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**NURSING INTERVENTIONS TO PROMOTE BODY IMAGE IN  
MASTECTOMIZED WOMEN:  
A SCOPING REVIEW**

**INTERVENÇÕES DE ENFERMAGEM NA PROMOÇÃO DA IMAGEM  
CORPORAL EM MULHERES MASTECTOMIZADAS:  
UMA SCOPING REVIEW**

**INTERVENCIONES DE ENFERMERÍA EN LA PROMOCIÓN DE LA  
IMAGEN CORPORAL EN MUJERES MASTECTOMIZADAS:  
UNA SCOPING REVIEW**

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## Abstract

**Background:** Breast cancer has a high prevalence in the world and in Portugal, causing personal, family, psycho-emotional, social and physiological changes with an impact on self-image, especially in women with a mastectomy. Monitoring by the nurse midwives is crucial through the implementation of individualized interventions for the woman/couple, helping them to find coping strategies and acceptance of their self-image. **Objective:** Map the scientific evidence on nursing interventions that promote self-image in mastectomized women. **Methodology:** Scoping Review according to the Joanna Briggs Institute methodology. Studies in Portuguese, English and Spanish were included, involving nursing interventions that promote self-image for women with mastectomies. The study selection and data extraction process were carried out by two independent reviewers. **Results:** Three studies emerged, published between 2021 and 2023, which identified six interventions developed for women. **Conclusions:** The interventions of the nurses midwives are fundamental for improving the self-image of mastectomized women. There was a lack of studies related to this topic in Portugal and the lack of investment by nurses midwives in caring for these women.

**Keywords:** Body Image; Breast Neoplasms; Mastectomy; Nurse Midwives.

## Resumo

**Introdução:** O cancro da mama tem elevada prevalência no mundo e em Portugal, originando alterações pessoais, familiares, psicoemocionais, sociais, fisiológicas com impacto na imagem corporal em especial da mulher mastectomizada. O acompanhamento do enfermeiro obstetra é crucial através da implementação de intervenções individualizadas à mulher/casal, ajudando-a a encontrar estratégias de *coping* e de aceitação da nova imagem corporal. **Objetivo:** Mapear a evidência científica sobre as intervenções de enfermagem promotoras da imagem corporal das mulheres mastectomizadas. **Metodologia:** *Scoping Review* de acordo com a metodologia do Joanna Briggs Institute. Incluíram-se estudos em português, inglês e espanhol, que envolvam intervenções de enfermagem promotoras da imagem corporal, às mulheres mastectomizadas. O processo de seleção de estudos e extração de dados foi realizado através de dois revisores independentes. **Resultados:** Emergiram três estudos, publicados entre 2021 e 2023, que identificaram seis intervenções desenvolvidas às mulheres. **Conclusões:** As intervenções do enfermeiro obstetra são fundamentais para a melhoria da imagem corporal das mulheres mastectomizadas. Verificou-se a ausência de estudos relacionados com esta temática em Portugal e a falta de investimento do enfermeiro obstetra no cuidado a estas mulheres.

**Palavras-chave:** Enfermeiro Obstetra; Imagem Corporal; Mastectomia; Neoplasias da Mama.

## Resumen

**Marco contextual:** El cáncer de mama tiene una alta prevalencia en el mundo y en Portugal, provocando cambios personales, familiares, psicoemocionales, sociales y fisiológicos con impacto en la imagen corporal, especialmente en mujeres con mastectomía. El seguimiento por parte de las enfermeras obstétricas es crucial a través de la implementación de intervenciones individualizadas para la mujer/pareja, ayudándola a encontrar estrategias de afrontamiento y aceptación de su propia imagen. **Objetivo:** Mapear la evidencia científica sobre intervenciones de enfermería que promueven la imagen corporal en mujeres mastectomizadas. **Metodología:** *Scoping Review* según la metodología Joanna Briggs Institute. Se incluyeron estudios en portugués, inglés y español que involucran intervenciones de enfermería que promueven la imagen-corporal de mujeres con mastectomías. El proceso de selección de estudios y extracción de datos fue realizado por dos revisores independientes. **Resultados:** Surgieron tres estudios, publicados entre 2021 y 2023, que identificaron seis intervenciones desarrolladas para mujeres. **Conclusiones:** Las intervenciones de las enfermeras obstétricas son fundamentales para mejorar la imagen corporal de las mujeres mastectomizadas. Hubo falta de estudios relacionados con este tema en Portugal y falta de inversión por parte de las enfermeras obstétricas en el cuidado de estas mujeres.

**Descriptores:** Enfermeras Obstétricas; Imagen Corporal; Mastectomia; Neoplasias de la Mama.

## Introduction

Breast cancer is one of the most impactful health conditions, with increasing incidence among the Portuguese population, particularly in women. According to data from the Global Cancer Observatory<sup>(1)</sup>, breast cancer is the second most diagnosed cancer worldwide, affecting approximately two million people annually. In Portugal, it is the most prevalent cancer among women, accounting for 28,2% of cases, although mortality rates have decreased due to early screening and regular follow-up care<sup>(1)</sup>.

