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Cancer Stigma and its Consequences and Influencing Factors in Iranian Society: A Qualitative Study

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Abstract

Introduction: Stigma refers to a set of negative attitudes, beliefs, behaviors, and thoughts in dealing with a person who has a chronic disease or some health problems. Cancer is one of the diseases associated with stigma. Stigma causes harmful psycho-social effects for the affected person and family members and is considered an obstacle in disease screening and control programs. Accordingly, this study aimed to explore the nature of cancer stigma and its consequences and influencing factors in Iranian society.

Methods: A total of 14 people including cancer patients, their families, and healthcare staff participated in this qualitative study. The participants were selected using purposive sampling and the data were collected through semi-structured interviews. The resulting data were analyzed using conventional content analysis and with MAXQDA software (version 10).

Results: The content analysis revealed four themes including cancer as a terrifying and pitiful disease, identity crisis/psychosocial disintegration, disease complexity, and public unawareness and community problems.

Conclusion: There are many negative beliefs and stereotypes about cancer and affected people, which are exacerbated by public unawareness and lack of sufficient information about cancer, as well as lack of comprehensive support. These beliefs and stereotypes adversely affect the quality of life of affected people. Following the findings of the study, some interventions need to be implemented to reduce stigma, increase the quality of life, and improve the treatment process for cancer patients.

Keywords: Cancer, Stigma, Qualitative research, Content analysis

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Introduction

Cancer is one of the major health problems in many parts of the world (1). The incidence rate of cancer in the world is 182 people per 100 000. In the Middle East, cancer is known as a growing problem (2). The incidence rate of cancer in Iran is 132 people per 100 000, and the death due to cancer in the country ranks third after heart diseases, natural disasters, and accidents (3,4). Cancer is one of the diseases that affect the whole life of the patients and their families and is associated with many problems and issues (5). Stigma is also one of the psychosocial issues associated with many diseases, including cancer (6). The word stigma was first defined by Erving Goffman (1963) as a shameful characteristic that makes an individual change from an ordinary person to an insignificant one and a burden on society (7). All the moods and traits of stigmatized people are interpreted under the influence of stigma (8). Stigma is a process of social labeling and a sign of disgrace or shame formed as a result of stereotyped beliefs about people; it involves a set of negative attitudes, beliefs, thoughts, and behaviors towards a person who experiences different conditions (9,10). The word disease alone can cause a feeling of stigma (11). Stigma is often defined in articles related to chronic diseases and noticeable physical disabilities (12,13). This cultural and psycho-social concept has historically been applied to some diseases such as psychological disorders, AIDS, sexually transmitted diseases, leprosy and skin diseases, vision and hearing disorders, tuberculosis, and epilepsy (14). Studies have shown that cancer is one of the diseases often stigmatized in many societies (11,14). Cancer is usually seen as synonymous with suffering and death, God's wrath, or fate (5,6). Sometimes patients feel that others will avoid them as soon as they are diagnosed with

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cancer, and stigma makes the threat of cancer not only a deadly disease but also an evil enemy and a shameful disease (12). Affected people may not be comfortable in interpersonal relations due to changes in their appearance; they may experience social anxiety and do not want to communicate with others (15). Stigma causes negative attitudes and feelings such as anxiety, confusion, and social exclusion (16). Stigma and taboo often affect the health beliefs and life functions of those suffering from the disease, leading to problems, delayed treatment, or avoidance of health promotion opportunities (17). Fear of being stigmatized can be an obstacle to the disclosure of a cancer diagnosis (12). Disease stigma is not a fixed concept and it may vary among cultures and over time. It is caused by a lack of knowledge about the disease and its prevention and risk factors and is influenced by social beliefs, gender, age, religion, culture, and membership in social groups. It has not been long since it has been adapted to Goffman's classic taxonomy for stigmatized conditions (12,17-19).

Despite the advances in cancer diagnosis and treatment, there are still stereotypes and traditional misconceptions about cancer in Iran, which cause adverse effects and consequences for affected people and their families. They also contribute to the failure of screening programs in the community. However, there has been limited research on stigma in cancer patients in Iran's diverse cultural and social context, and there is no deep understanding of the concept of cancer stigma and its consequences and influencing factors in the Iranian population affected by cancer. Thus, this study aims to pave the way for further research into stigma in cancer and contribute to reducing this phenomenon in the Iranian community. This study followed a qualitative approach to provide a deeper and wider understanding of the phenomenon in question. Moreover, as cancer patients, their families, and healthcare staff are directly involved with the effects of stigma and the problems caused by it, the present study aimed to explain the nature of cancer stigma and its consequences and influencing factors.

