

CARING FOR CANCER PATIENT: LIVED EXPERIENCE OF ONCOLOGY NURSES

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Abstract

Background: Nurse plays important roles in supporting and caring cancer patient, working with these patients and families can be emotionally demanding and challenging. The moment upon admission of the patient, nurses ought to meet challenges in identifying complications, management and coordination. Assessing patient and family in providing health education, promoting support in rendering intervention for cancer patient, focusing predominantly on health promotion, end-of life care are essential to facilitate health care practices. This will help to empower patients to practice health behaviours and facilitate them to be self-directed in their care.

Purpose: This study aims to describe and understand the lived experiences of oncology nurses in providing health-related quality of life interventions among cancer patients. Oncology nurses are provider of care in promoting best practices for health like strategies, universal precautions and other implementation of care.

Methods: The study was conducted using descriptive phenomenological method and data was generated through one-on-one audio-recorded interview with ten oncology nurses. Colaizzi's procedural interpretation of the phenomenological method of inquiry was used for data coding and identifying themes. Methods to ensure trustworthiness of the findings were implemented.

Results: the study showed health-related quality of life interventions were essential in nursing care among cancer patients. The lived experiences of oncology nurses in providing HRQoL interventions among cancer patients was formulated in three themes and 14 sub-themes. It was suggested that the manner in which cancer patients' quality of life improves through HRQoL interventions should be further studied.

Conclusion: The study promote understanding through exploring the patient experiences, themes that generate such as tale of misery in the patient during nurse encounter, building hope to cancer patient and finding beauty beyond the wall will serve as framework in creating strategic ways or approach that enhance sensitivity and holistic care to the cancer patient. Hence this will help the oncology nurse to enrich their knowledge, skills, and attitude as provider of care.

Keywords: Oncology Nurses, Cancer Patients, Health-related Quality of Life, Health-related, Quality of Life Interventions.

Introduction

Cancer is a leading cause of death worldwide in 2020, accounting for nearly 10 million deaths. (World Health Organization, 2020). The incidence of cancer is increasing because of the growth and aging of the population, as well as an increasing prevalence of established risk factors, such as smoking, overweight, physical inactivity, and changing reproductive patterns associated with urbanization and economic development. (Ferlay, et.al, 2013). Cancer patients who have reached a terminal stage despite treatment attempts suffer in various ways; physical pain, loss of meaning, loss of autonomy, feeling of being a burden, fear of future suffering, and worry occur frequently among patients with terminal cancer (Ruijs, et.al, 2013). Terminally ill patients do not always accept death, and many require mental healthcare in order to manage the negative emotions generated by the awareness of their imminent mortality. (Kyota & Kanda, 2019).

Caring the patients is stressful; it needs patience, understanding, and sensitivity in rendering services. Palliative care extends beyond the care of a patient to include care of the family and of the healthcare professional. Professionals providing palliative care to terminally ill patients have focused on what patients feel, think, and desire regarding their impending death (Wolf & Berlinger, 2015). Nursing competency is generally viewed as a complex integration of knowledge including professional judgment, skills, values and attitude, indicating that holism is widely accepted. (Salinda, et.al.2021). Healthcare professionals are keenly interested in assisting with the anxiety and spiritual suffering experienced by terminal cancer patients (Grossman et.al, 2015). Acceptance is an active process where the patient becomes open to and acknowledges all aspects of his or her current situation, whether physical or emotional, to make the most of the time he or she has left (Hulbert-Williams et.al, 2015).

The aim of the study is to understand the lived experiences, their misery in caring cancer patient

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and to see beyond the beauty of caring cancer patient. Nurses serve as advocate and change agent in instilling faith and hope to the patient.

Objective

To deepen the nurses' understanding in assessing the patient sensitivity in caring cancer patient.

Needs and providing health-related quality of life interventions among cancer patients. Oncology nurses are provider of care in promoting best practices for health like strategies, universal precautions and other implementation of care.