Breast cancer, also referred to as malignant breast neoplasm, is characterised by abnormal, autonomous, and uncontrolled growth of tissue originating in the breast, usually within the ducts or lobules<sup>(2)</sup>. This type of cancer includes several subtypes, the most common are classified as carcinomas. Risk factors associated with the disease include female sex, age, family history, genetic predisposition, oestrogen exposure, ionising radiation, parity, high breast density, and a history of atypical hyperplasia<sup>(1)</sup>. These factors influence the type of treatment and medication to be implemented.

Women diagnosed with this disease may undergo mastectomy, which involves total or partial removal of one or both breasts. Different types of mastectomy exist depending on the surgical procedure and the amount of tissue removed<sup>(2)</sup>. One of the major expectations and concerns experienced by women undergoing mastectomy relates to feelings surrounding their new body image<sup>(3)</sup>.

Breast cancer may result in profound consequences for women's lives, not only due to the physical challenges associated with treatment and recovery, but also because of its impact on body image and emotional and psychological well-being. Body image is recognised as an essential component of individual well-being. In women with breast cancer, body image perception is altered by surgery, chemotherapy and/or radiotherapy treatments and the possibility of losing an important part of their body, with negative effects on sexuality<sup>(4)</sup>. These changes may generate feeling of anxiety, despair, inadequacy and even depressive symptoms, affecting women's quality of

life and their ability to cope with the health-illness process in healthy and effective manner<sup>(4-6)</sup>.

Body image refers to the way in which individuals construct perceptions of themselves and is composed of three interrelated dimensions: physiological, psychological and social. It is therefore considered a multidimensional concept that evolves throughout the process of growth and development according to life experiences<sup>(4)</sup>, such as experience of mastectomy. In other words, this concept reflects the individual's personal and subjective opinion of themselves, influenced by self-perception, beliefs, self-acceptance and by the challenges arising from negative self-images, constructive criticism and acceptance of praise<sup>(4,7)</sup>.

The goal is to achieve a positive image as an independent and highly complex construct, whereby individuals demonstrate the ability to appreciate, accept and value their bodies, even while facing significant life changes<sup>(8-10)</sup>. Consequently, understanding the body image perceptions of women with breast cancer is essential in order to implement effective strategies that facilitate a smoother and healthier psychological and emotional transition.

The processes experienced throughout the life cycle involve significant changes in health and well-being, requiring transitions between relatively stable states that may become critical and difficult due to challenging circumstances<sup>(11)</sup>.

Women with breast cancer experience transitions, whether simple or simultaneous, as they cope with diagnosis, treatment and adaptation to life after cancer. The experience of women undergoing mastectomy following a breast cancer diagnosis represents a transition within the health-illness process<sup>(11)</sup>. Women frequently struggle to accept not only their disease condition but also their new body image. In this context, the intervention of the midwife is fundamental in facilitating this transition, including the involvement of partners in the care process. Caring for women with this diagnosis requires midwives to understand and support the emotional and psychological experiences associated with mastectomy, thereby facilitating transition and enabling women to attribute new meaning to a distressing experience such as breast

cancer. Several stages in woman-centred care for mastectomised women, including orientation, identification, exploration and resolution<sup>(12)</sup>. Regarding body image, it is important to create a welcoming environment that encourages women to share doubts, emotions and feelings experienced after surgery, thus establishing a trusting relationship. In the identification phase, midwives should, through communication skills and therapeutic relationships, help women recognise their needs and face their new identity following mastectomy. Subsequently, appropriate and individualised strategies should be explored in order to facilitate transition and minimise the impact of surgery. Finally, in the resolution stage, opportunities for reflection regarding the health-illness transition process should be promoted, in partnership with family members and/or support groups, enabling the reconstruction of female identity, improved acceptance of body image and consequently, enhanced quality of life.

So, midwives possess specific regulated competencies to care for women with breast conditions<sup>(13)</sup> and facilitate adaptation to their circumstances, helping them to find strength, hope and dignity in overcoming the challenges imposed by their health condition, involving their partners. Nevertheless, the care provided to these women remains largely centred on the biomedical management of surgical wounds and oncological treatments.

Given the gap identified in the literature concerning nursing interventions targeting the psychosocial dimension and body image of women undergoing mastectomy, this Scoping Review (ScR) aims to map the extent, nature and characteristics of existing scientific evidence regarding nursing interventions that promote adaptation to a new body image, clarifying the type of strategies implemented to support psychosocial adaptation and the health-illness transition process.

## Methodology

The review was conducted according to the methodology proposed by the Joanna Briggs Institute (JBI), based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR). The aim of this ScR was to map the scientific evidence concerning nursing interventions aimed at promoting body image in women undergoing mastectomy, as well as strategies implemented to support psychosocial adaptation and the health-illness transition process.

The review protocol was registered on 3 november 2024 in the Open Science Framework Register (OSF) under the identifier: <https://doi.org/10.17605/OSF.IO/9H6SD>.

The search was conducted in April 2024 and updated in August 2025.

The guiding review question was: “What nursing interventions directed at mastectomised women promote body image?”, formulated according to the PCC mnemonic (Population, Concept and Context) (Table 1).

