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SHORT COMMUNICATION

# From Disease to Survivorship: Challenges and Contributions of Rehabilitation Nursing in Breast Cancer

## De la enfermedad a la supervivencia: desafíos y contribuciones de la enfermería de rehabilitación en el cáncer de mama

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**ABSTRACT**

Advances in the early diagnosis and treatment of breast cancer have contributed to increased survival among women, making survivorship an important dimension of the cancer journey. After completion of treatment, physical, psychological, social, and occupational challenges may persist, including functional limitations, fatigue, fear of recurrence, changes in body image and sexuality, difficulties returning to work, and the need to redefine life goals. This communication aims to reflect on the main challenges of the transition to survivorship after breast cancer and on the contribution of rehabilitation nursing to promoting functionality, autonomy, and quality of life. Available evidence supports a multidisciplinary, person-centred approach focused on the early identification of needs, management of late treatment effects, promotion of physical activity, and social participation. In this context, the Rehabilitation Nursing Specialist can play an important role through functional assessment, health education, promotion of self-care, prevention and management of complications, and coordination with the multidisciplinary team. Rehabilitation therefore represents an important component of survivorship care, contributing not only to functional recovery but also to adaptation to life after treatment and the resumption of personal, family, social, and occupational goals.

Keywords: breast cancer; survivorship; quality of life; rehabilitation; nursing; transition.

**RESUMEN**

Los avances en el diagnóstico y tratamiento del cáncer de mama han contribuido al aumento de la supervivencia de las mujeres, convirtiéndola en una dimensión relevante del proceso oncológico. Tras la finalización de los tratamientos, pueden persistir desafíos físicos, psicológicos, sociales y profesionales, incluyendo alteraciones funcionales, fatiga, miedo a la recurrencia, cambios en la imagen corporal y la sexualidad, dificultades para reincorporarse al trabajo y la redefinición de proyectos de vida. Esta comunicación tiene como objetivo reflexionar sobre los principales desafíos de la transición hacia la supervivencia después del cáncer de mama y sobre la contribución de la enfermería de rehabilitación en la promoción de la funcionalidad, autonomía y calidad de vida. La evidencia disponible respalda un enfoque multidisciplinario y centrado en la persona, orientado a la identificación precoz de las necesidades, la gestión de los efectos tardíos de los tratamientos, la promoción de la actividad física y la participación social. En este contexto, el Enfermero Especialista en Enfermería de Rehabilitación puede desempeñar un papel relevante mediante la evaluación funcional, la educación para la salud, la promoción del autocuidado, la prevención y gestión de complicaciones y la coordinación con el equipo multidisciplinario. La rehabilitación constituye, por tanto, un componente importante de los cuidados durante la supervivencia, contribuyendo no solo a la recuperación funcional, sino también a la adaptación a la vida después del tratamiento y a la recuperación de los proyectos personales, familiares, sociales y profesionales.

Palabras clave: cáncer de mama; supervivencia; calidad de vida; rehabilitación; enfermería; transición

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## INTRODUCTION

Advances in the diagnosis and treatment of breast cancer have contributed to increased survival, resulting in a growing number of women living for many years after the diagnosis and treatment of the disease[1,2]. This reality has brought new challenges to healthcare, as survivorship is not limited to the absence of disease or the completion of treatment.

The National Cancer Institute defines survivorship as a process that begins at diagnosis and continues throughout life, encompassing physical, psychological, social, and economic dimensions[3].

For many women, the transition from the end of treatment to survivorship is a period characterised both by expectations of recovery and by uncertainty. Treatment-related symptoms and functional changes [4,12], fatigue[13], fear of recurrence[5,15], changes in body image and sexuality[6,7], as well as difficulties returning to work[8,9], often persist.

These needs may remain even when disease-focused follow-up becomes less frequent. In this context, breast cancer survivorship should be understood as a specific stage of the healthcare journey, requiring multidimensional, person-centred care focused on functioning and quality of life[3,5].

Rehabilitation nursing can play an important role in this process through functional assessment, the promotion of self-care, health education, the prevention and management of complications, and coordination with the multidisciplinary team[10,11].

Therefore, this presentation aims to reflect on the main challenges associated with the transition to survivorship after breast cancer and on the contributions of the Rehabilitation Nurse Specialist to promoting autonomy, functioning, and quality of life.

## DEVELOPMENT

Survival after breast cancer may be accompanied by persistent physical effects resulting from surgery, chemotherapy, radiotherapy, and endocrine therapy. Pain, fatigue, limited shoulder mobility, changes in muscle strength, neuropathy, and lymphoedema may interfere with women's ability to perform daily activities and compromise social participation[4],[12].

Upper-limb morbidity is particularly relevant, as pain, oedema, restricted range of motion, and functional deficits are associated with poorer quality of life after treatment[12]. These impairments may also hinder return to work and the resumption of previously performed roles.

Cancer-related fatigue is likewise a common challenge during survivorship. It may persist after completion of treatment and interfere with physical performance, occupational activity, social relationships, and emotional well-being. Evidence demonstrates that interventions, particularly physical exercise, may contribute to improving different dimensions of cancer-related fatigue[13].

Physical activity therefore plays an important role not only in functional recovery but also in the adoption of health-promoting behaviours. International recommendations support the integration of aerobic exercise and resistance training into cancer care, taking into account the individual's clinical condition and personal characteristics[14].