Methods

Research Design

This study made use of descriptive phenomenological design to accurately describe the lived experiences of oncology nurses in providing health-related quality of life interventions among cancer patients. Applying Colaizzi's strategy in descriptive phenomenology was to elicit an exhaustive description about the phenomenon regarding oncology nurses experiences in taking care of cancer patients. To begin with, we transcribe, read, re-read, and analyze a description of each informant participating in the study to acquire full understanding of the data. Then we extracted statements with importance to the research question, such as descriptions of how an oncology nurse feels about in providing health-related quality of life interventions among cancer patients. To reflect the research data precisely, the important statements was made through quotations from the informants. To analyze the important statements, we commenced to articulate what the statements denote and generate themes from the meanings. Then we clustered related themes together and organized them into sub-themes. In this study, we obtained three themes and 14 sub-themes. Lastly, we incorporated the results into a complete description of the topic and consulted to each informant to validate the results. Credibility and conformability was established through member checking. The report of the analyses was given to the informants in order to get guarantee that we described their real world in themes

Participants of the Study

Nurse informants were recruited using purposive sampling based on the following criteria: (1) currently employed as oncology nurse; (2) at least twenty-five (25) years of age; (3) with at least three (3) year experience as oncology nurse; (4) male or female Filipino nurses; (5) working in a government hospital in Pasig City; and (6) willing to share their experiences. Eight female and two male nurses participated in the study and completed a

demographic form prior to the interviews. The ages of the informants ranged from 28 to 57 and their maximum time of clinical experience as oncology nurse was 10 years and the minimum was 3 years.

Ethical Consideration

This study was subjected to the ethical review of the University Research Center - Ethics Board Committee of Far Eastern University - Institute of Nursing. Hospital and informed consent from each informant was sought prior to the interviews. This study has been guided by the following ethical principles: (1) autonomy, right to know and to withdraw were respected by providing the informants with all information pertinent to the study and by making them understand that their participation was completely voluntary and had the right to withdraw any time; (2) non-maleficence was observed by discussing to them the risks of discomforts; and (3) privacy and confidentiality were guaranteed by storing all data in a secured place and all information acquired from the informants was treated non-identifiable and confidential manner.

Data Collection

Data were gathered through in-depth interviews with each informant the interviews were conducted face-to-face at a pre-arranged dates and time and lasted approximately 30-60 minutes. The interviews were continued until no new theme emerged. Data saturation was obtained after all the interviews. They were tape-recorded and transcribed verbatim. The researcher approached the informants with a very broad question that contemplated on the description of the lived experiences in providing HRQoL interventions.

Data Analysis

The gathered data was analysed by using Colaizzi's Descriptive Phenomenological Method. According to Morrow, R. et al. (2015), Colaizzi's method is a distinctive seven-step process which provides researchers with a rigorous analysis as each step stays close to the data. There are seven steps under the method: Familiarization, Identifying Significant Statements, Formulating Meanings, Clustering Themes, Developing an Exhaustive Description, Producing the Fundamental Structure, and Seeking Verification of the Fundamental Structure.

The statements were isolated thus forming themes reflecting descriptions of the nurses' experiences. All themes that had the similar meaning were grouped together as a thematic category. There are three main themes were developed

Trustworthiness and Credibility of Qualitative Data

For the credibility of the gathered information, this study utilizes a member-check validation of findings that allows the participants to confirm whether the analysis gathered by the researchers is coordinated with their lived experiences. According to Polit & Beck (2012), credibility refers to the data's truth or the participant views and interpretation and representation of them by the researchers. These data sets are the first criterion in establishing the trustworthiness of the qualitative paper.

Result

This chapter presents the results and discussion of the data gathered. The following information was all synthesized from unstructured interviews of participants. The analysis is guided by Colaizzi's (1978) descriptive phenomenological data analysis.

Tale of Misery in the Patient during Nurse Encounter

Patient is mostly encounter suffering, the feeling of misery when there is no hope and helpless in the situation that they are encountering. The battles seem no end, pain and suffering which commonly the patient encounters. Being diagnosed with a terminal illness and living with the prospect of imminent death presents an existential challenge that fundamentally disrupts people's relationship with time. (Moore, 2013) The informants address the importance of emotional care to cancer patient. This need to address immediately. Alongside pain, psychological distress is commonly reported (Harding, et.al 2011), highlighting the need to understand patients' psychological experiences of engaging with palliative care services from their perspective.

