



## Review Article

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## Psychological Well-Being Intention among Breast Cancer Survivors: A Systematic Literature Review and Walker–Avant Concept Analysis

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## Abstract

**Background:** Psychological well-being is crucial for breast cancer survivors, yet psychological well-being remains inconsistently conceptualized in literature and is often treated as a static psychological outcome rather than a dynamic process. **Objective:** This study aimed to clarify the concept of psychological well-being among breast cancer survivors by identifying its defining attributes, antecedents, consequences, and empirical referents using the Walker and Avant concept analysis framework. **Methods:** A systematic review of PubMed, ScienceDirect, Google Scholar, and ProQuest was conducted following PRISMA guidelines, and seven articles were analyzed using the Walker and Avant concept analysis method. **Results:** Psychological well-being intention is conceptualized as a multidimensional, motivational, and adaptive process rather than a passive psychological state. Key attributes include self-acceptance, emotional regulation, adaptive coping, social connectedness, meaning in life, autonomy, and adaptive capacity; antecedents involve illness-related stressors and personal resources, while consequences include positive psychological adaptation, improved quality of life, emotional stability, and treatment engagement. **Conclusions:** Psychological well-being intention represents an intentional and goal-directed process that underpins survivors' capacity to adapt to breast cancer as a chronic condition. This clarification offers a theoretical basis for evidence-based interventions to support long-term psychological adaptation in breast cancer survivors.

**Keywords:** Breast cancer survivors; concept analysis; psychological well-being; Walker and Avant.

نية الرفاهية النفسية بين الناجين من سرطان الثدي: مراجعة الأدبيات المنهجية وتحليل مفهوم ووكر-أفانت

## الخلاصة

**الخلفية:** الرفاهية النفسية ضرورية للناجين من سرطان الثدي، ومع ذلك لا تزال الرفاهية النفسية مفسرة بشكل غير متسق في الأدبيات وغالبا ما تعامل كنتيجة نفسية ثابتة بدلا من عملية ديناميكية. **الهدف:** توضيح مفهوم الرفاهية النفسية بين الناجين من سرطان الثدي من خلال تحديد سماته التعريفية، وأسبابه، وعواقبه، ومراجعتة التجريبية باستخدام إطار تحليل المفاهيم لوكور وأفانت. **الطرائق:** أجريت مراجعة منهجية لمجلات PubMed و ScienceDirect و Google Scholar و ProQuest وفقا لإرشادات PRISMA، وتم تحليل سبعة مقالات باستخدام طريقة تحليل المفاهيم Walker و Avant. **النتائج:** يتم تصور نية الرفاهية النفسية كعملية متعددة الأبعاد، تحفيزية، وتكيفية بدلا من حالة نفسية سلبية. تشمل السمات الرئيسية قبول الذات، تنظيم المشاعر، التكيف التكيفي، الترابط الاجتماعي، المعنى في الحياة، الاستقلالية، والقدرة التكيفية؛ تشمل السوابق ضغوطا مرتبطة بالمرض وموارد شخصية، بينما تشمل العواقب التكيف النفسي الإيجابي، وتحسين جودة الحياة، والاستقرار العاطفي، والمشاركة في العلاج. **الاستنتاجات:** تمثل نية الرفاهية النفسية عملية مقصودة وموجهة نحو الهدف تدعم قدرة الناجين على التكيف مع سرطان الثدي كحالة مزمنة. يقدم هذا التوضيح أساسا نظريا للتدخلات المبنية على الأدلة لدعم التكيف النفسي طويل الأمد لدى الناجين من سرطان الثدي.