Methods

The data in this qualitative study were collected through semi-structured interviews and were analyzed using conventional content analysis. After obtaining permission from Shahid Beheshti University of Medical Sciences, the researcher visited two teaching hospitals affiliated with this university in Tehran and one hospital in Kashan, introduced herself to the heads of the oncology wards, and explained the objectives of the study. The participants in the study were cancer patients, their families, and healthcare staff including nurses, head nurses, psychologists, and physicians. The criteria for selecting cancer patients were cancer diagnosis based on medical records, being Iranian, the ability to understand and speak Persian, being at least 18 years old, the patient's awareness of the disease, having mental and physical ability to participate in the study, and having no history of psychological disorders and hospitalization in psychiatric departments (according to the patient's statement). The selection criterion for medical staff was having at least one year of experience in caring for and treating cancer patients. First, the researcher reviewed the patients' medical files to find if they met the basic criteria of cancer diagnosis and have the ability to participate in the interview. Thus, the cancer patients who met the inclusion criteria were selected with the help of medical staff. The researcher then met the patients, introduced herself, and provided some information about the objectives of the study and the research procedure. She also obtained the patients' permission through a written consent form for conducting interviews and recording their statements in compliance with ethical considerations. The medical staff were also selected in cooperation with the staff working in the wards and based on the researcher's prior information about the staff. The data were collected through in-depth semi-structured interviews. The face-to-face interviews were conducted with the patients and their family members in the inpatient wards. Besides, the medical staff were interviewed in their offices. Examples of the questions asked in the interviews with the patients and the family members were as follows:

- How did you feel when you were told that you had cancer? How did you react?
- Was there any change in your life when you found out about your/your family member's cancer diagnosis?
- When your friends, family, and colleagues learned about your illness, what changes did you make in your relationships with them?
- What effects did these interactions or changes have on your life and the course of your illness?

The main questions asked in the interviews with the medical staff were as follows:

- What is your experience and understanding of stigma in cancer patients?
- What problems does stigma cause for people with cancer and their families?

Further questions were also asked based on the responses provided by the participants. The unit of analysis in this study was all the interviews conducted with the participants, and the meaning units were the statements and paragraphs that were selected from the text of the interviews. For this purpose, each interview was recorded and saved as an audio file. The researcher then listened to each interview and transcribed its content word by word in the form of a Microsoft Word document. The data analysis started with the first interview and continued until data saturation. Data management for analysis was performed by MAXQDA

software (version 10). To this end, the full text of each interview was entered into the software, and a code was assigned to each key phrase and statement related to the research objectives. The exact words or statements uttered by the participants or similar words were used in the coding procedure. Next, the primary codes were extracted. The primary codes were reviewed and revised several times by the experts in the field. Finally, the conceptually similar codes were subcategorized and each subcategory was named. With subsequent interviews, the new codes that emerged in the initial coding process were compared with other existing codes and placed in the subcategory with the most similarities. During the continuous analysis, subcategories and related codes were repeatedly compared with each other and with the data. Then, the similar and related subcategories were merged into a single category (20). Finally, 8 main themes were extracted from the extracted categories. The data in this study were saturated with 14 interviews. Each interview lasted 25 minutes on average, and the minimum and maximum interview times were 14 and 43 minutes, respectively. Field notes and observations were also used to enrich the collected data.

The robustness of the qualitative data was checked using certain criteria (21). To enhance the credibility of the data, the data and extracted codes and categories were reviewed several times and then revised based on the feedback received from the subject-matter experts. After the data analysis, two participants were asked to check the extracted codes and categories to find out if they matched their experiences. In addition, during a supplementary interview with one of the participants, some of the primary codes were checked with the participant. Moreover, the researcher attended the inpatient wards and spent some time observing the patients. The researcher accompanied by an oncology specialist visited the patients in the chemotherapy department to know their conditions and experiences of cancer stigma.

The documents used in this study including raw data, field notes, recorded interview files, notes from observing the participants, etc. were kept and stored securely. Furthermore, the research procedure was audited by a nursing PhD student and a nursing professor who were not members of the research team.

Results

The participants in this study were 14 persons including six patients, two family members, one nurse, one head nurse, two clinical psychologists, and two physicians. Table 1 shows the participants' demographic data.