**Table 1: Components of the research question according to the mnemonic PCC (Population, Concept and Context) and their respective inclusion and exclusion criteria.**

Acronym	Components	Inclusion Criteria	Exclusion Criteria
P Population	Women who have undergone mastectomy.	Women aged $\geq 18$ years; Undergoing unilateral or bilateral mastectomy.	Men (regardless of age); Benign breast neoplasia; Studies focused exclusively on healthcare professionals.
C Concept	Self-image; Body image; Nursing interventions; Nursing Care; Healthcare; Coping strategies; Coping; Mastectomy; Breast neoplasia; Breast cancer.  A nursing concept was used, as no specific descriptors or studies related to midwives practices were identified in the search expression.	Nursing interventions and strategies aimed at promoting body image following mastectomy.	Studies addressing exclusively the psychological impact without nursing interventions; Exclusively medical or surgical interventions; Studies without reference to body image.
C Context	Healthcare context	All settings in which nursing care is provided to women with breast cancer.	Contexts unrelated to healthcare provision.
Type of study	All types of study design, published and unpublished, including grey literature in Portuguese, English and Spanish, with a time limit of five years in order to access the most recent research on the topic.		

### Search strategy and Identification of studies

The search strategy was developed with the aim of identifying relevant scientific evidence to answer the research question and was structured according to the three stages recommended by the JBI.

Initially, a limited search was conducted in MEDLINE (via PubMed) and CINAHL (via EBSCO), to identify relevant descriptors, alternative terms and keywords. The terms “breast cancer”, “mastectomy”, “body image” and “nurse-midwives” were initially combined using the Boolean operator AND. As insufficient relevant results were obtained, the strategy was refined by replacing “nurse-midwives” with “nursing care” and subsequently with “nurs\*” to increase search sensitivity.

Subsequently, a comprehensive structured search was conducted in MEDLINE (via PubMed) and CINAHL (via EBSCO). To identify unpublished literature, searches were also carried out in the Portuguese Open Access Scientific Repository (RCAAP) and Google Scholar. Grey literature was included to minimise publication bias. Controlled descriptors (MeSH in MEDLINE and Headings in CINAHL) included: “Breast Neoplasms”, “Body Image”, “Nursing Interventions”, “Nursing Care”, “Coping Skills”, “Coping” and “Mastectomy”. Natural language terms included “Breast Cancer”, “Self-Image”, “Support Strategies”, “Coping Strategies”, “Mastectomized Women”, “Nursing intervention\*” and “nurs\*”. Boolean operators AND and OR were used.

Finally, reference lists of included studies were screened to identify additional potentially relevant studies.

Table 2 presents, in a systematic manner, the search strategy adopted across the different databases and repositories consulted within the scope of this study.

### Data Extraction

The search was conducted between 15 and 16 April 2025, resulting in a total of 2,812 articles. The search was repeated in August 2025 and did not identify any new titles. Records were identified across the different databases, the academic search engine Google Scholar and the scientific repository RCAAP. Sub-

**Table 2: Search strategy adopted across the different databases and a Portuguese Open-Access Scientific Repository and Google Scholar.**

Database	Indexed Terms	Natural Terms	Search Strategy
<b>MEDLINE (PubMed)</b>	“Mastectomy”[MeSH]; “Breast Neoplasms” [MeSH]; “Body Image”[MeSH]; “Coping Skills”[MeSH]; “Nursing Care”[MeSH].	Mastectomized women; Mastectomy; Breast cancer; Body image; Coping Strategies; Support Strategies; Nursing intervention*; Nursing care; Nurs*.	“Mastectomized Women” AND (“Mastectomy”[MeSH] OR “mastectomy”) AND (“Breast Neoplasms”[MeSH] OR “breast cancer” AND (“Body Image” [MeSH] OR “body image” OR “Self-Image”) AND (Coping Skills OR “Coping” OR “Coping Strategies”) OR “Support Strategies”) AND (“Nursing Care”[MeSH] OR “nursing intervention*” OR “nurs*”)
<b>CINAHL (EBSCO)</b>	MH “Mastectomy”; MH “Breast Neoplasms”; MH “Body Image”; MH “Coping”; MH “Nursing Interventions”.	Mastectomized women; Mastectomy; Breast cancer; Body image; Coping Strategies; Support Strategies; Nursing intervention*; Nursing care; Nurs*.	“Mastectomized Women” AND (MH “Mastectomy” OR mastectomy) AND (MH “Breast Neoplasms” OR “breast cancer”) AND (MH “Body Image” OR “body image” OR “Self-Image”) AND (Coping Skills OR Coping OR Coping Strategies OR Support Strategies) AND (MH “Nursing Interventions” OR “nursing intervention*” OR “nursing care” OR “nurs*”)
<b>RCAAP</b>	Not applicable (without controlled descriptors).	Mastectomia; Cancro da mama; Imagem corporal; Enfermagem obstétrica.	(mastectomia AND cancro da mama AND imagem corporal AND enfermagem obstétrica)
<b>Google Scholar</b>	Not applicable (without controlled descriptors).	Mastectomy; “breast cancer”; “body image”; “nursing intervention”; “nursing care”.	“mastectomy” AND “breast cancer” AND “body image” AND (nursing OR “nursing intervention”)

sequently, duplicate records were removed using the bibliographic reference manager Mendeley, resulting in the exclusion of 23 duplicate articles.