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## INTRODUCTION

Breast cancer is one of the most prevalent chronic diseases among women worldwide. Globally, it accounts for approximately 2.3 million new cases and represents about 11.7% of all newly diagnosed cancer cases [1]. Breast cancer is the second leading cause of cancer-related death among women worldwide, killing more than 685,000 people each year. In Indonesia, breast cancer likewise constitutes a substantial public health burden, with an estimated 70,000 new cases and more than 22,000 deaths reported in 2020, making it the most prevalent cancer among Indonesian women [2]. Breast cancer survivors undergo a prolonged and complex trajectory that begins at diagnosis and

continues through surgical intervention, chemotherapy, radiotherapy, and long-term rehabilitation [3,4]. Persistent psychological stress frequently accompanies this trajectory. Uncertainty regarding prognosis, postoperative changes in body image, adverse effects of treatment such as neuropathy, fatigue, and hormonal disturbances, as well as fear of recurrence, represent major stressors that contribute to emotional disturbances. These conditions frequently present as anxiety, depression, reduced self-regulation, and compromised social functioning [5]. Within this context, psychological well-being emerges as a critical determinant of quality of life and successful adaptation to breast cancer as a chronic condition [6,7]. Key theoretical frameworks derived from Ryff's psychological well-being model and Self-

Determination Theory indicate that psychological well-being intention represents a motivational and adaptive process rather than merely an emotional outcome [8]. The concept examined in this study is psychological well-being among breast cancer survivors who are adults [9–11]. This concept was selected because breast cancer patients face not only the physical consequences of the disease and its treatment but also substantial psychological challenges, including anxiety, depression, body image disturbance, and persistent fear of disease recurrence [12]. The complexity of these experiences necessitates a clear and comprehensive understanding of how psychological well-being is formed, interpreted, and maintained throughout survivorship. Concept analysis is thus required to clarify the definition, attributes, and core components of psychological well-being, enabling its systematic application in nursing practice, research, and the development of evidence-based psychosocial and supportive care interventions.

## **METHODS**

### ***Study Design and Setting***

This study employed two complementary methodological approaches to ensure conceptual rigor and empirical grounding. Systematic Literature Review (SLR): The SLR was conducted to identify, critically appraise, and synthesize empirical evidence related to psychological well-being among breast cancer survivors across international studies. This approach was selected because it enables a comprehensive overview of research trends, key variables, and determinants influencing the concept of psychological well-being, thereby providing a robust evidence base for conceptual clarification [13,14]. The Walker and Avant Concept Analysis approach was applied to clarify the conceptual structure of psychological well-being by following the eight systematic steps proposed by Walker and Avant [15,16]: 1) concept selection; 2) determination of the purpose of analysis; 3) identification of all uses of the concept; 4) determination of defining attributes; 5) construction of a model case; 6) development of borderline, related, and contrary cases; 7) identification of antecedents and consequences; and 8) identification of empirical referents. The combination of SLR and Walker and Avant concept analysis was done because SLR gives a strong evidence base by systematically combining empirical and theoretical literature, and the Walker and Avant method gives a structured way to make sense of concepts that are still unclear. In the context of psychological well-being, definitions, attributes, and contributing factors vary considerably across studies. Combining these approaches ensures that the resulting concept is theoretically sound, clearly defined, and operationalizable for future research and practice.

### ***Literature search strategy***

The literature search was conducted using three international databases: Scopus, Science Direct, and

PubMed (additional supplementary source). These databases were selected due to their comprehensive coverage of high-quality journals in psychology, nursing, and public health. Search has employed combinations of the following keywords: psychological well-being, breast cancer survivors, cancer coping, self-acceptance, quality of life, and post-mastectomy psychology. No publication year restrictions were applied to capture the full historical development of the concept. Searches were limited to English-language articles with full-text availability and within the disciplines of psychology, nursing, public health, or health education.

### ***PICOs framework***

The PICOs framework guided the study selection process by defining the population as breast cancer survivors, the interest as factors influencing psychological well-being, the comparison as low or the absence of supportive factors, and the outcomes as improved psychological well-being and quality of life. Eligible studies included empirical research such as cross-sectional studies, randomized controlled trials, and surveys as well as relevant theoretical studies. Study selection followed the PRISMA guidelines through four stages [17]: Study selection followed PRISMA guidelines, including identification, screening, eligibility assessment, and final inclusion of studies addressing psychological well-being among breast cancer survivors. Articles were excluded if they focused solely on psychological well-being behavior without addressing mental health, lacked full-text availability, or were editorials, commentaries, or narrative reviews without empirical data.

