

Expectations and Experiences of Women Undergoing Mastectomy regarding Nursing Care



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1.ABSTRACT

Background: Breast cancer is a major leading cause of maternal cancer morbidity and mortality, and surgical resection is the standard of therapy for all non-metastatic patients. **Aim:** This study aimed to assess the expectations and experiences of women undergoing mastectomy regarding nursing care. **Design:** A descriptive cross sectional study design was utilized. **Methods:** This study was carried out at Oncology Center at Mansoura University, Dakahlia governorate, Egypt. A convenient sample included 106 women who admitted for mastectomy chosen according to the inclusion criteria. Two tools were used: Tool I: Structured interviewing questionnaire. Tool II: assessment of expectations and experiences of mastectomy women regarding nursing care by using "quality of oncology patients' centered nursing care scale". **Results:** majority of the studied women had positive expectations about responsiveness and proficiency of nursing care (95.3%&93.4%respectively) while most of the studied women had negative experience about sense of belonging and coordination of nursing care (93.4%&83%respectively) while (84.9%) had positive experience of responsiveness of nursing care. Most of the studied women (85.8%) had positive expectations of overall nursing care while more than half of them (54.7%) had negative experiences of overall nursing care. A statistically significant differences between expectations and experiences regarding nursing care ($p < 0.001$) **Conclusion:** The current study questions were answered where majority of the studied women had positive expectations and more than half of them reported negative experiences of nursing care **Recommendations:** The study recommended large investing in person-centered care and improving in nursing education and training programs about it.

Keywords: Breast cancer, mastectomy, expectations, experiences, nursing care.

2.Introduction:

Breast cancer is a worldwide issue. Every year, more than one million women are diagnosed with breast cancer and more than 4,10,000 die from the disease. Breast cancer is a possible risk for all women, with one in every eight developing the disease over their lifetime (Khurshed, Thakur, Sheikh, Mir, & Khurshed, 2021) . Breast cancer is the second major cause of cancer mortality among Egyptian women. The total cancer incidence is 157.0 per 100,000 people, with Egyptian women having the greatest incidence (32%), and by 2050, it is expected to be higher. Egypt is expected to see a threefold increase in cancer incidence with the majority of cases with advanced stages occur in younger age groups. Mastectomy is performed on more than 80% of Egyptian women with breast cancer (El-Sheikh et al., 2021).

Breast cancer treatment choices vary greatly and are often based on a multi-modality approach. It totally depends on the tumor's stage and biology, as well as the patient's tolerance and acceptance. Among the possibilities are surgery, radiation, and

systemic treatment (targeted therapy, endocrine therapy and chemotherapy) (Cheung, 2020). Breast cancer is a life-threatening disease that impacts women's feeling of femininity and womanhood by changing the portion of their bodies. As a result, women are affected physically, emotionally, and socially. It instils fear and anxiety in women, exposing them to a significant amount of emotional distress (Khurshed et al., 2021).

Egypt have a particular cultural context that affects the considerations facing women undergoing breast cancer surgeries as their perception of the impact of the surgery on their body image, femininity, and sexuality. Additionally, women in Egypt usually perceive breast cancer diagnosis as a major threat to their lives (Abdelwahab et al., 2021). Caring for breast cancer-diagnosed women and survivors is demanding and complex, and it necessitates nurses developing a therapeutic interaction with their patients that promotes trust as a means of providing appropriate care. Patient-centered communication,

which encourages the establishment of trust between the patient and the healthcare provider, is the foundation of such effective interactions (Charalambous, 2019).

In healthcare, it has been proposed that there is a relationship between patient expectations, treatment outcomes, and overall satisfaction. According to some studies, patients who have positive expectations are more likely to experience positive outcomes. So, patient satisfaction may be defined as the fulfilment of expectations. Understanding the nature, extent, and consequences of patient expectations, as well as how they relate to treatment results and satisfaction, is becoming highly significant. Valid and reliable patient-reported outcome measures are frequently used in patient-centered care research and quality assurance (Fang et al., 2020).