Data analysis revealed 1316 primary codes, 99 subcategories, 25 categories, and 8 themes. The four main themes extracted in this qualitative study were cancer as a terrifying and pitiful disease, identity crisis/ psychosocial disintegration, disease complexity, and public unawareness and community problems (Table 2).

Cancer as a terrifying and pitiful disease

According to the participants, cancer is associated with fear, undisputed punishment and fate, superstitions and cultural stereotypes, and pity and compassion. A majority of the participants stated that cancer is a terrifying disease for the public because people think of death and the end of life when they hear the word cancer. Many people do not consider cancer to be a disease like other diseases, but see it as a misfortune for their fate or their family. The idea of an undisputed destiny causes people to complain about their destiny and divine punishment and ask unanswered questions. Some people consider getting sick as a divine ordeal. Furthermore, public attitudes towards cancer are rooted in superstitions and cultural stereotypes, and since ancient times, people falsely believed that cancer may occur due to a jinx or an evil eye, hereditary factors, or supernatural issues. According to these superstitions and stereotypes, cancer equals death and ruins people's lives. On the other hand, the negative views, fear of developing the disease, or the risks of the treatment are associated with public judgment or pity and compassion towards the affected person and their family members:

"*People even related cancer to supernatural things. This only increased the patient's fear. Even though there are many cancer treatments, people still have these attitudes. Furthermore, as the patient may have some changes in appearance and lose weight, he/she does not seem beautiful anymore and people may not even look at him/her. Or everyone may think he/she is an addict … and have felt like that*" (Participant 11; A clinical psychologist).

"*Our experience shows that most of these morbid thoughts are the result of unconventional and unfortunately very bad conversations of those around them. One reason is that cancer has been one of the diseases that killed people very quickly since ancient times. ... When people want to descript a very terrible situation, you often hear that they say, for example, they have an addiction, not cancer!!!.... Some of these misconceptions are caused by the public culture and we have never tried to correct them*" (Participant 13; A clinical psychologist).

"*Many times, caregivers ask me if the radiation from their mother's chemotherapy is not harmful to their pregnancy. The most common problem that patients are actually concerned about is that chemotherapy has radiation, which is harmful to others*" (Participant 8; A physician).

"*A mother said what sin her daughter had committed to getting cancer. She thinks that her daughter has committed a sin that she got cervical cancer*" (Participant 14; A physician).

Table 1. The participants' demographic data

Patient No.	Gender	Age	Marital status	Relationship with the patient	Type of cancer	Time since diagnosis (y)	Job	Service records (y)	Service records in the oncology ward
1	Female	43	Married	Mother	Leukemia	*1	Self-employed	-	-
2	Male	58	Married	Spouse	Breast	13	Self-employed	-	-
3	Female	53	Married	Patient	Breast	10	Faculty member	-	-
4	Female	68	Single	Patient	Breast	17	Retired	-	-
5	Male	62	Single	Patient	Rectal	1	Retired	-	-
6	Male	61	Married	Patient	Prostate	2	Farmer	-	-
7	Male	35	Married	Patient	Testicular	2	Disabled	-	-
8	Male	19	Single	Patient	Jaw	1	Unemployed	-	-
9	Female	36	Married	-	-	-	Head nurse	14	2
10	Male	40	Married	-	-	-	Physician	15	6
11	Male	67	Married	-	-	-	Physician	35	20
12	Female	39	Married	-	-	-	Nurse	16	3
13	Female	30	Single	-	-	-	Clinical psychologist	7	7
14	Female	29	Single	-	-	-	Clinical psychologist	6	6

Table 2. The subcategories, categories, and themes identified in this study

Themes	Categories	Subcategories
Cancer as a terrifying and pitiful disease	Fear	Fear of public judgment, fear of cancer diagnosis, fear of changes in appearance, fear of disruption of normal life, fear of death, fear of disease transmission, fear of the dangers of disease and treatment
	Undisputed punishment and fate	Divine punishment, divine ordeal, destiny and fate, unanswered questions, complaining about destiny, submission to fate
	Superstitions and stereotypes	Myths and superstitions, the ruination of life, the most difficult disease, cancer is equal to death, negative view of patients, negative connotations of words
	Compassion and pity	Compassion and pity from others, weakness, and loss of power, negative aspects of pity and compassion
Identity crisis/ psychosocial disintegration	Communication breakdown	Neglect and lack of support from the spouse, lack of support from the family, the perception of superficial support, differences in attitudes, changes in communication, changes in family interactions, avoidance of social activities
	Disease concealment	Hiding the illness by the family, disease concealment by medical staff, not knowing about the remaining chance of life, hiding the disease due to the pity of others, hiding the disease due to fear of problems in marriage, hiding the disease due to public judgment
	Reacting to the disease diagnosis	Variable psychological reactions, denial, disappointment, feeling of guilt and self-blame
	Body dysmorphic disorder	Loss of beauty, physical and physiological defects
	The tension between doubt and certainty	Confusion, reluctance in making decisions
Disease complexity	A complex disease	The complex and unknown nature of the disease, unknown reasons underlying the disease, the possibility of its recurrence, and sometimes the incurability of cancer
	A complicated and chronic disease	Changes caused by the diseases, multiple and boring treatments
Public unawareness and community problems	Unawareness of the disease	Inadequate information about the disease, exchange of false information, frequent questions from relatives, negative consequences of knowing about the disease
	The role of media in cancer-related stigma	Promoting the deterioration of patients on TV, the negative image of cancer in movies
	Lack of emotional/social/ economic support	Inadequate emotional support, disruption of family life, limited access to treatment resources, high diagnosis and treatment costs