### ***Study selection***

Study selection followed the four stages of the PRISMA 2020 guidelines: (1) Identification, in which all records retrieved from the databases were compiled and duplicates were removed; (2) Screening, where titles and abstracts were screened for relevance to the study focus; (3) Eligibility, during which full-text articles were assessed against the inclusion criteria; and (4) Inclusion, in which eligible studies were included in the final synthesis. A PRISMA flow diagram was used to illustrate the number of studies at each stage.

### ***Concept analysis procedure***

The concept analysis was conducted using the eight systematic steps proposed by Walker and Avant [18]. Psychological well-being was chosen for its importance to cancer survivors' mental health and the inconsistency of its definitions in literature. The analysis aimed to clarify the meaning of the concept, identify its defining attributes, examine relationships among components, and establish clear operational boundaries. Relevant literature from psychology, nursing, mental health, and education was reviewed to identify various uses and contextual applications of the concept. Defining attributes consistently identified included problem recognition, internal attitudes and

perceptions, and psychological well-being. A model case was developed to illustrate the complete manifestation of these attributes, along with borderline, related, and contrary cases to clarify conceptual boundaries. Antecedents and consequences were identified to explain factors preceding and resulting

from the formation of psychological well-being intention among breast cancer survivors. Lastly, measurable indicators and validated tools like the GHSQ, MHLS, ATSPPH-SF, and MHSAS were used to define psychological well-being (Table 1).

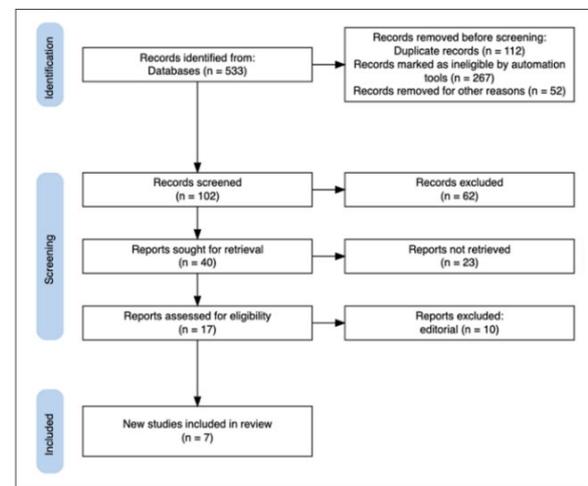
**Table 1:** Antecedents and consequences of psychological well-being among breast cancer survivors

Antecedents	Core Concept	High Psychological Well-Being	Low Psychological Well-Being
Breast cancer diagnosis	Psychological well-being	Increased treatment adherence	Increased psychological distress
Initial psychological distress		Positive disease adaptation	Decreased quality of life
Body image changes		Improved quality of life	Treatment refusal
Prognostic uncertainty		Reduced risk of depression	Social isolation
Social support		Improved social relationships	Caregiver burden
Coping mechanisms		Emotional stability	Anxiety and depression
Spiritual values		Meaning in life	—
Illness knowledge		Empowerment	—
Self-efficacy		Adaptive functioning	—

**RESULTS**

The study selection process followed the PRISMA guidelines. A total of 533 records were identified through database searches. After removing duplicates, 102 articles were screened based on titles and abstracts. Seventeen full-text articles were assessed for eligibility, of which 10 were excluded because they were editorials or did not meet the inclusion criteria. Finally, seven studies were included in the systematic review and concept analysis (Figure 1). The article's data extraction is in Table 2. The synthesis of the seven selected articles demonstrates that psychological well-being is a multidimensional and dynamic construct grounded in psychological functioning, motivational processes, and adaptive capacity. Foundational theories emphasize self-acceptance, autonomy, purpose in life, and emotional regulation as core components of well-being, while motivational perspectives highlight intention as a driving force shaped by the fulfillment of basic psychological needs. In health and cancer-related contexts, psychological well-being intention signifies an individual's preparedness to adapt, manage stress, and proactively

participate in emotional and psychosocial adjustment. Together, these studies show that psychological well-being intention is a motivational and adaptive process that helps breast cancer survivors achieve positive mental health outcomes.



