

Experiences to Chemotherapy among Women with Breast Cancer

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Abstract

Few qualitative studies explore patients' experience due to receiving chemotherapy agents. Issues, such as how such changes impact daily life and functioning, their consequences, and how patients respond to chemotherapy changes, have not previously been systematically addressed. This is a qualitative-research, case study approach which describes the experiences to chemotherapy among women with breast cancer. Data were collected through face-to-face, semi-structured interview guide approach with each of the participants. Holloway's Strategy was used subsequently to analyze the data. The data emerged a trajectory consisting of the effects of chemotherapy on the physical health, social, emotional, and spiritual aspects of women with breast cancer. In conclusion, there is relief in that their stories were heard with appreciation, their lives gained more value, and meaning to people who matter most to them. It is recommended that breast cancer education and information campaign should be intensified. It should not only include the signs and symptoms for its early detection, the various treatment and their side effects and self-care to be practiced correctly but also to present these in a positive perspective through the stories of hope, strength, and love of the cancer survivors.

Keywords: Breast Cancer, Women, Chemotherapy, Experiences to Chemotherapy

1. Introduction

Cancer is a class of diseases or disorders characterized by uncontrolled cell growth and spread of cells, in which abnormal cells are able to invade other tissues through the lymphatic system or the bloodstream (World Health Organization, 2012). The unregulated growth that characterizes cancer is caused by mutations in genes that encode proteins controlling cell homeostasis (Chrisanthar, 2008). The incidence of cancer is rising, and it is estimated that by 2020, globally, more than 15 million people will experience cancer (Higginson & Costantini, 2008 cited by Moradian, 2013).

Breast cancer constitutes a major public health issue globally with over 1 million new cases diagnosed annually, resulting in almost 500,000 annual deaths and about 4.4 million women living with disease. According to the Philippine Cancer Facts and Estimates published by the Philippine Cancer Society in 2015, breast cancer ranks 1 amongst all cancers in the country. The disease is so common that one of every 13 Filipino women is expected to develop breast cancer in her lifetime.

The main treatments for breast cancer include surgery, radiotherapy, chemotherapy, hormone therapy and biological therapy (Osteen, 2001). Chemotherapy is a treatment method that uses a combination of drugs to either destroy cancer cells or slow down the growth of cancer cells (Retrieved from <http://www.cancerresearchuk.org>). Chemotherapy has long been one of the most important parts of cancer treatment. The main goals of chemotherapy vary and can range from intention-to-cure to provision of comfort (Peterson & Lalla, 2010) cited by Moradian, 2013).

Chemotherapeutic agents can be administered intravenously, orally or by injection, in

cycles, often over a number of months. In the broad sense, chemotherapeutic agents act by creating toxic effects on dividing cells (Castello & Erlichman, 2010 cited by Moradian, 2013). However, this frequently results in severe damage to normal tissues, leading to side effects such as bone marrow suppression, and increased susceptibility to infection, nephrotoxicity, anorexia, alopecia, diarrhea, nausea and vomiting (Bergkvist & Wengström, 2006 cited by Moradian, 2013).

It is considered as successful treatment protocol for prolonging disease-free and overall survival; however, it is associated with numerous physiological and psychological side effects which can affect an individual's quality of life, disease prognosis, risk of recurrence and overall health (van den Ende, 2012 & Lawrence, 2012). Moreover, chemotherapy treatments are acknowledged worldwide as having detrimental physical and psychosocial effects to people with cancer. The physical impact of chemotherapy has been acknowledged in several papers that discuss the longevity of some side effects (Jefford et al., 2011; Spiegel & Kato, 1996; Spiegel, Kraemer, & Bloom, 1989 as cited by Platt, 2012).

Chemotherapy is an individual experience. Every person experiences chemotherapy differently, both physically and emotionally. Some may experience very few side effects while others have more (Retrieved from <http://campuslifeservices.ucsf.edu>). Some of them have been describing distress with the chemotherapy, however, little evidence existed that told the whole story. The diagnosis of cancer has a considerable impact on the patients and her family's life, and the addition of the collateral effects of chemotherapy may contribute to the patient's feeling of importance to react to the disease and fight for survival.