Significance of the study

In Egypt, breast cancer is the most frequent type of cancer in women and the leading cause of cancer mortality among them. It accounts for 33% of all female cancer cases, with over 22,000 new cases identified each year (*Abdelaziz et al., 2020*). Breast cancer accounts for 18.9 % of all cancer cases with a 49.6 per 100,000 population age-adjusted incidence. The majority of women with breast cancer must have surgery as part of their therapy. Following breast surgery, women encounter a wide range of medical and psychological illnesses, such as recurrent anxiety and depression, which have a substantial influence on their well-being. The majority of breast cancer patients experience psychological discomfort as a result of the adverse symptoms and lifelong bodily deformities (*Gewaiifel, Bahnasy, Kharboush, & Elsharkawy, 2019*).

To increase patient satisfaction of their experience with care and promote patient-centered care, patient expectations of healthcare service must be analyzed and understood. The majority of empirical research in this sector has been limited to gauging patient expectations for specific diseases. To construct measures with broader utility, patient health-care expectations in a variety of settings and therapeutic situations must be better understood (*El-Haddad, Hegazi, & Hu, 2020*).

Evaluating patient experiences of care provision is now widely regarded as an efficient tool for assessing the quality of care from the patient's perspective. These metrics are frequently used in the appraisal of new care models aiming at enhancing both the results and the quality of care provided to patients (*Sugavanam et al., 2018*).

There is a little research addressing it in Egypt, Therefore, it is important to study the expectations and experiences of women undergoing mastectomy regarding nursing care.

Aim of the Study

This study aimed to assess the expectations and experiences of women undergoing mastectomy regarding nursing care.

Research questions

What are the expectations and experiences of women undergoing mastectomy regarding nursing care?

3. Subjects and methods

3.1. Study Design

A descriptive study design was used in this study that measured expectations and experiences of nursing care focused on undergone mastectomy women and analyzed the ranking of nursing activities recognized by the women.

3.2. Study Setting

The study was conducted at the Mansoura University Oncology Center. The center includes 11 floor, the first floor is divided into three parts; blood withdrawal laboratory, recording part, blood donor part, the second includes medical clinics & chemical composition, the third and fourth includes administration offices, the fifth includes laboratory department, the sixth includes medical and surgical ICU, operational department, the seventh includes pediatric department and ICU, the eighth includes female surgery and medical department, the ninth includes male and female medical department, the tenth includes blood diseases department and male surgical department and the eleventh includes bone marrow implantation units and clinics. Blood diseases clinics works at Saturday and Tuesday from 8 am to 4 pm. Medical clinics works at Sunday, Monday, Wednesday and Thursday from 8am to 4pm. Surgical clinics open daily from Saturday to Thursday from 8am to 2pm.

3.3. Sample size

The study participants included 106 women with breast cancer undergoing mastectomy attended the previous specified setting chosen according to the following criteria.

3.4. Subjects

Sample type

A convenient sample was used.

Inclusion criteria:

- Age \geq 18 years.

- Women suffering from breast cancer irrespective of its stage.

Exclusion criteria:

- Having history of psychiatric disorder.

Sample size calculation

Based on data from previous study by (Karaca & Durna, 2019) to evaluate patients' satisfaction with the quality of nursing care, using the following formula, considering a significance level of 5% and 80% power of study: Sample size = $[(Z_{1-\alpha/2})^2 \cdot SD^2] / d^2$ Where, $Z_{1-\alpha/2}$ = is the standard normal variate, at 5% type 1 error ($p < 0.05$) it is 1.96. SD = standard deviation of variable, d = absolute error or precision, So, Sample size = $[(1.96)^2 \cdot (13.14)^2] / (2.5)^2 = 106.1$. Based on the above formula, the sample size required for the study is 106.

3.5. Tools of data collection

Data was collected using two tools

Tool I: Structured interview questionnaire:

It was prepared by the researcher after a careful review of the relevant literatures. Included general characteristics such as age, marital status, working status, education, income status and residence.

Tool II: Assessment of expectations and experiences of mastectomy women regarding nursing care by using "Quality of Oncology Patients' Centered Nursing Care Scale":

It was adopted from (Kang & Suh, 2015) and (Charalambous & Adamakidou, 2014)) to assess quality of oncology patients' centered nursing care. It is composed of 43 closed-ended concrete sentences that describe specific nurse actions and divided into eight subscales which are: Being supported and confirmed (10 items), Spiritual Caring (4 items), Sense of Belonging (4 items), Being valued (4 items), Being respected (4 items), Responsiveness (5 items), Coordination: (3 items) and Proficiency (9 items).