**Figure 1:** PRISMA analysis.

**Table 2:** Extract from articles

Source	Type of Literature	Conceptual Focus	Definition / Main Findings	Key Components of Psychological Well-Being	Contribution to Psychological Well-Being Intention	Role in Walker-Avant Concept Analysis
Ryff (1989) [27]	Theoretical (Conceptual)	Multidimensional psychological well-being	Psychological well-being is defined as optimal psychological functioning, including self-acceptance, positive relations, autonomy, environmental mastery, purpose in life, and personal growth	Self-acceptance, purpose in life, autonomy	Provides the core internal motivation underlying individuals' intention to achieve psychological well-being	Primary source for identifying core attributes of the concept
Ryan & Deci (2000) [19]	Motivational theory	Self-Determination Theory	Psychological well-being is achieved through fulfillment of basic psychological needs: autonomy, competence, and relatedness	Autonomy, competence, relatedness	Explains intention as a motivational process driving engagement toward well-being	Conceptual foundation for antecedents of intention
WHO (2025) [93]	Policy and conceptual framework	Mental health and well-being	Psychological well-being refers to the ability to realize one's potential, cope with normal stressors, work productively, and contribute to society	Emotional stability, functional capacity	Frames intention toward well-being as a goal of mental health promotion	Clarification of outcomes and consequences
Diener et al. (2009) [92]	Theoretical and empirical	Subjective well-being	Well-being is defined as individuals' cognitive and emotional evaluations of their lives	Positive affect, life satisfaction	Highlights the role of affective and cognitive appraisal in shaping intention	Strengthens the affective dimension of the concept
Keyes (2006) [86]	Theoretical (Conceptual)	Mental health continuum	Psychological well-being exists along a continuum from languishing to flourishing, integrating emotional, psychological, and social well-being	Social well-being, psychological functioning	Positions intention as a driver toward flourishing mental health	Clarifies concept boundaries and spectrum

Zhou <i>et al.</i> (2020) [88]	Empirical study	Adaptation to chronic illness	Psychological well-being reflects adaptive coping, stress management, and meaning-making in chronic disease contexts	Adaptive coping, meaning in life	Describes intention as readiness to adapt and manage health-related stress	Elucidates antecedents–consequences relationships
Grassi <i>et al.</i> (2017) [21] (Psycho-oncology)	Clinical review	Psychological well-being in cancer care	Psychological well-being in cancer patients is characterized by emotional balance, effective coping, and psychosocial adjustment	Emotional regulation, coping strategies	Connects intention with emotional regulation and engagement in cancer care	Provides contextual relevance for breast cancer survivors

### Defining attributes of psychological well-being

The essential components that define a concept and enable its clear identification are known as characteristics or attributes. In the context of psychological well-being among breast cancer survivors, the following attributes constitute the core characteristics that describe the formation of positive psychological well-being. These attributes were derived from classical psychological theories, contemporary literature, and empirical findings among cancer survivors. In contrast, low psychological well-being intention has been associated with treatment refusal, social isolation, caregiver burden, and an increased risk of depression and anxiety [15].

### Self-acceptance of illness and physical changes

This attribute reflects an individual's ability to accept the cancer diagnosis, acknowledge bodily changes resulting from surgery or chemotherapy, and come to terms with the health condition experienced [19]. Self-acceptance serves as a fundamental basis for psychological adaptation during survivorship.

### Effective stress coping

Breast cancer survivors with high psychological well-being demonstrate the ability to employ adaptive coping strategies, such as problem-solving, positive reframing, relaxation techniques, and spiritual coping [20]. These strategies help reduce psychological distress associated with diagnosis and treatment.