The psychological dimension represents another important area of survivorship. Completion of treatment does not necessarily mean the end of the emotional experience associated with the disease. Anxiety, psychological distress, and fear of recurrence may persist and affect quality of life and daily functioning[5],[15].

Fear of recurrence is particularly relevant and may be triggered by follow-up appointments, medical examinations, or the emergence of nonspecific symptoms. Psychological interventions have demonstrated potential to reduce this fear and improve adaptation to survivorship[15].

Therefore, follow-up care should enable the early identification of emotional distress and referral of women for specialised intervention whenever necessary. Changes in body image also represent a significant dimension. Surgery, scarring, breast alterations, alopecia, and weight changes may affect women's perception of their own bodies and their self-esteem[6].

These changes may have repercussions on interpersonal relationships and sexuality. Sexual health is frequently under-addressed in cancer care, despite the fact that hormonal and genitourinary symptoms, decreased libido, pain, changes in body image, and relationship difficulties may persist after treatment[7].

A woman-centred approach should recognise sexuality as a component of quality of life and provide an opportunity for these needs to be expressed, assessed, and, when necessary, referred to professionals with specific expertise. Return to work represents another challenge during survivorship.

Returning to work may contribute to the recovery of identity, economic independence, and social participation; however, this process does not always occur in a linear manner.

Fatigue, functional limitations, cognitive changes, and persistent symptoms may hinder the return to work. The literature demonstrates that cancer survivors are at increased risk of adverse occupational outcomes, highlighting the need for supportive interventions that take into account both functional abilities and job demands[8].

Cancer rehabilitation may contribute to this process, with specialised interventions demonstrating improvements in work ability and quality of life[9].

According to the regulations governing the specific competencies of the Specialist Nurse in Rehabilitation Nursing, their practice includes caring for people with special needs, empowering individuals for reintegration and participation, and maximising functional capacity. These dimensions are particularly relevant in the follow-up of women after breast cancer treatment[11].

In view of these needs, the nurse should assess mobility, muscle strength, pain, fatigue, upper-limb function, and the ability to perform activities of daily living. This assessment should consider not only body function, but also the impact of limitations on autonomy, social participation, family life, and occupational activity. Intervention should be individualised and centred on the woman's autonomy and may include health education, promotion of self-care, exercise, physical activity, energy conservation, and prevention of complications[11,12,14,17].

In cases involving upper-limb impairments, rehabilitation interventions may contribute to improving pain, mobility, and function. For example, in axillary web syndrome, evidence suggests that rehabilitation strategies may provide benefits in terms of reducing pain, improving upper-limb function, and enhancing quality of life[10].

Similarly, therapeutic exercise following surgery may promote the recovery of shoulder mobility and upper-limb function[16]. Breast cancer-related lymphoedema also warrants attention, although the evidence regarding the different conservative interventions remains heterogeneous. Individualised assessment enables the early identification of changes and the selection of appropriate strategies, thereby promoting functionality and quality of life[17].

In this context, the Rehabilitation Nurse may play an important role in educating women, promoting self-care, monitoring signs and symptoms, and coordinating care with other healthcare professionals[11]. Intervention should be adapted to the woman's clinical condition, functional limitations, and individually defined goals, avoiding a standardised approach[12,17].

Intervention should also be integrated within a multidisciplinary perspective. Medicine, nursing, physiotherapy, occupational therapy, psychology, nutrition, and other disciplines may contribute to addressing the different needs of cancer survivors[5,8].

Rehabilitation nursing occupies an important position in coordinating this care because of its close therapeutic relationship with the woman, its focus on functional assessment, and its ability to integrate health-related goals with goals that are meaningful to everyday life[11].

This coordination is particularly important when physical limitations, emotional distress, occupational difficulties, or changes in sexuality coexist[5,7,12]. Rehabilitation should therefore be understood as an ongoing process rather than merely an intervention aimed at the immediate complications of treatment[9,12].

Early identification of needs enables intervention before limitations become more disabling and promotes the maintenance of autonomy and participation[10,12].

In this context, health education is particularly important, empowering women to recognise warning signs, manage symptoms, safely incorporate physical activity, and actively participate in decisions concerning their health[11,16].

Thus, the transition to survivorship should be accompanied by a paradigm shift: from a model predominantly focused on disease surveillance towards a model that also values functionality, autonomy, participation, and quality of life[3,5].

The aim of rehabilitation is not merely to restore lost function, but to support women in adapting to the changes caused by the disease and its treatments, enabling them to resume activities, roles, and life projects[4,9,12].

Rehabilitation nursing can contribute to this process through an individualised intervention based on the assessment of needs and oriented towards functional goals that are meaningful to each cancer survivor[11,12,17].

## CONCLUSIONS

The increase in breast cancer survivorship represents a major advance in healthcare, but also highlights new care needs.

The completion of treatment does not necessarily mark the end of the consequences of the disease.

The transition to survivorship should therefore be understood as a stage requiring continuous, individualised, and multidisciplinary follow-up.

In this process, the Specialist Nurse in Rehabilitation Nursing can contribute to the early identification of needs, promotion of self-care, functional recovery, symptom management, encouragement of physical activity, and empowerment for autonomy.

Rather than simply following up women, rehabilitation should help them rebuild their lives and resume their personal, family, social, and occupational projects.

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## CONFLICT OF INTEREST

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