Scoring system

It was modelled using a three-point Likert-type scale in which participants ranked the frequency of each activity, (1= not expected / not experienced to 3 = expected / experienced) and the total score was distributed from 43 to 129 points. The higher the score, the higher the selected nursing activity and the higher the quality of nursing. It was categorized as positive 60% and negative 60% (Yalew et al., 2020).

3.6. Validity of the Tools

The content validity of the two tools was

reviewed by a panel of three experts in women's health nursing specialty, before using it, double-check that the questions were presented consistently and also had the expected meaning which were designed for, and that any needed changes were made.

3.7. Reliability of the Tool II

Cronbach alpha coefficient for the "Quality of Oncology Patients' Centered Nursing Care Scale" was calculated (0.949). As a result, the questionnaire was considered highly reliable.

3.8. Field work

- An official letter from Mansoura University's Faculty of Nursing was sent to the director of the Oncology Center at Mansoura University to obtain official permission to accomplish the study after explanation of its aim.
- The researcher came to the study setting three times a week until the desired sample size was achieved. This research was carried out between January and June of 2021.
- At the first interview, the researcher introduced herself to each undergoing mastectomy woman. By filling out the structured interview questionnaire, the research determined her eligibility for the study and obtained her consent to participate. Each woman was interviewed for 10–15 minutes by the researcher, who assessed her nursing care expectations before mastectomy.
- At the second session, the researcher questioned each woman privately for 10-15 minutes about their experiences after mastectomy regarding nursing care.
- Women were free to seek any explanation and clarification.
- The researcher questioned each woman and documented her responses on the collecting form. The woman's safety and privacy were guaranteed.
- Collected data was processed and evaluated to identify relations and association factors.

Pilot Study

The tools of the study were evaluated on 10% of the total sample (11 women) to determine their applicability and objectivity, as well as the feasibility of the research procedure and the expected time required to answer them. Women in the pilot trial were excluded from the study sample.

3.9. Ethical Consideration

Ethical approval letter was obtained from Mansoura University-Faculty of Nursing-Research Ethics Committee and the Oncology Center. After defining the research's objective, the studied women's agreement was gained and informed that participation was completely voluntary. All participants have the option to withdraw voluntarily, as well as privacy and confidentiality were fully emphasized throughout the entire study period. The findings were involved as part of the research required for a master's degree, and also for future publishing and education.

3.10. Statistical analysis

Statistical Package of Social Science (SPSS) version 21 was used to code, tabulate, and analyze the collected data.

4. Results

Table (1) Shows that more than one quarter of the studied women (27.4%) aged between 31-40 years with mean \pm SD= 31.1 \pm 16.5. More than half had middle education, from rural area and had not enough family income. (54.7%, 57.5%, 51.9% respectively); less than two-thirds of them (63.2%) were housewives & nearly three quarters of them (73.6%) were married.

Figure 1. Shows that most of the studied women had positive expectations about responsiveness followed by proficiency of nursing care (95.3% & 93.4% respectively). Also majority of them had positive expectations about being respected, being valued and supported and confirming (86.8%, 85.8% & 83% respectively).

Table 1. General characteristics of the studied women

Age		
18-30	27	25.5
31-40	29	27.4
41-50	23	21.7
51-60	16	15.1
>60	11	10.4
Mean\pm SD	31.1 \pm 16.5	
level of education		
Can't read and write	7	6.6
Middle education	58	54.7
High education	41	38.7
Occupation		
Housewife	67	63.2
Working	39	36.8
Residence		
Rural	61	57.5
Urban	45	42.5
Marital status		
Married	78	73.6
Divorced	11	10.4
Widow	8	7.5
Single	9	8.5
Family income		
Enough	51	48.1
Not enough	55	51.9

Totally (85.8%) of the studied women had positive expectations.

Figure 2. Shows that most of the studied women had negative experience about sense of belonging and coordination of nursing care (93.4%&83%respectively) while (84.9%) had positive experience of responsiveness of nursing care. Totally more than half (54.7%) of the studied women had negative experiences.