Identity crisis/psychosocial disintegration

This theme was further subdivided into communication breakdown, disease concealment, reaction to the diagnosis, body dysmorphic disorder, and tension between doubt and certainty. The findings of the study indicated that one of the consequences of the disease stigma is the disruption of the usual communication in life. One of the most common issues acknowledged by the participants was disease concealment from the affected person. The medical staff stated that in many cases, the families of the affected people ask the doctor and other medical staff not to reveal the disease to the patient to prevent the distress and frustration of the affected persons.

Field observations and notes

> *In the presence of the doctor... I went to the chemotherapy ward... At the ward's nursing station, a middle-aged woman who was taking care of the patient asked the doctor to see her patient who was outside in the corridor. She showed the patient's medical tests and asked the doctor not to say anything to the patient.*

The disease is not only not disclosed to the patient, but also it is kept hidden from other people by the patient or their family. Moreover, the process of diagnosis and treatment of the disease is associated with many challenges for the affected individual and the family,

and it causes numerous psychological and emotional reactions and even rejection of treatment, leading to the reaction to the diagnosis and the tension between doubt and certainty, which can also be the outcomes of the stigma of the disease:

"*Even we had a patient who was hospitalized and his/her mother and sister stopped socializing with him/her. They didn't even talk to him/her on the phone*" (Participant 11; A psychologist).

"*I became isolated. I didn't like someone calling to ask how I was doing. I really didn't like to hang out with others. I didn't like someone calling to ask how I was doing*" (Participant 4; A cancer patient).

"*People would always ask what happened? I would say that I had an accident... or I would say that a dog bit me. They would get surprised and say what does this dog have to do with my jaw and I would say that it has done it... Then I would try to evade it because if I wanted to say that it is a malignant tumor!... they would say, "O My God, what a horrible thing!*" (Participant 9; A patient with jaw cancer).

"*To tell the truth, when I first heard about it, I got very frustrated... At first it is shocking for every family... It's a bit of a problem... because when you hear the word cancer you will get sad*" (Participant 12; The wife of a patient).

In response to why people react to cancer, a participant treated for breast cancer, a member of the university's nursing faculty said:

"*When people hear someone has cancer, it's like he/she is dying... Even now, when they say someone has cancer, others think he/she is at the end of their life. They have such a terrible view*" (Participant 2).

Disease complexity

According to the participants, the complexity of cancer involves its complicated and chronic nature.

Analysis of the data indicated that one reason for cancer stigma is the nature of cancer. The complex and unknown nature of the disease, unknown reasons underlying the disease, the possibility of its recurrence, and sometimes the incurability of cancer were the issues that shaped the beliefs and attitudes towards the disease. The changes caused by cancer and its treatments, the long course of the disease and multiple treatments, people's experiences of hearing the history and course of cancer treatment, and even a description of its consequences lead to the formation of beliefs and attitudes towards the disease:

"*Sometimes the symptoms of this disease were not obvious especially when it was a mass and the patient did not feel any pain and just lost weight, but he/she didn't get too upset about it*" (Participant 13; A psychologist).

"*We know that a patient with pancreatic cancer, stage four, will die in six months. We can't deny it and say no, cancer doesn't kill..., it does*" (Participant 14; A physician).

"*Since the patients run into some problems, feel nausea and vomiting, get a loss of appetite, extreme fatigue, etc., they are not motivated to do anything. For example, some patients constantly have nausea and vomiting and thus hate living and may say wow, what a big thing has happened in their life*" (Participant 10, A nurse).