"Their emotions weren't stable. They try to be okay but sometimes they remember something and there's a shift. They get sad and then they cry."- N8

"Depressed patients are really those that go through chemo. You'll notice differences whenever they come back and the prognosis is bleak. Knowledge about depression, the recognition of symptoms like „appropriate sadness“ due to the patient's trying to conquer fear of death and initiation of treatment is essential for optimum cancer care: "Listen to the depressed. They speak whatever it is on their minds. But even when you don't hear it, you can see in their actual appearance how depressed they are. So that's what you really need to be able to see, since the cancer could worsen because of it"- N1.

Cancer patients are afraid of uncontrolled pain, thinking of what happens after death, including what might happen to their loved ones: "Whenever they see their children visiting, they end up crying. They don't speak about the pain they feel, but I interpret

it as these people not yet wanting to leave their kids unstable."- N5

The nurse engagement or interaction plays crucial role in providing companionship. The interaction cultivated sense of social connectedness and for some alleviated feelings of loneliness. Moreover, the shared understanding among patients as a result of their illnesses allowed some participants to seek and provide informational and emotional support (Vasileiou, 2020).

Building Hope to Cancer Patient

Instilling hope to the cancer patient is one of the challenge of health care provider. All informants were vastly encouraged in caring for cancer patients holistically, with emphasis on the physical, psychological, emotional, and spiritual aspects of care. Learning to reflect the patient's feelings in a deeper meaning makes them feel heard and understood. Nurses don't analyze, interpret, judge, or give advice. The significance of allowing patients to express their negative feelings about their illness and treatment when they feel they need to, in order to reinforce positive disposition. On the other hand, nurses also encourage the patient to regain control of their lives, experience hope and reconciliation through the development of their potential even in difficult times.

"Don't hesitate striking a conversation with the patient, even when they get irritable sometimes, they're always in pain. But once you show concern and compassion, you make them feel important even if it's just for five minutes"- N3.

"Cancer patients can sense and feel the uneasiness, nervousness, tension, anxiety and also carelessness being conveyed, through the interpretation of the body language of nurses and closed ones but also in the way they are touched while being cared for"-N4.

"The role of nurses is important in keeping the patients optimistic. When a person becomes ill, it's not just their organs. Nurses can change their minds, for example, nurses can explain to them and then make them feel that they are understood, no matter how horrible they feel, they won't have to feel alone"-N1.

It shows the human side of the health care team and generally helps everyone cope. One of the informants stated that when humor is used sensitively, respecting the gravity of the situation, it can build the connection among the caregiver, patient, and family. Through experiences of genuine human connection with staff and other patients, responsive, reliable and empathic care, and opportunities to facilitate patients' striving for living

a meaningful life amidst negotiating a terminal illness (Sandsdalen, 2015).

Finding Beauty beyond the Wall

Nurses who have developed strong interpersonal relationships with patients often share the suffering experienced by the relatives of a cancer patient, and may experience a similar sense of bereavement when the patient dies. What it means to be an oncology nurse, a no-win situation where compassion routinely gets hijacked by grief. When a cancer patient died in the hospital, the person caring for them in their last days, hours, and minutes is the nurse because they are the ones who are always there. "One informant noted that nurses tend to get to know the cancer patients, their families, even their friends because they keep on returning in the institution for their treatment sessions. And because they get know them so well, in such an intense and intimate setting, they end up caring about them. Nursing is a profession and discipline, being a nurse need commitment and service to the people, to actively promote, protect and restore of one's health of individual (Salinda, et.al., 2021).

"When you see chemo's side effects, you really feel for the patient. You develop a bond with them; they don't just do chemo once, it happens twice, thrice, even more. As a nurse, you know you have emotions, and you feel for them, but there's nothing you can do but serve them."- N1

"I had a patient I took care for a long time and when he died, I was devastated. I got to know their family, and they were all so kind and so close. So I felt like I was part of the family, so when the death came, I was also devastated"- N6.