Table (2) shows that a considerable percentage of women having real positive experience were having negative expectation. It ranges from (3.4%) for the item "Proficiency" up to (30.0%) for the item "Spiritual caring".

Table (3) Shows that among the studied women having real negative experience, there is a considerable percentage was having positive expectation. It ranges from (59.6%) for the item "Sense of belonging" UP to (100%) for the item " Responsiveness ".

Table (4) Shows the association between expectations and experiences of the studied women expectations. On average (44.3%) of the woman had positive expectations and positive experiences (fulfilled expectations), (41.5%) of them had positive expectations and negative experiences (Unmet expectations). While (0.9%) of the woman had negative expectations while had positive experiences (unexpected experiences), (13.2%) of them had negative expectations and negative experiences. In addition there was a statistically significant differences between total expectations and total experiences regarding nursing ($p < 0.001$).

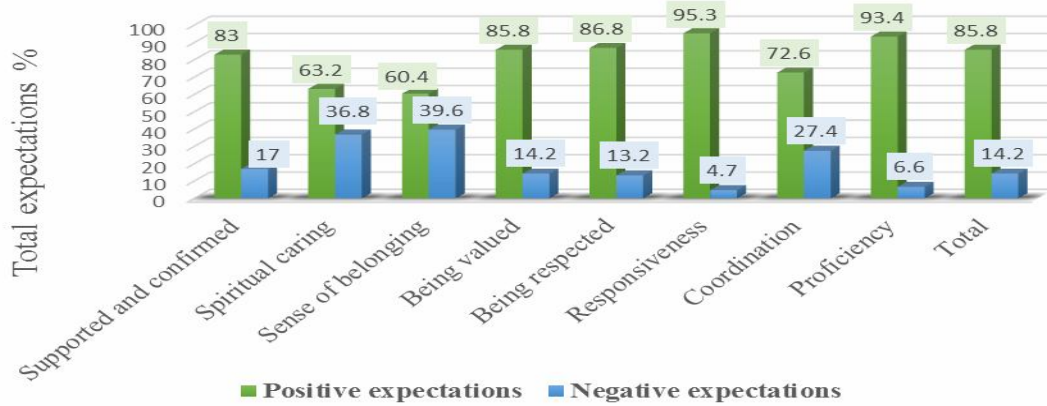


Figure 1. Total expectations score of nursing care among the studied women

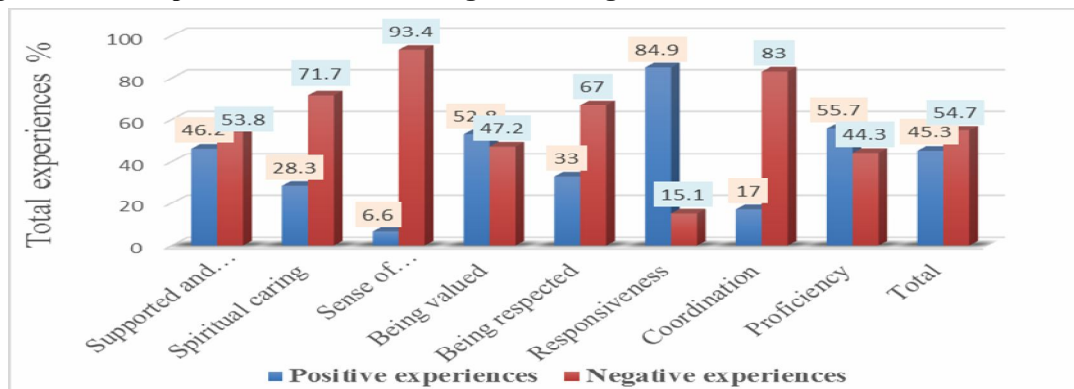


Figure 2. Total experiences score of nursing care among the studied women

Table 2. Real positive experience in relation to expectations of the studied women (n=106)