The search carried out in Google Scholar resulted in 2,650 articles. Given the low specificity of this search engine and the methodology recommendations for scoping reviews, the results were screened according to relevance order, and the first 300 records were analysed. Most of the records excluded at this stage did not meet the predefined inclusion criteria, namely because they did not address nursing interventions aimed at promoting body image in women who had undergone mastectomy or because they focused predominantly on medical or surgical approaches. This strategy helped to reduce the bias associated with the low specificity of Google Scholar and ensured greater rigour in the study selection process.

Following this stage, the remaining records underwent title and abstract screening according to the criteria defined by the PCC mnemonic, with 2,719 articles being excluded for not meeting the eligibility criteria. A total of 70 publications remained for full-text review.

During the full-text assessment phase, 67 studies were excluded for the following reasons: failure to address the established research question ( $n = 46$ ), absence of an explicit methodology ( $n = 10$ ), lack of discussion of the results ( $n = 10$ ) and unclear study objectives ( $n = 1$ ). Three articles were ultimately included for analysis, as presented in the PRISMA flowchart (Figure 1).

The selection of studies, as well as their extraction and synthesis, was carried out independently by two reviewers using a dedicated data extraction instrument. Any disagreements between the reviewers were discussed and analysed until consensus was reached; therefore, consultation with a third reviewer was not required.

The flow diagram<sup>(14)</sup> was developed based on the searches conducted across the databases previously described. This made it possible to present the total number of articles identified through the implemented search strategy.

## Results

Among the three eligible studies included for analysis, one systematic review, one integrative review and one qualitative study were identified. These studies were conducted in Sweden, United States of America and Spain, and published between 2021 and 2023 (Table 3). Sample sizes ranged from 33 to 502 women aged over 18 years. These studies aimed to explore and describe the experiences of mastectomised women, and the interventions received from healthcare professionals concerning body image. Despite the existence of systematic reviews on body image in the context of breast cancer, none focused specifically on nursing interventions directed at promoting body image following mastectomy. Therefore, this Scoping Review remains relevant as it systematically maps out the specific contribution of nursing in this field and identifies gaps in the literature.

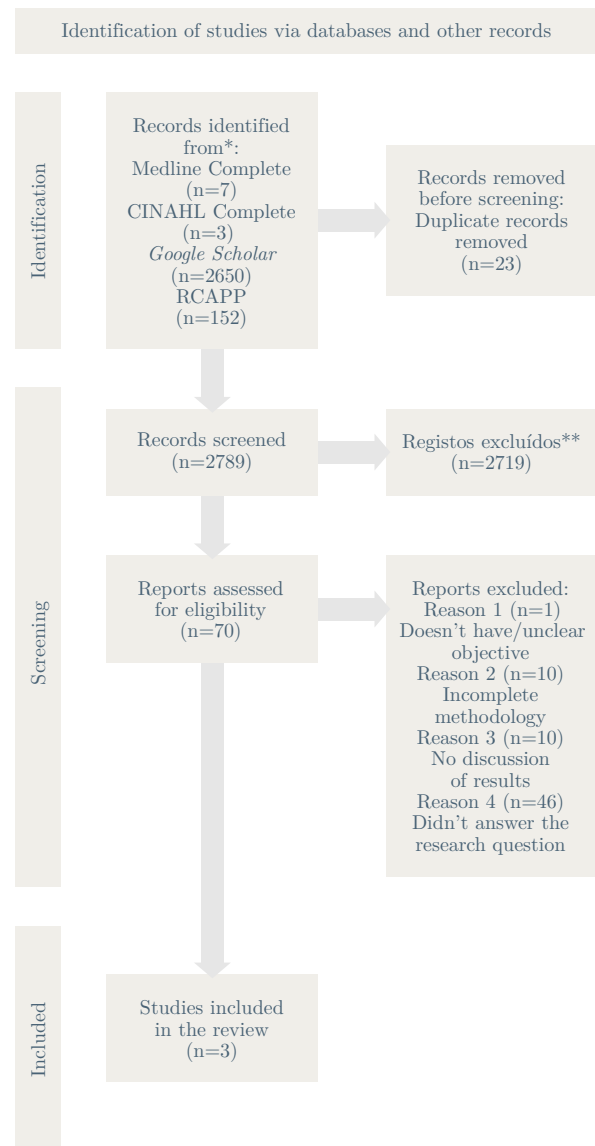


Figure 1: Flowchart of the study selection process. Source: Adapted from the Prisma Flow Diagram<sup>(14)</sup>.

Table 3: Data extraction table of the articles eligible for analysis, adapted<sup>15</sup>.