### Sense of purpose and meaning in life

This attribute refers to the perception that life remains meaningful and purposeful despite the presence of cancer. A sense of purpose supports the maintenance of hope, motivation, and emotional resilience throughout the illness trajectory [21].

### Positive social relationships and family support

This attribute describes the ability to keep supportive and warm relationships with family members, spouses, friends, and peer support groups. Social support plays a critical role in enhancing emotional stability and reducing feelings of isolation [22].

### Positive effect and emotional regulation

Psychological well-being is characterized by the capacity to experience and sustain positive emotions, such as optimism, calmness, and hope. Individuals are

also able to regulate negative emotions, including fear, anger, and sadness, in an adaptive manner [23].

### Psychological autonomy and control over health decisions

This attribute encompasses the ability to make independent decisions regarding treatment, exercise self-control during care processes, and experience a sense of empowerment in managing daily life. Psychological autonomy enhances patients' sense of competence and self-worth [24,21].

### Adaptability to physical and psychological changes

This attribute reflects psychological flexibility in adjusting to physical changes following surgery or therapy, as well as adapting daily routines and lifestyle modifications. Effective adaptation supports the maintenance of social functioning and overall quality of life [25,26].

### Model Case (All Attributes Present)

Mrs. A, aged 50 years, was diagnosed with stage IIB cancer and underwent mastectomy one year after her diagnosis. At the time of diagnosis, she initially felt shocked but gradually accepted her condition, although she experienced fear prior to mastectomy. She participated in a cancer support group, remained independent in daily activities, and consistently practiced relaxation techniques before chemotherapy sessions. Despite her illness, she appeared calm and often reflected on her grandchild, who had lived with a congenital illness since birth and successfully completed treatment. Mrs. A remained optimistic, emotionally stable, and autonomous in making treatment decisions.

### Borderline Case (Partial Attributes Present)

Mrs. B, aged 54 years, was diagnosed with breast cancer and initially questioned why she had to face such a severe illness at an older age. When mastectomy was recommended, she refused the procedure. She experienced persistent anxiety and sadness. After three months, she decided to undergo a mastectomy followed by chemotherapy. She had not yet discovered meaning or purpose in her life, despite accepting her diagnosis and treatment plan.

### Contrary Case (No Attributes Present)

Mrs. C, aged 45 years, perceived her life as completely shattered after undergoing mastectomy. She blamed her child, believing that breastfeeding during infancy

caused her breast cancer. She avoided looking at herself in the mirror, isolated herself, refused to leave her room, and withdrew from social interactions with neighbors and relatives. Ultimately, she refused to continue with chemotherapy treatment.

**Antecedents and Consequences**

Antecedents of psychological well-being among breast cancer survivors include illness-related stressors, such as diagnosis, body image changes, and prognostic uncertainty, as well as personal and contextual resources, including social support, coping mechanisms, spirituality, illness knowledge, and self-efficacy [27,28]. When psychological well-being is high, survivors demonstrate improved treatment adherence, positive adaptation, enhanced quality of life, and emotional stability [29,30]. Conversely, low psychological well-being is associated with increased distress, treatment refusal, social isolation, caregiver burden, and a higher risk of depression and anxiety.

**Empirical Referents**

Empirical referents represent measurable indicators used to determine the presence of psychological well-being among breast cancer survivors [31]. Table 3 presents the empirical referents in this study, which encompass observable behaviors, emotional responses, adaptation patterns, social relationships, and meaning-making processes. Validated psychometric instruments, such as the Ryff Psychological Well-Being Scale and the Multidimensional Scale of Perceived Social Support, were included as empirical referents because of their established validity and reliability in assessing psychological well-being

[32,33]. The combination of observational indicators and standardized measurements provides a comprehensive assessment of psychological well-being in this population. Figure 2 shows the conceptual representation of empirical referents of psychological well-being among breast cancer survivors.