Item	No of real positive experience		Expectations	
			Positive	Negative
Supported and confirmed	49	(46.2) %	46 (93.9%)	3 (6.1%)
Spiritual caring	30	(28.3) %	21 (70.0%)	9 (30.0%)
Sense of belonging	7	(6.6) %	5 (71.4%)	2 (28.6%)
Being valued	56	(52.8) %	52 (92.9%)	4 (7.1%)
Being respected	35	(33.0) %	31 (88.6%)	4 (11.4%)
Responsiveness	90	(84.9) %	85 (94.4%)	5 (5.6%)
Coordination	18	(17.0) %	14 (77.8%)	4 (22.2%)
Proficiency	59	(55.7) %	57 (96.6%)	2 (3.4%)
Total	48	(45.3) %	47 (97.9%)	1 (2.1%)

Table 3. Real negative experience in relation to expectations of the studied women (n=106)

Item	No of real negative experience		Expectations	
			Positive	Negative
Supported and confirmed	57	(53.8) %	42 (73.7%)	15 (26.3%)
Spiritual caring	76	(71.7) %	46 (60.5%)	30 (39.5%)
Sense of belonging	99	(93.4) %	59 (59.6%)	40 (40.4%)
Being valued	50	(47.2) %	39 (78.0%)	11 (22.0%)
Being respected	71	(67) %	61 (85.9%)	10 (14.1%)
Responsiveness	16	(15.1) %	16 (100.0%)	0 (0.0%)
Coordination	88	(83) %	63 (71.6%)	25 (28.4%)
Proficiency	47	(44.3) %	42 (89.4%)	5 (10.6%)
Total	58	(54.7) %	44 (75.9%)	14 (24.1%)

Table 4. Association between expectations and experiences regarding nursing care among the studied women

		Expectations		Total	Pearson Chi-Square	
		Positive	Negative		X2	P
Experiences	Positive	Fulfilled expectations (47) (44.3%)	Unexpected experiences (1) (0.9%)	48 (45.3%)	10.516	0.001**
	Negative	Unmet expectations (44) (41.5%)	Null experiences (14) (13.2%)	58 (54.7%)		
	Total	91(85.8%)	15 (14.2%)	106 (100%)		

** Highly statistically significant

5. Discussion

The present study aimed to assess expectations and experiences of women undergoing mastectomy regarding nursing care. This aim was achieved through the present study findings which revealed that most of the studied women had positive expectations of nursing care and around half of them positive experience of nursing care.

This result goes in line with Fuseini, Bayi, Alhassan, and Atomlana (2022) a descriptive, quantitative cross-sectional study to assess the level of satisfaction of nursing care and the factors associated with it, they revealed that a larger proportion of participants were moderately satisfied with the nursing care quality at the various government hospitals.

Agreed with the present study findings a cross-sectional study conducted by Sharour, Al Sabei, Al Harrasi, Anwar, and Al Qadire (2021) to assess the quality of oncology nursing care as perceived by cancer patients in 3 Arab countries (Jordan, Oman, and Egypt). They reported moderate quality of oncology nursing care, the overall quality of oncology care was highest in Oman followed by Jordan and then Egypt.

In contrary with the present study finding, Deribe et al. (2021) to evaluate the quality of experienced nursing care. revealed that, Overall, the perceived quality of oncologic nursing care was high, with three-fifths of participants rating it as good. This study findings contradicts the findings of Yalew et al. (2020) a cross-sectional study to identify patient experience in nursing care and associated factors in Ethiopia. they concluded that about two-thirds of the respondents had positive experience.

Regarding the domain of being supported and confirmed, the present study findings reported that, most of the studied women had positive expectations of being supported and confirmed nursing care while more than half of them had negative experience nursing care regarding it. Patients with cancer appreciate from being cared for by professional, supportive, and knowledgeable

nurses because it makes them feel safe.

In accordance with the present study finding, Chen et al. (2022) a cross-sectional study. To assess how patient experience with nursing care influence patient satisfaction with overall hospital services they reported that patients had negative experience with emotional support. This study's findings are similar to those of Gürcan and Atay Turan (2021) a descriptive qualitative study to describe cancer patients expectations about health care environment they concluded that, The majority of them said that developing trusting and an honest relationship with healthcare personnel is critical, and that they expect humanistic and compassionate care actions while in the hospital.

In contrary with the present study findings Deribe et al. (2021) who reported that more than half of patients had reported being supported and confirmed.