No.	Authors/Years/ Country of origin	Title of article/ Database	Objetives and/or research question	Participants	Study design	Context	Main nursing interventions
1	Morales- Sánchez, L., Luque- Ribelles, V., Gil-Olarte, P., Ruiz- Gonzalez, P., & Guil, R. 2021. Spain.	<i>Enhancing Self-Esteem and Body Image of Breast Cancer Women through Interventions: A Systematic Review.</i> Google Scholar.	To identify and explore effective multidisciplinary interventions aimed at promoting positive body image and self-esteem.	Sample composed of 502 women with breast cancer aged 18 years or older, with self-esteem and body image variables explored across the different studies. These women came from diverse cultures and different marital status.	Systematic literature review conducted in the databases Web of Science, Scopus, PubMed, PsycINFO, PsychArticles, following the PRISMA guidelines. Eight articles meeting the eligibility criteria were included and a qualitative synthesis of the findings was carried out in order to compare the different types of interventions.	Oncology care settings.	Psychosocial interventions (group therapy, coupled with multidisciplinary teamwork); Cognitive-behavioural therapy; Physical exercise; Aesthetic and educational strategies.
2	Tyner, T., & Freysteinson, W. 2023. USA.	<i>The mirror viewing experience of women undergoing a mastectomy: An integrative review.</i> Google Scholar.	To explore and synthesise the available evidence regarding women's self- perception when looking in the mirror after mastectomy and the support received from nurses. No explicit research question was presented; therefore, the following guiding hypothesis/ question was identified: "What's women's perception when looking in the mirror after mastectomy and how can nurses support them in this experience?"	Sample: Women aged 18 years or older who had undergone unilateral or bilateral mastectomy, with or without breast recon- struction, diagnosed with breast cancer and at high risk of developing the disease. The samples varied between studies, consisting predominantly of small samples. In some studies, for example, 12 women par- ticipated, a typical charac- teristic of phenomenological qualitative research designs.	Integrative literature review conducted in the databases PubMed, CINAHL, Academic Search Complete and Google Scholar. Peer- reviewed articles published between April 2012 and 2022 were include. Quantitative (3) and qualitative (15) studies were included, using the quality assessment tool of the Johns Hopkins Evidence-Based Practice framework.	Hospital care and post-discharge settings.	Promoting positive body image; Providing support during the mirror-viewing experience and confrontation with the new reality; Providing resources such as images and personal narratives; Offering emotional and psychosocial support; Education and information regarding post-mastectomy care; Preventing distress associated with visualisation of the altered body image.
3	Lundberg, P. & Phoosuwan, N. 2022. Sweden.	<i>Life situations of Swedish women after mastectomy due to breast cancer: A qualitative study.</i> PubMed.	To explore and describe the life situations of Swedish women with breast cancer following mastectomy and the interventions and support received from healthcare professionals. No explicit research question was presented; therefore, the following guiding question was proposed: "What are the experiences of Swedish women after mastectomy and how should healthcare professionals act in order to promote a positive experience?."	Sample: 33 women with breast cancer, between 1 and 3 years post-mastectomy, who had undergone mastectomy and breast reconstruction. Participations were women aged over 18 years, with no history of mental illness and willing to participate in the study.	Qualitative study using semi-structured interviews, with nine open-ended questions related to the changes experienced in everyday life following mastectomy.	Healthcare settings.	Providing education and information; Offering psychosocial support; Recognising the difficulties experienced regarding sexuality; Promoting favourable commu- nication between the couple; Establishing a therapeutic rela- tionship with the woman who has undergone mastectomy.

From the analysis of the three included articles, five categories emerged to be integrated into midwives care in relation to women's body image:

1. Providing emotional and psychosocial support<sup>(16,17)</sup>
2. Promoting sexuality<sup>(16)</sup>
3. Promoting a positive body image<sup>(17)</sup>
4. Providing education and information<sup>(16-18)</sup>
5. Providing educational and aesthetic resources<sup>(17,18)</sup>

In accordance with the JBI methodological recommendations for Scoping Reviews, no critical appraisal of methodological quality was conducted, as the purpose of this review was to map available evidence, identify knowledge gaps, and to characterise the nature of existing research.

## Discussion

Although the included studies were not conducted specifically by midwives, the identified interventions, such as emotional support, therapeutic education, promotion of sexuality and support in adapting to a new body image, fall within the competencies of these professionals. The holistic and woman-centred approach characteristic of midwife practice supports the relevance of their involvement in facilitating adaptation and promoting a positive body image, despite the limited available evidence.

It is also important to emphasise that no studies conducted in Portugal specifically focused on nursing interventions promoting body image following mastectomy were identified. This highlights the relevance of the topic at a national level and reinforces the need to develop research contextualised to the Portuguese healthcare reality and the specificities of the national health system.

Mastectomy represents a significant milestone in the health-illness process with relevant repercussions on women's body image, identity and quality of life<sup>(11)</sup>. The literature recognises body image as one of the dimensions most affected following surgical treatment for breast cancer, particularly after mastectomy<sup>(16–20)</sup>, with an impact extending beyond the aesthetic dimension and affecting self-esteem, femininity and interpersonal relationships.

The bodily changes resulting from surgery are associated with cognitive, emotional and behavioural consequences<sup>(16–18)</sup>. The initial confrontation with the mirror is frequently described as a critical moment, marked by feelings of shock, anxiety and maladjustment, frequently related to insufficient prior preparation<sup>(17,18)</sup>.