Public unawareness and community problems

The community-related issues include the lack of knowledge and information about the disease, the role of the media in the stigma of the disease, and the lack of emotional/social/economic support for patients. The data from the interviews indicated that public unawareness and community problems are among the most important factors that fuel the stigma of cancer. Not having enough information about the disease, exchange of wrong information, and frequent questions from the relatives of the patient and the family or the medical staff cause reactions from the patient and the family and changes in their thoughts and feelings. The failure to provide adequate information or mismanagement of information in the media leads to the formation of negative attitudes toward the disease and promotes false beliefs about the disease. According to the participants, TV programs play a vital role in public attitudes toward cancer. It was also shown that the media, especially television, could not play a successful role in reducing the stigma of cancer and even fueled the stigma of the disease. Furthermore, other consequences occur due to incurable and chronic diseases for the patient and the family. If the patient cannot receive enough emotional support from the family and the community, he/she will face many problems in the treatment process. These problems may also be aggravated due to other issues such as disruptions in family life, diagnosis and treatment costs, the financial crisis faced by the family, and limited and problematic access to medical resources. These problems are beyond people's control and may lead to the formation of false beliefs about the disease.

"*They don't have information. They have diagnosed acute lymphoblastic leukemia (ALL) in a patient but, they don't know what the process is like. Then, the patient needs to go through a process to respond to the treatment. At first, the patient does not have serious psychological problems. Later on during hospitalization, psychological counseling is provided to the patient*" (Participant 7; A head nurse).

"*I always get angry when I watch TV. When they*

want to say that someone is very sick, they say he/she has cancer. When someone is dying, they say he/she has cancer. We always hear on the TV news that people would die after suffering from cancer for a couple of years. I don't know why they insist that anyone who dies must have something to do with cancer" (Participant 11; A psychologist).

"*People's economic status affects cancer stigma. A patient worried about the expenses of cancer treatment is more likely to be stigmatized. He/she runs away from others and thus it leads to stigma*" (Participant 14; A physician).

Discussion

This study examined the nature of cancer stigma and its consequences and influencing factors. The results showed that stigma of cancer together with fear, judgment, compassion, pity, and the perception of undisputed punishment and fate for people with cancer is rooted in beliefs, superstitions, and cultural stereotypes. Karbani et al surveyed South Asian people's attitudes about cancer and pointed out that cancer is a taboo and stigma and people have a wrong understanding of the causes of cancer (22). Wilson and Luker stated that the perception of death, evil fate, calamity, and misfortune is part of the attitudes toward cancer (23). Superstitions and cultural stereotypes and fear pointed out by the participants in the present study are similar to the social image of stigma from the perspective of Fujisawa and Hagiwara, which involves fear, immediate death, weakness, and thinness (14). Besides, the fear experienced due to cancer had different dimensions, which shows the extent of the stigma of the disease. For example, according to Waljee et al, the fear of changes in appearance caused by treatment is one of the factors that shape stigma in women with breast cancer (24). Fear of others' judgment is another issue highlighted by Else-Quest et al. The judgment of others is associated with self-blame in affected people, and in fact, internalizing stigma leads to self-blame and weaker adaptation to the situation (25).

Identity crisis/psychosocial disintegration was another consequence of stigma as stigma disrupts the usual interactions of affected people in the family and community. Changes caused by the progress of the disease or side effects of treatment, especially hair loss or surgery, lead to body dysmorphic disorder and are an important predictor of the feeling of stigma in a person, affecting interpersonal interactions and mental health (6,19). Although the change in communication in this study was associated with a higher demand from others to visit the affected person, it made the patient more worried or alerted about their conditions. On the other hand, communication breakdown is also associated with disease concealment. Thus, in cases where the disease is revealed, other people avoid socializing with the patient and they do not know what to say when visiting the affected person (26). Public judgment and attributing the cause of the disease to the individual's behavior are also other reasons that force the patient to avoid communicating with other people in the community (27). People's reactions to cancer diagnosis, although similar to other chronic and progressive or incurable diseases, are associated with various mental and mood changes such as sadness, depression, boredom, mental fatigue, fear, discomfort, and loneliness (28). However, these changes and reactions to cancer diagnosis are intensified due to negative beliefs about the disease, and the trouble caused by cancer becomes a big challenge in a person's life (6). The identity of a person with cancer is mixed with disability and death (29). The release of almost clear and frequent information about the shocking statistics of the disease causes most people to be afraid of cancer and develop misconceptions about the disease with existing stereotypes (6). Other people may, after recognizing reactions such as fear, hatred, or sympathy, avoid and reduce social interactions with the person with cancer, which creates and intensifies the feeling of stigma in the person (29). Death is a part of our life and just like birth, it is natural and predictable, but in the modern era, unlike birth, which we celebrate, death has become a scary topic that should not be talked about and should be avoided by any means possible (30). An analysis of the participants' experiences and statements indicated that the issue of death and getting along with it as part of human life in Iranian society is not accepted in most cases. Jadidi et al pointed to complete disruption in family life, absolute despair, fear, and negative perception and equating cancer with imminent death in the parents of children with cancer (31).