Regarding the domain spiritual caring the findings of the present study showed that, less than two thirds of the studied women had positive expectations of spiritual nursing care while less than three quarters of them had negative experience spiritual nursing care. This finding may be due to the fact that spiritual care is used as an extra task by nurses, who prefer to focus on clinical care.

Consistent with the present study findings Astrow, Kwok, Sharma, Fromer, and Sulmasy (2018) observational study to assess spiritual needs in an ethnically and religiously diverse sample of oncology patients and to investigate the relationship between spiritual needs and perceptions of care quality and satisfaction. they reported that spiritual needs are normal in an ethnically, linguistically, and religiously diverse cancer patient population, but they can differ depending on cultural.

Parallel with the present study finding Mahdavi, Ghafourifard, and Rahmani (2021) who conducted a cross-sectional study to investigate the Iranian patients' nursing presence with cancer found that nurses did not address patients' spiritual needs. In agreement with the present study finding,

Charalambous et al. (2017) cross-sectional descriptive study to assess the quality of oncology nursing care perceived in 3 European countries by hospitalized cancer patients. They reported that "Being cared for spiritually and religiously" had the lowest scores across all countries. This demonstrated that regardless of the country in which the treatment was provided, nurses paid little consideration to the religious and spiritual requirements of their patients.

In contrary with the present study findings Deribe et al. (2021) , They reported that more than half of the studied sample experienced high quality of care in the perspective of spiritual nursing care. This finding contradicts the findings of Tuominen, Leino-Kilpi, and Meretoja (2020) a descriptive qualitative study conducted in a university hospital in Finland to assess expectations of cancer patients towards nursing care, reported that that patients were neither expect referral to psychological care nor express expectations of spiritual support from the nurse.

Involving family members in care process is regarded as an important dimension of patient centered care and has long been advocated to improve quality and safety of care. Regarding the domain of sense of belonging, the findings of the present study showed that, less than two thirds of the studied women had positive expectations of supporting their sense of belonging during nursing care, while the majority of them had negative experience nursing care regarding their sense of belonging, findings of this study indicated the "sense of belonging" domain had the lowest score in the studied women experiences. Among barriers to family involvement were non-supporting policy and structure affecting family presence and involvement, the existing policy in addition to the restrictions of COVID19 pandemic, that forced family members to just visit their patients at certain times which were typically one to two hours.

Consistent with this study findings Gürcan and Atay Turan (2021) study revealed that during their hospitalization, all of the participants expected access to their families and said that their families were fulfilling all of their social and psychological needs. In addition Gröndahl, Muurinen, Katajisto, Suhonen, and Leino-Kilpi (2019) a cross-sectional descriptive correlational study to analysis the relation between patient education and the quality of surgical nursing care in Finland revealed that the lowest quality of care was reported in the item of collaboration with family members and being informed, heard, supported and participated in care.

In contrary with the present study findings Deribe et al. (2021) reported that less than two thirds of the studied sample experienced high quality of care regarding sense of belonging domain. Also Charalambous et al. (2017). They concluded that oncology nurses in Cyprus not only acknowledged and encouraged the family's wish to be present, but also welcomed and appreciated their involvement and presence in decision-making and care providing.

Communication skills for health professionals are critical in ensuring that patients feel valued, respected, and cared for. Regarding the two domains of being valued and being respected the findings of the present study revealed that, most of the studied women had positive expectations of nursing care about being valued and respected. while less than half of them had negative experience of being valued and more than two thirds of them had negative experience of being respected during nursing care. This finding could be due to the workload on nurses that makes them stressed and could affect their communication skills.

This finding agreed with Tuominen et al. (2020) who concluded that, patients expected to be treated with humanity, which involved receiving support, compassion, and confidence. Also Trescher et al. (2019) a qualitative, descriptive study on women with breast cancer was conducted at a Brazilian oncological institution to determine the preoperative care needs for tumour removal in the perception of women with breast cancer and nurses. They stated that providing a humane and compassionate service by nurses, with educational support, healthcare given to women to return to their normal routines, with autonomy and emotional and affective security, decreasing stressors, and promoting the recovery of health is crucial.

In contrary with the present study findings Deribe et al. (2021) ,They reported that more than three quarters of the studied sample experienced high quality of nursing care in the context of being valued and respected. Also, a descriptive cross sectional study conducted by Karaca and Durna (2019) to evaluate patients' satisfaction with the nursing treatment quality and look into associated factors. They noted that the nurses' communication style is to treat patients friendly and respectfully.

