

Qualitative Study on Lived in Experiences of Breast Cancer Patients at Mahagujarat Hospital, Nadiad

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Abstract

Introduction: Breast cancer is the most prevalent and fatal form of cancer worldwide. India stands first among other countries in breast cancer mortality. This study shed light on the subjective life experiences of women who were diagnosed with Breast cancer, the study reviews the different factors like personal, familial, social and financial affecting the lifestyle and management of disease as Breast cancer affects all the dimensions of health of an individual. Knowing the subjective feelings, experiences and expectation will help to highlight the importance of quality care and better coping to the disease.

Objectives:

1. To explore the lived in experiences of Breast cancer patients.
2. To explore the various dimensions of the lived in experiences of Breast cancer patients.

Materials and Methods: A Qualitative Phenomenological Study was conducted. Samples were selected by the Non probability purposive sampling method. The data got saturated with 10 samples. The researcher interviewed them by using semi structured open ended questions and tape recorded the conversations where investigator has attained at least 6 to 8 sitting lasted for about 30-40 minutes with each participants. The investigator used local language for the interview and recorded in mobile, the recordings were transcribed verbatim according to themes and subthemes.

Results: Coalizzi's data analysis framework was used to analyze the transcribed data and from the analysis seven themes extracted and they were; 1) lived time 2) lived body 3) lived treatment 4) lived relationship 5) lived economical 6) lived vocational 7) lived spiritual. It was found that participants acknowledge fear, anxiety and frustration with their diagnosis and body changes. Participants were not able to do their daily activity by their own throughout the treatment phase due to extreme weakness and tiredness. It provides evidences that Breast cancer has psychological damage to patient's life they feel more anxious and depressed.

Conclusion: The study attempted to explore the lived in experiences of Breast cancer patients and it was found that Breast cancer patients report that they continue to experience physical, disease related discomfort, but use multiple ways to improve coping. In terms of psychological dimension, they learn to improve strength with the help of spiritual beliefs. In terms of social dimensions, support from the family, friends and relatives was the key to cope through their treatment. The findings highlight the need of nurse's care and concern for the subjective aspects in women with breast cancer and also time for sharing the experiences and feelings in such dreadful illness which helps to bring ideas for improving the quality of life and better coping.

Keywords: Breast cancer; Chemotherapy; Lived in experiences; Patients.

INTRODUCTION

Breast cancer is the most prevalent cancer among females in the world. According to the statistics, there were 2.1 million new breast cancer cases and 63000 deaths in 2018. female breast cancer is also most commonly diagnosed cancer in the world and in the year of 2020 there are 2.26 million cases have been diagnosed of breast cancer. with the development with the medical treatment, the 10-year survival rates among breast cancer. 1Breast cancer in Gujarat was 9,414 in 2018. The figure rose from 8,001 in 2016, recording a 13% rise in the number of registered cases. India's average is 12.4%. According to the data, estimated breast cancer cases in India rose from 1.42 Lakh in 2016 to 1.59 Lakh in 2018. 2Breast cancer survivors are threatened with various problems due to disease. This makes woman vulnerable to issue of the body image, psychological distress, loss of arm

mobility and Lymphedema. This problem can challenge the recovery and affect the quality of the life.³The incidence of breast cancer cases continues to rise globally. In 2018, there were almost 30 million 3 years and 44 million 5 years' cancer survivors worldwide – nearly half of them living in low and middle income country.⁴According to Delores (2014), a cancer survivor “There is a fear that goes through you when you are told you have a cancer. It’s so hard in the beginning to think about anything but your diagnosis. It is the first thing you think about every morning”.⁵Combination of breast cancer treatment and demands of the family life are noted to have a significant physical and psychological sequela.⁶Exploring these problems are realistic corner stone for planning and implementing medical and nursing interventions to help them live with their optimum level of functioning.⁷the lived experience of breast cancer may be rooted in the socio cultural contexts and therefore, understanding the experience of women living with breast cancer becomes paramount.⁸ Breast cancer treatments could reduce women’s quality of life in many ways, causing physical and mental health problems (Davies et al., 2013).Not only the side effects of chemotherapy that impact on the quality of life of these women (Rosman,2004),they also experience various difficulties and often have to deal with additional undesirable outcomes (Rosman,2004; Else-Quest et al., 2009).⁹ The goal of the study is focused on the lived experience of breast cancer patients from diagnosis, treatment and beyond.¹⁰

Objectives of the Study were

1. To explore the experience of women living with the breast cancer.
2. To explore the various dimension of the lived in experiences.