There is no universal experience of living with breast cancer and complying with chemotherapy, only individuals that have the experience can relate to it. It is interesting therefore to explore the experiences to chemotherapy among women with breast cancer and the impact of these experiences to their daily living and functioning, thus, the conduct of the study.

2. Objective of the Study

This study aimed to describe the experiences to chemotherapy among women with breast cancer.

3. Significance of the Study

The results of this study could provide new insights, a positive outlook and valuable information to women with breast cancer undergoing chemotherapy. Thus, to reduce if not prevent further side effects of the treatment. Family and relatives of women with breast cancer could have better understand what the cancer patient is going through, thus providing adequate support and assistance which could improve the comfort level to cope with the physical and mental stressors associated with treatment.

The results further encourage the Department of Health to take an action through organizing programs which would give an emphasis about breast cancer treatments specifically chemotherapy. Likewise this study would be helpful in providing new programs that could provide information about the psychological, emotional, and spiritual need of the breast cancer clients during the course of treatment. This study could also serve as a guideline or tool to health care providers and health educators on how they intervene and manage women with breast cancer undergoing chemotherapy. Their vision to give quality services on breast cancer clients through effective health teachings and management could be strengthened, allowing the opportunity not only to anticipate certain symptoms, but also to deal with them more effectively.

Further, this study can be used to help health care providers and educators understand the meaning of experiences of women with breast cancer have gone through. This study could equip student nurses with the knowledge and skills to develop their critical thinking abilities which are needed in their professional life in caring to breast cancer clients. Through this study, they could improve and strengthen their health care strategies regarding chemotherapy.

Finally, the result of the present investigation may serve as additional information to others who may wish to conduct similar study.

4. Methodology

4.1. The Participants

This is a qualitative research, case study approach wherein the participants of the study were seven women with breast cancer who had undergone chemotherapy. Inclusion criteria was made in the selection of the participants of the study, (1) women with breast cancer who had completed IV chemotherapy, regardless of the duration, age between 25 to 65 years old. (2) women with breast cancer who have or have not undergone adjunctive treatment like radiation therapy.

Case study approach is an appropriate method for this research, enabling the life's experience to be structurally and systematically analyzed, thereby allowing in-depth interpretation of the experiences to chemotherapy of women with breast cancer. The aim is to construct an animating, evocative description in textual form of human actions, as we have met with them in the life world (van Manen, 1990, in Munro, 2002). Further, the purpose of this form of research is to act as an advocate in progressing human life, by increasing its thoughtfulness and sensitivity to situations.

4.2. Data Sources and Collection Procedure

Data sources include in-depth interviews and observations using personal journal, observational notes, and audio-tape. The purpose of the interview was to gather or collect information about their experiences to chemotherapy. The open-ended sets of questions were also developed to use as a guide in all interviews. Having the questions open-ended encouraged women with breast cancer to expand on their thoughts and opinions about their experiences specifically in chemotherapy. Data were collected through face-to-face, semi-structured interview guide approach with each of the participants. In addition, the researchers did the interviews and observations, and are the major instrument for collecting data, in studies like this (Patton, 2002 as cited by Zohrabi, 2013).

The participants were visited thrice. During the first day, establishing of rapport was the priority and the actual interview was done on the second and third day. Moreover, a minimum of one to two days elapsed between the first, second, and third interviews was made which allowed the researchers to refine the questioning and allowed each participants the time to reflect on possible additional insights they may have wanted to talk about. Moreover, they were scheduled at a time and place that was convenient to both the participants and the researchers.

4.3. Rigor in Qualitative Research

As with all credible researchers, the trustworthiness of a study depends on the extent to which the researcher has accounted for its reliability and validity. This study was guided by the procedures deemed suitable and explicit for qualitative research by Lincoln and Guba (1985, in Shenton 2004). This was used to establish and enrich trustworthiness of the data which include credibility, transferability, confirmability, and dependability. Within these concepts are specific strategies for demonstrating rigor.