A nurses' road to fulfillment is not always dominated by grateful and gentle patients. One informant noted that she can't call herself a nurse unless she accepts the fact that dealing with grumpy, over demanding, and ill-tempered patients every once in a while is quite inevitable in one's nursing career. It emphasized that responding to cancer patients anger requires empathy and a willingness to understand the meanings of their anger that might allow the patient to be accountable for their attitude to their illness. Nurses were asked to be doing more and more with less and less. Keeping a cool head on their shoulders and having compassion is clearly something that helps. For instance, one informant stated that sometimes it can be very difficult for the nurses to maintain a calm demeanor when things get out of hand. This is particularly true when patients are displaying challenging behavior because patient care is central to the job of a nurse "It's challenging, as you encounter different attitudes. But you need to be really patient, because we don't know how it feels to have cancer.

Discussion

The study focuses on the experience those cancer patient experiences. It mainly describes depression and anxiety is common among people diagnosed with cancer. Stress is often a trigger for depression and anxiety, and cancer is one of the most stressful events that a person may experience. These conditions may interfere with cancer treatment. The patients with untreated depression or anxiety may be less likely to take his cancer treatment medication and continue good health habits because of fatigue or lack of motivation. They may also withdraw from family or other social support systems, which means they will not ask for the needed emotional and financial support to cope with cancer. This in turn may result in increasing stress and feelings of despair (American Society of Clinical Oncology, 2012).

Cancer patient also concern on the pain brought by cancer and the treatment possibility of failure. The extensive misery from diagnosis to treatment and beyond. Since cancer affects not only the physical but Also the psychological, emotional and spiritual status of the patient (Markides, 2011). Countless ways, there is no single trail taken by all cancer patients. The misery is shared between the patient and healthcare professionals, and nurses can provide both care and support to patients throughout their desolation (Legg, 2015). Nurses strive to have caring relationships with patients, to discover their stories, and to know them so as to assist them better back to health. (Salinda, et.al. 2021). Thus, oncology nurses who are comfortable with listening and discussing existentially related concerns may be in a better position to promote the patient's physical, psychological, emotional and spiritual adaptation. With a nurse's help, if a patient can resolve the miseries that impact quality of life during treatment, it may greatly improve their outlook. It is difficult for patients to focus on learning about anti-cancer treatment if they are overwhelmed with anxiety and distressing though (Vondrasek & Cody, 2012).

It describes hope in the time of distress, that there is always God who loves us in suffering. Losing hope is common which the cancer patient experience, somehow even nurses if it is terminally ill patient if is base with medical there are some cases which are hopeless. But as nurse we instill hope to patient. God never abandoned His people in their suffering, There is always hope and miracles if we pray (Osteen, 2020). Oncology nurses empower the patients to establish hope and reconciliation thru rapport and communication, touch intervention, enhancing faith, inserting humor during interactions, and helping the patients develop a positive outlook in life despite their condition. Open communication is the cornerstone of rapport between nurse and patient. The patient want to know what is going on and will

appreciate it when the nurse keeps them informed (Barkley, 2016). The nurse way to approach patient will give light to patient. It is through showing empathy and love to the patient just like being with them and never abandoned them. Oncology nurses in these study aid patients in developing optimism, that could help them achieve a good prognosis. In table 4.3 is about finding beauty beyond the wall, even thou there is a only a dim of light, there is always beauty which is serving others with love and dedication, promoting spirituality and being closer to God. Miracles happen anytime through prayers (Osteen, 2020).

Conclusion

The study promote understanding through exploring the patient experiences, themes that generate such as tale of misery in the patient during nurse encounter, building hope to cancer patient and finding beauty beyond the wall will serve as framework in creating strategic ways or approach that enhance sensitivity and holistic care to the cancer patient. Hence this will help the oncology nurse to enrich their knowledge, skills, and attitude as provider of care. Oncology nurses should consistently provide therapeutic interventions for physical, emotional, psychological and spiritual aspects that promote the improvement of health conditions of patients with cancer and their quality of life.

Conflict of Interest

The authors declare there are no significant competing financial, professional, or personal interests that might have influenced the performance or presentation of the work described in this manuscript.

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