In this context, interventions focused on pre-operative preparation, support during the first visual contact with the scar and the creation of a safe environment demonstrate potential to reduce the initial emotional impact<sup>(17,32)</sup>.

With regard to emotional and psychosocial support, mastectomy constitutes a disruptive event in the health-illness trajectory with significant impact

on identity and body image<sup>(11,19,20)</sup>. The emotional changes described, such as anxiety, fear of recurrence, depression and reduced self-esteem<sup>(16–18)</sup>, reinforce that body image is not limited to the aesthetic dimension, but also encompasses identity and relational components. The analysed studies suggest that interventions centred on emotional support, individualised coping strategies<sup>(16,17)</sup>, participation in support groups<sup>(21)</sup> and couple-focused interventions<sup>(22,23)</sup> may alleviate psychological distress. However, the evidence does not allow determination of the ideal intensity, duration or format of such interventions. The moment of confrontation with the mirror<sup>(17,18)</sup> emerges as a critical point, highlighting the need for structured preparation, although the available data are predominantly descriptive.

Regarding the promotion of sexuality and inclusion of the partner, sexuality is consistently recognised as a central dimension of quality-of-life following mastectomy<sup>(26–28)</sup>, although it frequently remains undervalued in clinical practice. Altered body self-perception is associated with reduced self-esteem, self-confidence and sexual attractiveness<sup>(16,24,25)</sup>, with significant repercussions on the couple's relationship dynamics. Interventions promoting open communication and involving the partner appear to contribute to the reconstruction of intimacy and female self-esteem<sup>(24,29)</sup>. Nevertheless, the available evidence lacks studies systematically evaluating the impact of these interventions over time. Family involvement and the reinforcement of empathetic communication<sup>(16,24)</sup> is described as facilitators, although the operationalisation of these strategies remains poorly standardised.

Concerning the promotion of positive body image through multidimensional approaches, there appears to be an association with improvements in well-being<sup>(17)</sup>, suggesting that interventions combining psychosocial and physical components may produce more consistent benefits<sup>(6,18,30)</sup>. The strategies described include exercises such as dance, combined training, pilates and yoga<sup>(6,18,30)</sup>, as well as cognitive-behavioural interventions and participation in support groups<sup>(6,16–18,31)</sup>, all identified as facilitating adaptation to the new body image.

However, the heterogeneity of interventions and their implementation predominantly within multidisciplinary contexts<sup>(18,32)</sup> make it difficult to attribute specific effects to nursing interventions alone. It is also important to consider that positive body image transcends aesthetic satisfaction, involving an integration of body and mind<sup>(33,34)</sup> thereby reinforcing the need for integrated approaches.

Within the scope of therapeutic education and the provision of educational and aesthetic resources, the evidence identifies this dimension as a transversal axis of the interventions described, including the provision of clear information regarding therapeutic options, breast reconstruction and support resources<sup>(16–18)</sup>. Pre-operative preparation and gradual exposure to the new body image<sup>(17,32)</sup> appear to be associated with a reduction in the initial emotional impact, although the available data do not allow robust causal relationships to be established. The provision of education and aesthetic materials<sup>(17,18)</sup>, as well as non-invasive cosmetics treatments<sup>(17,35)</sup>, is described as facilitating adaptation. However, it remains unclear to what extent these interventions sustainably influence self-image in the medium and long term.

The evidence suggests that interventions centred on emotional support, sexuality, education and multidimensional strategies may facilitate adaptation to the new body image following mastectomy. Nevertheless, the limited number of studies, their methodological heterogeneity and the predominance of multidisciplinary approaches<sup>(18,32)</sup> limit the robustness of the conclusions.

Although the identified interventions are consistent with the specific competencies of midwives, the available evidence regarding the direct contribution of this specialty remains limited, highlighting the need for future research of clarifying and empirically supporting its impact on promoting positive body image following mastectomy.

### Limitations

This Scoping Review presents several limitations that should be considered when interpreting the findings. The small number of included studies ( $n = 3$ ) highlights the scarcity of research focused on nursing interventions promoting body image in women who have undergone mastectomy. This finding reinforces the existence of a gap in the literature and the need for further studies in this area.

There was an absence of primary studies conducted by midwives, which limits the analysis of their contribution in this domain. Additionally, the identified interventions were predominantly developed within multidisciplinary settings, making it difficult to delineate the specific contribution of midwives to the promotion of body image following mastectomy.

### Implications for practice and research

Despite the identified limitations, the findings highlight the need for investment in the development of primary studies exploring specific midwives interventions aimed at promoting body image following mastectomy. Simultaneously, it is equally important to design and implement structured pre-and post-operative programmes integrating emotional, relational and educational dimensions with the aim of promoting positive adaptation to the new body image.

## Conclusion

The available evidence suggests that nursing interventions focused on emotional support, therapeutic education and the promotion of adaptation to a new body image may facilitate a more positive transition following mastectomy. Although the included studies are not specific to midwives, the identified interventions fall within the competencies of these professionals, supporting the relevance of their involvement in supporting women within this context.