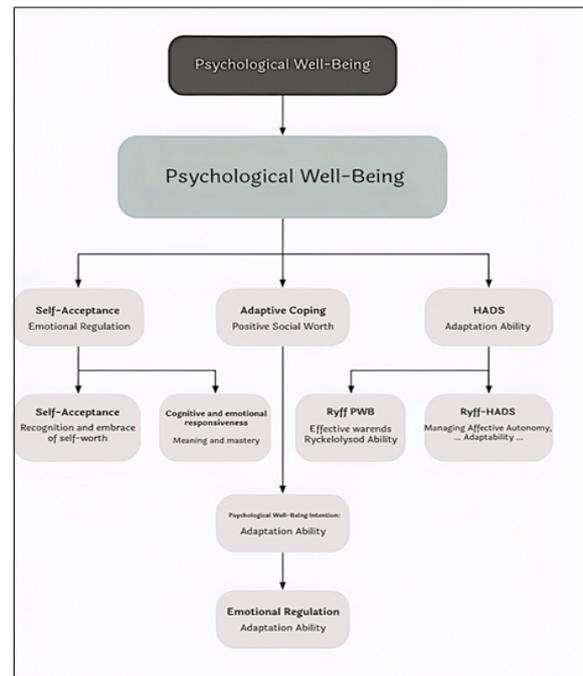


Figure 2: Theory concept.

This figure illustrates key domains of psychological well-being, observable adaptive capacities, and validated measurement instruments used to support clinical and research assessment (Table 3).

Table 3: Empirical Referents of Psychological Well-Being in Breast Cancer Patients

Empirical Referent	Description	Observable Behavioral Indicators	Measurement Instruments
Self-Acceptance	Ability to accept illness and physical changes	Open discussion of diagnosis, acceptance of body image changes	Ryff PWB (Self-Acceptance), FACT-B
Emotional Regulation	Ability to keep emotional stability	Calmness before chemotherapy, use of relaxation	HADS, FACT-B
Adaptive Coping	Use of positive coping strategies	Positive reframing, support group participation	Brief COPE, Ryff PWB
Positive Social Relations	Quality of social interaction	Active family communication, no withdrawal	MSPSS, MHC-SF
Meaning and Hope	Ability to find purpose and hope	Optimism toward therapy	Ryff PWB, MHC-SF
Psychological Autonomy	Independent health decision-making	Active care planning	Ryff PWB (Autonomy)
Adaptation Ability	Adjustment to physical and social changes	Lifestyle reorganization	FACT-B, MHC-SF

**DISCUSSION**

This systematic literature review, integrated with Walker and Avant’s concept analysis, provides a comprehensive clarification of psychological well-being among breast cancer survivors [18, 34]. The findings demonstrate that psychological well-being is not merely an emotional outcome but a multidimensional and motivational process that guides survivors in adapting to the physical, psychological, and social challenges associated with breast cancer. This viewpoint is especially pertinent in oncology care, where psychological adaptation is vital for treatment adherence, recovery, and long-term quality of life [35]. The current review shows that the intention for psychological well-being is an active and goal-driven

process where breast cancer survivors work to find emotional balance and adapt to their situation throughout their cancer journey. Rather than representing a passive psychological outcome, psychological well-being intention reflects an individual’s internal readiness and motivational capacity to engage in adaptive emotional, cognitive, and behavioral strategies in response to illness-related stressors [36–39]. This conceptualization aligns with and expands Ryff’s multidimensional framework of psychological well-being, which conceptualizes well-being as optimal psychological functioning across six core domains, including self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth [40,41]. The attributes identified in this review—self-