Methods:

A Qualitative Phenomenological Study was conducted in 2022 in order to understand various experiences and feelings of the Breast Cancer women. A Non-Probability Purposive Sampling Technique was used to recruit the participants. A total of 10 Women with Breast Cancer were interviewed. The data collection tool comprises of 2 sections, namely the participant’s demographic details and Lived in experiences of Breast Cancer patients. Structured questionnaire was used to collect and assess the demographic variables of women. The researcher interviewed them by using semi structured open ended questions and tape recorded the conversations where investigator has attained at least 6 to 8 sitting lasted for about 30-40 minutes with each participants. The investigator used local language for the interview and recorded in mobile, the recordings were transcribed verbatim according to themes and sub themes. The data were analyzed thematically using Colazzi’s analysis.

Result:

Among 10 samples, in terms of age 20% of them (2) belongs to the age group of 30-40 years whereas 40% (4) belongs to age group of 41-50 where 30% (3) participants belongs to the age group of 51-60 and last 10% (1) belongs to 61-70 years. In regard to gender differentiation all 100%(10) of the participants were female. All 100% (10) participants were Hindu. In regard to Marital status 80% (8) of participants were married, 10% (1) participant were unmarried and rest 10% (1) were widow. Regarding the educational qualification ,30%(3) participants had done primary education, 20%(2) have educated till secondary education and 10%(1) have educated till Higher secondary and Rest 40%(4) of participants had done degree. In regard to the Type of family 50%(5) participants lives in Nuclear Family and rest 50%(5) lives in Joint Family. In the dietary pattern All of 100%(10) were eating only vegetarian food. Out of 100%, 70% (7) of the participants were Housewife, 10%(1) Participant have Government Job and rest 20%(2) have Private job. All 100% (10) Participants did not have Family history of Breast Cancer.

Out of 100%(10) Participants, in 80% (8) Duration of Breast cancer is between 1-5 Years and in 20% (2) duration of Breast cancer is between 6-10 Years.In regard to Number of Children, 10% (1) participant have no child, 60% (6) have two children, and rest 30%(3) have 3 children.Out of 100% (10) participants, 20% (2) have no history of abortion, and Rest 80% have history of abortion.In Regard to Breast feeding related history, 10%(1) participant was not applicable for this, 10%(1) did not breastfed their child, and rest 80% (8) regularly Breastfed their child. Regarding to age of first baby, 1 participant had her first baby in age between 18-21 years, 60% (6) had their first baby in age between 22-25 years, 20% (2) had their first baby in age between 26-29 years, Rest 10% (1) had her first baby in age between 30-33 years. Out of 100%, 70%(7) participant’s age of Menarche is between 13-15 years, and rest 30%(3)16-18years.

Table 1: Frequency and percentage distribution of Breast cancer patients according to age, gender, religion, marital status, Educational background, type of family, diet, occupation.

SR NO.	VARIABLE	CLASSIFICATION	FREQUENCY	%
1	Age in Years	a) 30-40 Years	2	20%
		b) 41-50 Years	4	40%
		c) 51-60 Years	3	30%
		d) 61-70 Years	1	10%
2	Gender	a) Female	10	100%
		b) Transgender	-	-
3	Religion	a) Hindu	10	100%
		b) Christian	-	-
		c) Muslim	-	-
		d) Other	-	-
4	Marital Status	a) Married	8	80%
		b) Unmarried	1	10%
		c) Divorced	-	-
		d) Widow	1	10%
5	Educational Background	a) Uneducated	-	-
		b) Primary	3	30%
		c) Secondary	2	20%
		d) Higher secondary	1	10%
		e) Degree	4	40%
6	Type of Family	a) Nuclear family	5	50%
		b) Joint family	5	50%
		c) Extended family	-	-
7	Diet	a) Vegetarian	10	100%
		b) Non vegetarian	-	-
8	Occupation	a) House wife	7	70%
		b) Government job	1	10%
		c) Private job	2	20%
		d) Business	-	-
		e) Other	-	-