Mastectomy has significant impact on body image, self-esteem and sexuality, requiring interventions based on a holistic approach integrating psychosocial support, therapeutic communication and clear and individualised information.

However, the limited number of heterogeneity of studies reduce the robustness of conclusions. The absence of national research and of a primary studies specially focused on the intervention of midwives should also be highlighted.

This Scoping Review makes it possible to map the existing evidence and identify gaps in knowledge, reinforcing the need to develop and evaluate structured interventions that promote consistent and woman-centred care for women who have undergone mastectomy.

## References

1. Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, et al. Global Cancer Observatory: Cancer Today [Internet]. Lyon: International Agency for Research on Cancer; 2022. Available from: <https://gco.iarc.who.int/today>
2. American Cancer Society. What is breast cancer? [Internet]. Atlanta: American Cancer Society; 2021 [cited 2026 Feb 21]. Available from: <https://www.cancer.org/cancer/types/breast-cancer/about/what-is-breast-cancer.html>
3. American Cancer Society. Treating breast cancer: mastectomy [Internet]. Atlanta: American Cancer Society; 2023 [cited 2026 Feb 21]. Available from: <https://www.cancer.org/cancer/types/breast-cancer/treatment/surgery-for-breast-cancer/mastectomy.html>
4. Peixoto AF, Silva P, Abreu N. Beleza materna: mudanças no self e no consumo. *Braz J Mark*. 2018;17(6):866–80. Available from: [http://www.revistabrasileiramarkeeting.org/ojs2.2.4/index.php/remark/article/view/3785/pdf\\_394](http://www.revistabrasileiramarkeeting.org/ojs2.2.4/index.php/remark/article/view/3785/pdf_394)
5. Oliveira SMA. Cancro da mama na mulher: impacto na imagem corporal e na sexualidade [dissertation]. Porto: Universidade do Porto; 2014.
6. Santos DB, Vieira EM. Imagem corporal de mulheres com câncer de mama: uma revisão sistemática da literatura. *Cien Saude Colet*. 2011;16(5):2511–22. Available from: <https://doi.org/10.1590/S1413-81232011000500021>
7. Shen MD, Gao RT, Chen SB. The effectiveness of interventions on improving body image for pregnant and postpartum women: a systematic review of randomized clinical trials. *BMC Pregnancy Childbirth*. 2024;24:581. Available from: <https://doi.org/10.1186/s12884-024-06787-3>
8. Tylka TL, Wood-Barcalow N. What is and what is not positive body image? *Body Image*. 2015;14:118–29. Available from: <https://doi.org/10.1016/j.bodyim.2015.04.001>
9. Tylka TL. Overview of the field of positive body image. In: Daniels EA, Gillen MM, Markey CH, editors. *Body positive: understanding and improving body image in science and practice*. Cambridge: Cambridge University Press; 2018. p. 6–33. <https://www.cambridge.org/core/books/body-positive/overview-of-the-field-of-positive-body-image/AA5A56DB075C1BEC6BB399E68911321F>
10. Wood-Barcalow N, Tylka TL, Augustus-Horvath C. “But I like my body”: positive body image characteristics and a holistic model for young-adult women. *Body Image*. 2010;7(2):106–16. Available from: <https://doi.org/10.1016/j.bodyim.2010.01.001>
11. Meleis AI. *Transitions theory: middle-range and situation-specific theories in nursing research and practice*. New York: Springer Publishing Company; 2010.
12. Peplau HE. Interpersonal relations: a theoretical framework for application in nursing practice. *Nurs Sci Q*. 1992;5(1):13–8.
13. Ordem dos Enfermeiros. Regulamento dos padrões de qualidade dos cuidados especializados em enfermagem de saúde materna e obstétrica [Internet]. Lisboa: Ordem dos Enfermeiros; 2019 [cited 2024 Apr 1]. Available from: [https://www.ordemenfermeiros.pt/media/17072/regulamento-n%C2%BA-391-2019\\_regulamentodas-compet%C3%Aancias-espec%C3%ADficas-do-eesmo.pdf](https://www.ordemenfermeiros.pt/media/17072/regulamento-n%C2%BA-391-2019_regulamentodas-compet%C3%Aancias-espec%C3%ADficas-do-eesmo.pdf)
14. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. 2021;372:n71. Available from: <https://doi.org/10.1136/bmj.n71>
15. Peters MDJ, Godfrey C, McInerney P, Munn Z, Tricco AC, Khalil H. Chapter 11: Scoping reviews. In: Aromataris E, Munn Z, editors. *JBI manual for evidence synthesis* [Internet]. Adelaide: JBI; 2020 [cited 2026 Feb 21]. Available from: <https://synthesismanual.jbi.global>
16. Lundberg PC, Phoosuwan N. Life situations of Swedish women after mastectomy due to breast cancer: a qualitative study. *Eur J Oncol Nurs*. 2022;57:102116. Available from: <https://doi.org/10.1016/j.ejon.2022.102116>