acceptance, emotional regulation, adaptive coping, positive social relations, meaning in life, psychological autonomy, and adaptation ability—correspond closely to these domains and collectively represent the foundational structure of psychological well-being [42–45]. However, the current review extends existing theoretical perspectives by foregrounding intention as a central motivational mechanism underlying psychological well-being. While prior models have primarily conceptualized psychological well-being as a relatively stable psychological state or outcome, the present synthesis emphasizes intention as the driving force that initiates, sustains, and regulates engagement in adaptive processes [46]. From this perspective, psychological well-being intention functions as a precursor to adaptive behaviors, shaping how survivors respond to emotional challenges, manage stress, and mobilize psychosocial resources over time. This distinction is particularly relevant in the context of breast cancer survivorship, where ongoing physical, emotional, and social demands require continuous psychological adjustment rather than one-time coping efforts [47–49]. This interpretation is strongly supported by Self-Determination Theory (SDT), which posits that psychological well-being is fostered when the basic psychological needs for autonomy, competence, and relatedness are satisfied [50–52]. Within the SDT framework, intention emerges as a manifestation of autonomous motivation, reflecting an individual's volitional commitment to engage in behaviors that support psychological health. Breast cancer survivors who exhibit high psychological well-being intention appear more capable of regulating emotional responses, employing adaptive coping strategies, seeking and utilizing social support, and actively participating in decision-making related to their treatment and self-care [53–57]. Such survivors are more likely to perceive themselves as active agents in their recovery process, which may enhance resilience and foster sustained psychological adaptation. Conversely, survivors with low psychological well-being intentions may struggle to activate both internal psychological resources (e.g., self-efficacy, emotional regulation) and external support (e.g., family or healthcare systems). This diminished motivational capacity can manifest in maladaptive patterns, including persistent emotional distress, avoidance-based coping, social withdrawal, and reduced engagement with recommended medical or psychosocial interventions [3,58,59]. Over time, these patterns may exacerbate psychological distress and hinder recovery, emphasizing the vital function of intention as a determinant of both short- and long-term psychosocial outcomes. Taken together, the findings of this review suggest that psychological well-being intention serves as a pivotal link between foundational psychological attributes and observable adaptive behaviors [9,60,61]. By conceptualizing psychological well-being as an intentional and process-oriented construct, this review provides a more nuanced perspective on how breast cancer survivors navigate the complexities of survivorship. This perspective not only advances theoretical clarity but also has important implications for clinical practice, pointing out the value

of interventions that strengthen motivational readiness alongside traditional psychosocial support strategies. Self-acceptance emerged as a foundational attribute, reflecting survivors' ability to acknowledge their diagnosis and accept physical changes following surgery or therapy [62–64]. Acceptance of altered body image and illness-related limitations has been consistently associated with better emotional adjustment and reduced psychological distress in cancer populations. Emotional regulation enhances psychological stability by equipping survivors to cope with anxiety, fear, and uncertainty, especially during invasive treatments like chemotherapy [65,66]. Adaptive coping strategies, including problem-solving, positive reframing, and spiritual coping, were identified as essential mechanisms that allow survivors to respond constructively to chronic stressors [67]. Positive social relations closely interconnect these strategies, as family and peer support offer emotional reassurance and practical assistance throughout the illness trajectory. Meaning and hope function as protective psychological resources, allowing survivors to reinterpret their illness experience, maintain optimism, and sustain motivation for recovery. Psychological autonomy emphasizes survivors' ability to engage actively in treatment decisions and care planning, thereby enhancing their sense of control and self-efficacy. Finally, adaptation ability reflects psychological flexibility and the capacity to adjust daily routines and life priorities in response to physical and social changes. Together, these attributes form a coherent framework that explains how psychological well-being facilitates adaptive functioning in breast cancer survivorship. The analysis of antecedents indicates that psychological well-being develops in response to both illness-related stressors and personal resources. Factors such as cancer diagnosis, initial psychological distress, body image changes, and uncertainty regarding prognosis act as initial challenges that may either hinder or stimulate adaptation, depending on the availability of coping resources [68,69]. Social support, spiritual values, illness-related knowledge, and self-efficacy were identified as key enabling factors that strengthen psychological well-being [11]. The consequences of psychological well-being are clinically significant. Survivors with high psychological well-being intention demonstrate improved treatment adherence, positive disease adaptation, enhanced quality of life, and emotional stability [70,71]. Conversely, low psychological well-being is associated with increased distress, reduced quality of life, social isolation, caregiver burden, and a heightened risk of anxiety and depression. These findings reinforce the importance of early psychological assessment and targeted interventions within oncology and nursing care. This systematic review further identified a range of validated psychometric instruments that function as empirical referents for operationalizing psychological well-being in both research and clinical settings. Instruments such as the Ryff Psychological Well-Being Scale comprehensively assess core dimensions including self-acceptance, autonomy, environmental mastery, purpose in life, and personal growth, thereby

