breast cancer. One of the acceptance factors at this stage is the involvement of the patient's spiritual growth to accept the breast cancer experience (Chen et al., 2017).

The results of this study differ from the findings of the study by Chen et al. (2017), who found that the first level of emotional acceptance begins with the non-acceptance stage, and the 2nd stage being the passive acceptance stage. The 3rd stage is the willingness-to-accept stage. The fourth stage is the behavioral acceptance stage, and the last is the transcendence of acceptance. This

study's findings differ from those of Chen et al. (2017) for levels 1 to 3. This might be inevitable as some factors influencing patient acceptance of cancer include sociodemographic, economic, cultural, spiritual, knowledge, and patient perception (Novirianthy et al., 2023). Other factors such as the patient's health condition before diagnosis, level of knowledge about cancer, social support, and coping strategies used by the patient in facing challenges can help in understanding differences in the level of emotional acceptance. Chen et al. (2017) argue that Cognitive reconstruction involves the process of breast cancer patients replacing their stereotypes about cancer and switching to a new positive attitude. This is proven in the study's findings, which found that cancer patients started to change their behavior at the fourth stage. In addition, age and level of education also have a significant effect on the level of acceptance of breast cancer. The results of the study are considered satisfactory because female patients have a high level of acceptance of breast cancer. The formulation of NGT in the study of emotional acceptance of breast cancer patients can be translated into a variety of practical strategies to improve the quality of life of patients through better emotional and psychosocial support and more patient-centered health services.

6.0 Conclusion& Recommendations

Based on the findings of the study of emotional acceptance of breast cancer patients, the use of NGT methodology is appropriate in the study because it encourages the active involvement of participants, reduces bias, and produces high-quality data that aims to make better and more meaningful decisions. Cognitive reconstruction is a crucial guide used by breast cancer patients to transition from one stage of acceptance to the next. Changing the patient's emotional acceptance depends on the influence of internal and external positive motivation in them. The change in acceptance will affect the duration of treatment and recovery because it involves the patient's emotions and thoughts. The acceptance process is influenced by various factors, both within the patient and outside influences because it involves complex psychological influences (Novirianthy et al., 2023). Motivated patients will try to fight and adapt to the disease and treatment (Hosseini et al., 2021). The limitation of this study is that the data collected is based on the respondents' retrospective reports, which may be affected by inaccurate memory. There may be missing or incomplete data affecting the accuracy of the analysis. Therefore, these findings strongly suggest that the community, especially the patient's family and health care professionals, can address this need, especially among those patients newly diagnosed with cancer. It is important to understand the effects that patients may face after receiving a cancer diagnosis for the provision of appropriate therapy and support. Healthcare practitioners play a crucial role in delivering diagnostic information as inadequate execution of the task may lead to perplexity and anguish among the patients. Conversely, when the information is effectively conveyed, the patient will readily accept and comprehend the diagnosis (Wong et al., 2021). Professional support is essential to help patients manage and adapt to life after a cancer diagnosis by providing emotional and practical support. In addition, medical professionals need training to communicate cancer diagnosis information through a patient-centered communication approach to understand the feelings, concerns, and experiences of patients with the disease to reduce the emotional stress experienced by the patients after a cancer diagnosis (Wong et al., 2021). Furthermore, doctors and nurses can also use the results of this study to plan programs that aim to help patients change positively through the various stages of disease acceptance. Training sessions should be provided to teach practical adaptation skills such as dietary planning and physical and social activities to ensure patients have the skills to cope with changes and adaptation in life after a cancer diagnosis. Further research needs to be conducted to see the level of emotional acceptance for patients with cancer other than breast and different demographics.

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Paper Contribution to Related Field of Study

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

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