17. Tyner T, Freysteinson W. The mirror viewing experience of women undergoing a mastectomy: an integrative review. *J Adv Nurs*. 2023;79(6):2081–97. Available from: <https://doi.org/10.1111/jan.15574>
18. Morales-Sánchez L, Luque-Ribelles V, Gil-Olarte P, Ruiz-Gonzalez P, Guil R. Enhancing self-esteem and body image of breast cancer women through interventions: a systematic review. *Int J Environ Res Public Health*. 2021;18(4):1640. Available from: <https://www.mdpi.com/1660-4601/18/4/1640>
19. Fingeret MC, Teo I, Epner DE. Managing body image difficulties of adult cancer patients: lessons from available research. *Cancer*. 2014;120(5):633–41. Available from: <https://doi.org/10.1002/cncr.28469>
20. Fang SY, Shu BC, Chang YJ. The effect of breast reconstruction surgery on body image among women after mastectomy: a meta-analysis. *Breast Cancer Res Treat*. 2013;137(1):13–21. Available from: <https://doi.org/10.1007/s10549-012-2349-1>
21. Souza C, Santos MA. Significados atribuídos por mulheres com câncer de mama ao grupo de apoio. *Psicol Cienc Prof*. 2024;44:e259618. Available from: <https://doi.org/10.1590/1982-3703003259618>
22. Kalaitzi C, Papadopoulos VP, Michas K, Vlasik K, Skandalakis P, Filippou D. Combined brief psychosexual intervention after mastectomy: effects on sexuality, body image, and psychological well-being. *J Surg Oncol*. 2007;96(3):235–40. Available from: <https://doi.org/10.1002/jso.20811>
23. Narváez A, Rubiños C, Gómez R, García A, Cortés-Funes F. Valoración de la eficacia de una terapia grupal cognitivo-conductual en la imagen corporal, autoestima, sexualidad y bienestar emocional en pacientes de cáncer de mama. *Psicooncología*. 2008;5(1):93–102. Available from: <https://revistas.ucm.es/index.php/PSIC/article/view/PSIC0808130093A>
24. Barr W, Nuehring E. Mastectomy: impact on patients and families. *Health Soc Work*. 1980;5:51–8. Available from: <https://doi.org/10.1093/hsw/5.1.51>
25. Costa A. Sexualidade nas mulheres com cancro da mama [dissertation]. Portugal: Universidade; 2017. Available from: [https://ron.min-saude.pt/media/1095/11\\_filipa-alves-da-costa.pdf](https://ron.min-saude.pt/media/1095/11_filipa-alves-da-costa.pdf)
26. Bokaie M, Firouzabadi O, Joulaee A. The effectiveness of group problem-solving therapy on women's sexual function and satisfaction after mastectomy surgery. *BMC Womens Health*. 2022;22(1):50. Available from: <https://doi.org/10.1186/s12905-022-01628-x>
27. Archangelo SCV, Sabino Neto M, Veiga DF, Garcia EB, Ferreira LM. Sexuality, depression and body image after breast reconstruction. *Clinics (Sao Paulo)*. 2019;74:e883. Available from: <https://doi.org/10.6061/clinics/2019/e883>
28. Phoosuwan N, Lundberg PC. Psychological distress and health-related quality of life among women with breast cancer: a descriptive cross-sectional study. *Support Care Cancer*. 2022;30(4):3177–86. Available from: <https://doi.org/10.1007/s00520-021-06763-z>
29. Moreira H, Canavarro MC. A comunicação entre o casal no contexto do cancro da mama. *Estud Psicol (Campinas)*. 2014;31(1):97–106. Available from: <https://doi.org/10.1590/0103-166X2014000100010>
30. Sandel SL, Judge JO, Landry N, Faria L, Ouellette R, Majczak M. Dance and movement program improves quality-of-life measures in breast cancer survivors. *Cancer Nurs*. 2005;28(4):301–9. Available from: <https://doi.org/10.1097/00002820-200507000-00011>
31. Dias RS, Santos Maia E, Souza Lopes G. Câncer de mama: percepções frente à mastectomia. *Res Soc Dev*. 2021;10(16):e322101624109. Available from: <https://rsdjournal.org/index.php/rsd/article/view/24109>

32. Resende CSC. Imagem corporal positiva, dificuldades de regulação emocional e qualidade de vida em mulheres com cancro da mama [dissertation] [Internet]. Porto: Universidade do Porto; 2023 [cited 2026 Feb 21]. Available from: <https://repositorio-aberto.up.pt/bitstream/10216/150127/2/630164.1.pdf>

33. Daniels EA, Gillen MM, Markey CH. *Body positive*. Cambridge: Cambridge University Press; 2018. Available from: <https://doi.org/10.1017/9781108297653>

34. Siegel JA, Huellemann KL, Hillier CC, Campbell L. The protective role of self-compassion for women's positive body image: an open replication and extension. *Body Image*. 2020;32:136–44. Available from: <https://doi.org/10.1016/j.bodyim.2019.12.003>

35. Quintard B, Lakdja F. Assessing the effect of beauty treatments on psychological distress, body image, and coping: a longitudinal study of patients undergoing surgical procedures for breast cancer. *Psychooncology*. 2008;17(10):1032–8. Available from: <https://doi.org/10.1002/pon.1321>

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