directly capturing the foundational attributes of the concept [27,72]. The Hospital Anxiety and Depression Scale (HADS) is a sensitive measure of emotional regulation and psychological distress, facilitating the identification of variations in anxiety and depressive symptoms that may jeopardize well-being [73–76]. Additionally, the Brief COPE inventory provides insight into adaptive and maladaptive coping strategies employed by individuals when confronting illness-related stressors, while the Multidimensional Scale of Perceived Social Support (MSPSS) quantifies the extent and quality of social support from family, friends, and significant others—an essential contextual determinant of psychological well-being [77,78]. In cancer-specific contexts, the Functional Assessment of Cancer Therapy–Breast (FACT-B) offers a targeted evaluation of emotional and functional well-being, capturing the unique psychosocial challenges experienced by breast cancer survivors [68,79,80]. Collectively, the use of these validated instruments enables healthcare professionals and researchers to systematically assess psychological well-being across multiple domains, monitor longitudinal changes, and evaluate the effectiveness of psychosocial and nursing interventions [12,81,82]. By providing reliable and quantifiable indicators of psychological well-being, these tools support the development of evidence-based, patient-centered care strategies aimed at enhancing psychological adaptation and quality of life among breast cancer survivors [83]. From a clinical perspective, the findings of this review indicate that psychological well-being should be systematically incorporated into routine psychosocial assessments for breast cancer survivors, particularly adolescents and young adults. Psychological well-being has been shown to influence emotional stability, coping capacity, and engagement in health-related behaviors, making it a critical determinant of successful adaptation to cancer and its treatment [27,84–86]. In this context, nurses and other healthcare professionals play a pivotal role in the early identification of individuals experiencing diminished psychological well-being and elevated psychological distress [21]. Early identification allows for the timely implementation of supportive and preventive interventions targeting core attributes of psychological well-being, including emotional regulation, adaptive coping strategies, perceived social support, and self-efficacy. Evidence derived from self-determination theory and adaptation-based models suggests that strengthening these domains enhances internal motivation and intention to adapt positively to chronic illness [87,88]. In oncology settings, interventions aimed at improving emotional regulation and coping competence have been associated with better psychological adjustment and reduced distress [89–91]. Furthermore, enhancing psychological well-being intention through psychosocial and nursing interventions may contribute to improved treatment adherence, functional recovery, and overall quality of life among breast cancer survivors [92,93]. Integrating validated instruments such as the Ryff Psychological Well-Being Scale, Hospital Anxiety and Depression Scale, Brief COPE, Multidimensional Scale of

Perceived Social Support, and Functional Assessment of Cancer Therapy Breast into routine clinical practice enables systematic monitoring of psychological well-being and supports evidence-based, patient-centered care approaches [94–100].

### Strengths and Limitations

The integration of a systematic literature review with concept analysis represents a key strength of this study, as it combines empirical evidence with theoretical clarity. However, the limited number of included studies and the restriction on English-language publications may limit generalizability. Despite these limitations, the structured analytical approach enhances conceptual rigor and clinical relevance.

### Conclusion

This review establishes psychological well-being as a multidimensional, dynamic, and clinically relevant construct in breast cancer survivorship. By explaining its features, causes, effects, and measurable signs, this study lays a strong groundwork for future research and helps create comprehensive, research-backed nursing and mental health support.

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### Conflict of interests

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N/A.

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