Stigma makes people develop negative thoughts and feelings and unreasonable behaviors such as refusing treatment and not taking symptoms seriously. Such behaviors result in the loss of the opportunity for effective treatment and increased cancer disability and mortality, and this vicious cycle continues. As Parsa et al admitted, fear, doubt, and denial may be the causes of delay in seeking medical care in people with cancer symptoms (32). The process of initial diagnosis to decision-making and then receiving treatment is difficult for cancer patients, and their emotions affect the decision-making process for treatment. Patients' beliefs and attitudes towards cancer may affect their fate (6). The findings of this study showed a case that avoided treatment, leading to the loss of opportunity and the death of the person without receiving any treatment. According to Knapp et al, cancer remains one of the most feared diseases despite advances in the discovery of its causes, treatments, and outcomes (19).

An in-depth analysis of the data in the present study showed that the complex and incurable nature of the disease was one of the factors contributing to the aggravation of stigma. Cancer is a complex and multifactorial disease with aggressive and long treatments, and most of the affected people experience great challenges to return to normal life and accept the reality of the disease, treatment, and side effects (33). Treatments often result in hair loss, scars, or other body changes, which may worsen cancer-related stigma (34). The results of the study showed that most of the participants had a lot of worries about the changes caused by the disease in their social interactions. They also stated the long course of the disease and treatment were associated with fatigue and erosion, and they play a role in fueling the stigma or succeeding in overcoming it.

The participants in this study also stated that public unawareness and the exaggeration of media about the negative effects of cancer, especially in TV programs, as well as the lack of sufficient emotional, social, and economic support for patients, were antecedents of cancer-related stigma. The lack of information about cancer itself can increase the general stigma associated with the disease, making people affected by cancer reluctant to seek professional treatment and care (35). Previous studies have indicated that in the absence of personal experience of the disease, people usually need to increase their knowledge about cancer (36). Inadequate knowledge about the disease affects people's attitudes and can exacerbate stigma (37). Many people with cancer talk about not having enough information about the side effects of the disease during and after treatment (38).

Mass media are considered a source of cancer information and can even contribute to the formation of stigma (36,39). The media is expected to play an effective role in increasing public awareness to control of the disease and reducing stigma. However, the participants in this study admitted that the media fail to play an effective role in reducing stigma and even the negative image of cancer reflected in the media is one of the factors fueling the stigma.

The data in the present study also suggested that the absence of emotional, social, and economic support is one of the factors that increase stigma. While social support in cancer care is not well defined, it plays a vital role in establishing the threat to a person's identity (40). Lack of strong social support and knowledge of cancer are factors affecting stigma (41). The stigma associated with a cancer diagnosis causes a decline in social communication and an increase in social isolation in people, and these changes are expected to increase over time from diagnosis to treatment if the patient does not receive enough emotional support (42). As stated by Jarrett, many people with cancer have unmet supportive care needs such as social, emotional, and physical support needs, and if these needs are not met, they cause serious physiological symptoms and psychological distress in patients (43).

Conclusion

Following the findings of the present study, it can be argued that cancer-related stigma adversely affects the quality of personal, family, social, and career life of a person with cancer, and one of the most important reasons for the existence of stigma is public unawareness and mismanagement of information about the disease, which requires further attention. The insights from this study can contribute to providing a better understanding of the many problems of clients to cover all aspects of physical, mental, spiritual, and social health of patients by implementing comprehensive cancer care programs. Besides, cultural and social stereotypes about cancer need to be taken into account. Finally, the elimination of the obstacles to screening and disease control programs in the long term can help to reduce the burden of mortality and complications of the disease and increase the quality of life of people affected by cancer.

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Conflict of Interests

There was no conflict of interest in this study.

Ethical Issues

The protocol for this research was confirmed by Shahid Beheshti University of Medical Sciences under the code of ethics IR.SBMU.PHNM.1395.570.

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