Table 2: Frequency and percentage distribution of Breast Cancer Patients according to the Family history of Breast cancer, Duration of Breast cancer, Number of Children, History of Abortion, Breast Feeding related history, Age of first Child, Age of Menarche

SR. No.	VARIABLE	CLASSIFICATION	FREQUENCY	%
9	Family history of Breast cancer	A) Yes	-	-
		B) No	10	100%
10	Duration of Breast cancer	A) 1-5 Years	8	80%
		B) 6-10 Years	2	20%
		C) 11-15 Years	-	-
		D) 15-20 Years	-	-

11	Number of Child	A) 0	1	10%
		B) 1	-	-
		C) 2	6	60%
		D) 3	3	30%
		E) > 3	-	-
12	History of Abortion	A) Yes	2	20%
		B) No	8	80%
13	Breast Feeding related history	A) Not Applicable	1	10%
		B) No Breastfeed	1	10%
		C) Regular Breastfeeding	8	80%
		D) Irregular Breastfeeding	-	-
14	Age of First Child	A) 18-21 Years	1	10%
		B) 22-25 Years	6	60%
		C) 26-29 Years	2	20%
		D) 30-33 Years	1	10%
		E) >33 Years	-	-
15	Age of Menarche	A) 10-12 Years	-	-
		B) 13-15 Years	7	70%
		C) 16-18 Years	3	30%
		D) >18 Years	-	-

Chart 1. Dimensions used for data collection

Physical Dimensions	Themes: Lived time Themes: Lived Treatment	Subthemes: Life Changes: Physical symptoms, Changes in daily activity. Subthemes: Before & After taking Chemotherapy
Psychological Dimensions	Themes: Lived body	Subthemes: Before, After, Present occurrence of Breast Cancer
Social Dimensions	Themes: Lived relationship	Subthemes: Relationship with spouse, parents and children
Economical Dimensions	Themes: Lived Economical	Subthemes: Economic difficulties
Vocational Dimensions	Themes: Lived Vocational	Subthemes: Changes in Performance and Relationship
Spiritual Dimensions	Themes: Lived Spiritual	Subthemes: Changes in Spiritual Belief.

Theme 1: Lived Time (before and after being diagnosed as having breast cancer)

Subtheme 1: Before: Denial and difficulty to accept the disease condition

All my participants were shocked when they came to know about their condition and they have same review that “How can I got this disease, this should not have happened to me.”

Subtheme 2: After: Acceptance of the disease condition.

Most of all my participants are having review that “now what we can do for what has already happened, I have faith in God & I will take medication and regular follow up”

Subtheme 3: Present: Uncertainty regarding future

All my Participants are having fear and worried about their long term treatment. They are also tensed and worried about the spread of cancer.

Theme 2: Lived Treatment

Subtheme 1: Before: Fear of taking chemotherapy

All my Participant have immense fear regarding chemotherapy. They don't want to take chemotherapy as they heard about its side effects.

Subtheme 2: After: Side effects of chemotherapy

All Participants were having Hair loss, Nausea and vomiting, Malaise, Burning sensation throughout body, Anorexia, Numbness in hand and foot, Angry and irritated behavior. Three participants had gained their weight & three participants had experienced weight loss. One participant was having dry, hard & blackish skin of sole and palm, one participant had diarrhea, one had experienced vertigo.