Regarding the domain responsiveness, the present study finding showed that, majority of the studied women had positive expectations of responsiveness of nurse while caring, also most of them had positive experience of responsiveness

nursing care.

Consistent with the present study finding, Franklin et al. (2022) qualitative study was approved by the Macquarie University's human research ethics. They reported that many of the patient participants appreciated the nurse's accessibility and responsiveness. This is in line with Hyun and Young (2021) descriptive study to assess the quality of nursing patient-centered care perceived by hospitalized cancer patients who were admitted for surgery, reported that, cancer patients undergoing surgery rated patient-centered nursing as having a high level of responsiveness and an ability to respond to their needs.

This finding agreed with Simbolon, Girsang, and Nasution (2020) a cross sectional study to assess the relationship of responsiveness, reliability, and empathy towards inpatient satisfaction they reported that three quarters of the study sample experienced good responsiveness. This is in line with, Adam et al. (2017) who conducted a cross-sectional study in 4 European nations to assess and compare cancer patients' opinions of nursing care quality. They reported that patients in both the Swedish and Finnish groups evaluated responsiveness as excellent, while the item "the nurses respected my dignity" from the responsiveness subscale was rated highly by the Greek patients.

Regarding coordination domain, the present study finding revealed that, less than three quarters of the studied women had positive expectations of coordination in nursing care while most of them had negative experience of coordination of nursing care, this finding may be due to the shortage of nursing staff, which led to an inappropriate nurse-patient ratio, causing heavy workload on nursing staff.

In accordance with the present study finding, (Chen et al., 2022) reported that patients had poorer care coordination. Additionally Hyun and Young (2021) reported that in the coordination domain, cancer patients felt that the quality of patient-centered nursing care they received was low. This is in line with, Tzelepis et al. (2018) study to assess quality of patient-centered care provided to patients at oncology centers in Australia. They reported that integrated and coordinated care had the lowest quality score.

Regarding the domain proficiency, the present study findings revealed that most of the studied women had positive expectations of proficiency of nursing care while more than half had positive experiences of proficiency nursing

care. This finding may be due to the fact that the Mansoura oncology center is accredited, and nurses have frequent training, workshops, and conferences that help nurses stay skilled, professional, and up to date.

Parallel with the present study finding, Tuominen et al. (2020) concluded that, patients were expected to get a clear explanation of their cases. Most patients were also expected to be cared for by trained specialists with proven expertise, which was defined as being "in good hands," having nothing to worry about, and being able to surrender to therapy. In accordance with the present study finding, Chen et al. (2022) they reported that patients had positive nursing care experiences with technical competencies. Additionally Mahdavi et al. (2021) concluded that, patients with cancer had a high level of trust toward oncology nurses.

This corresponds with the findings of Adam et al. (2017) who concluded that, the proficiency subscale items "the nurses were skilled" and "the nurses knew what they were doing" had significant positive percentages, indicating that the patients appreciated the nurses' professional knowledge and skills.

6. Conclusion

Based on the present study findings, it is concluded that the tested questions were answered where more than half of the studied women expected positive overall nursing care while more than half had negative experiences of nursing care and the women expectations level exceeded their experiences. Also there was statistically significant differences was found between total expectations score and total experiences score of women regarding quality of nursing care.

7. Recommendations:

Based on the findings of the present study, the following recommendations were suggested:

- Fill the gap between patient's expectations and experiences through effective supervision for quality of nursing care, it is essential for guidance, monitoring and evaluating nursing practice.
- Stress on increasing women's satisfaction regarding nursing care, so focus on centered patientcare.
- Give more attention to more respectful communication, coordination of care, and enhancing the sense of belonging of mastectomy women.
- Improvement in person-centered care and investing in the massive upscale of nursing

education and training programs is urgently needed.

• **Further study is recommended to**

More research is needed in this area to better understand the variations in the quality of nursing care reported by patients. A qualitative investigation among the patients may be able to disclose the underlying specificities of the care received.

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9.Financial support

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10.Conflict of interest

The authors have no conflict of interest to declare.

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