Theme 3: Lived Body

Subtheme 1: Life changes: Physical symptoms

Some of my patients were having breast pain, Lump or tumor in Breast, hardening of breast, breast skin irritation, burning or itching or tingling sensation inside breast & weakness, some of patients were having rashes or changed skin color of breast, two participants were having unusual discharge from breast, one participant had dry and cracked nipple skin and irritated behavior.

Subtheme 2: Life changes: Changes in daily activities

All my patients were having a weakness due to chemotherapy and because of that they cannot done their daily activities by their own self. Even their life style and diet was changed so they were very nervous about their changes in all.

Theme 4: Lived relationship

Subtheme 1: Relationship with husband:

Out of all patients, eight patients were married and their husband were supportive and taking good care of them. One participant was widow and another one was unmarried.

Subtheme 2: Relationship with parents:

All my patients were having good relationship with their parents and they all are supported them very well.

Subtheme 3: Relationship with children:

Eight clients were married and their all children were very good in nature, mature, lovable and supportive to them and even give psychological support to them.

Subtheme 4: Relationship with siblings:

All the siblings of my participants were very helpful and supportive. Some of my participant's siblings were also helping financially.

Theme 5: Lived economical

Subtheme 1: Economic difficulties:

Only three patients were worried about their financial condition and treatment expenses. Rest of all participants were stable economically.

Subtheme 2: Increased expenditures: Taking help from Relatives

Three of my participants were having financial crisis sometimes due to more expenses. Out of them one participant issued Mukhyamantri Amrutam (MA card) for her surgery expenses and she was depended on her sister financially, another two participants were taking financial help from their brothers.

Subtheme 3: Family members had to work: to manage financial difficulties

Out of three participants who were having financial problem, two participant's family member had to work for become financially stable & independent. One participant's daughter was started job as teacher and also her husband who was school bus driver started working as delivery boy in flipcart company as part-time job and another one's son was started job in a company to fulfill the need of family.

Subtheme 4: Reaction on the expenses on the treatment

Five participants were having health insurance (sample 8 remaining) & One was issued MA card for her surgery expense. Other were taking treatment from private hospital and private sources as they were financially independent.

Theme 6: Lived vocational

Subtheme 1: Changes in performance: low standard performance:

All my patients having a problem in their work as they were having a physical symptoms and not well due to weakness. After taking chemotherapy it worsens they were even facing difficulty in their daily living activities and need assistance for that because of severe side effects of chemotherapy and immense weakness.

Subtheme 2: Changes in relationship with colleagues:

Out of all participants, only three were having job when they were diagnosed with breast cancer. All the colleagues of participants were supportive and cooperative at the time of need during the illness faced & they were also visited patients and gave moral support.

Theme 7: Lived spiritual

Subtheme 1: changes in spiritual belief: Changes in belief towards God

All my patients were having faith in god except one. At first when they were coming to know about their condition they were angry towards God and not thought to not believing on God, but after sometimes they repented for that. One participant who didn't have faith in God after this condition she also started believing in God.

Subtheme 2: spiritual relationship: High intensified belief towards God

All my participants were having belief that they were getting better only due to their faith in God & the God is only one hope that can help them to cure from this life threatening disease.

Discussion:

The study attempted to explore the lived in experiences of Breast cancer patients and it was found that Breast cancer patients report that they continue to experience physical, disease related discomfort, but use multiple ways to improve coping. In terms of psychological dimension, they learn to improve strength with the help of spiritual beliefs. In terms of social dimensions, support from the family, friends and relatives was the key to cope through their treatment. The findings highlight the need of nurse's care and concern for the subjective aspects in women with breast cancer and also time for sharing the experiences and feelings in such dreadful illness which helps to bring ideas for improving the quality of life and better coping.

Conclusion:

The Study report the physical, psychological, social, economic, vocational and spiritual problems faced by the Breast Cancer Patients. These problems emerged needs for Nursing concern and care for subjective aspect of Breast Cancer women which helps in improving the quality of life and also helps to brings better coping strategies.

Ethical Declaration and Consent:

Dinsha Patel College of Nursing, institute ethics committee reviewed this study and granted ethical approval. Consent has been obtained from all Participants.

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