4.4. Ethical Considerations

Before the interview began, the entire consent form was discussed to each of the participants, describing the basic purpose of the study. Confidentiality was then emphasized and their right to withdraw and discontinue the interview from the study at any time. It was also made clear that their participation was voluntary. The participants then signed the informed consent form and were given a copy. The results were protected in a way that ensured that it is not possible to identify any of them. This study protects and concentrates on the respondent's health and well-being of the participants.

4.5. Data Analysis

To describe the experiences of the breast cancer women, the Holloway's Strategy (Evavold, 2003) was used in analyzing data. The steps are ordering and organizing the collected material, re-reading the data, breaking the material into manageable sections, identifying and highlighting meaningful phrases, building, comparing and contrasting categories, looking for consistent patterns of meanings, searching for relationships and grouping categories together, recognizing and describing patterns, themes and typologies, and interpreting and searching for meaning.

5. Findings

Seven women with breast cancer were interviewed for this study. The findings have shown that they were on their late adulthood, married, aged fifty-two to sixty years old, and with monthly income of more than forty thousand pesos (PhP). Four of them were educators and the three others were managers. Five of them had no history of cancer. Five had undergone six sessions of IV chemotherapy. On the other hand, one had eight sessions while the other one had three sessions.

Chemotherapeutic drug have brought changes to these women with breast cancer, wherein their physical health, social, emotional, and spiritual aspects were affected by chemotherapy.

The top five physical effects of IV chemotherapy were nausea and vomiting, alopecia, loss of appetite and weight loss, body weakness, and dryness of the skin. All of the participants have used strategies to cope with the physical effects of chemotherapy such as eating of dry crackers and fruits. They applied lotion and moisturizer and increased their fluid intake. Most of them took rest after chemotherapy and had taken multivitamins as prescribed. In terms of hair loss, all of them had worn scarf, wig, and hats after the first session of IV chemotherapy.

In terms of social aspect, they valued more of their relationships with families and colleagues and they had established rapport with other cancer clients. They had minimized going to crowded places and preferred not to attend social activities which they previously do, like attending birthdays and weddings. Two of the breast cancer women involved in breast cancer support group. In terms of emotional aspect, most had experienced disturbed body image because of hair loss. They were also anxious on the outcome and side effects of chemotherapy. The emotional effects made it hard for them to carry out daily activities in addition to dealing with the physical effects of chemotherapy. Most of the participants were anxious and fearful when they knew their diagnosis and even during the course of chemotherapy. Their anxieties were due to the unknown outcome of chemotherapy, uncertain about the side effects of chemotherapy, and unpredictability of the breast cancer. They were also fearful because of the possibility of death, additional financial burden to their family, and drastic change to their totality as a person. However, all of them had resorted to diversional activities such as listening to music, watching movies, and reading inspirational books. Moreover, they also became dependent with the support of their family and friends. It was through them that the participants gain strength and will to survive.

All of the breast cancer women stated that they had become more spiritual after their cancer diagnoses and when they were on chemotherapy. They cited that praying, reading of inspirational books, and the help of pastors and their church families alleviated emotional distress and all of them realized the importance of strengthening their faith. Indeed, spirituality is an important aspect of cancer care.

The following is a vignette for one client which can represent a pattern of experience typical of cases of women with breast cancer who underwent chemotherapy.

This client is 58 years old, a widow, and working as head of a college. Her family income is above 50,000 (PhP). She first noticed something suspicious about her left breast—it was highly dense and had a dimpling on the upper portion. An ultrasound confirmed her doubts and three days later she was admitted to the hospital for a series of blood tests in preparation for chemotherapy.

She underwent 8 chemotherapy sessions. All were eventful physically and emotionally, especially the first. Fear of the unknown set in early while the drug was entering her blood stream. Her BP rose to 150 mmHg systole. She felt the side effects immediately—nausea, abdominal bloatedness, constipation, insomnia, loss of appetite, and on the second day, she felt weak. On the 4th session, she was given a combination of three drugs and on the 8th, a stronger drug called Taczole.

She noticed other effects after the 2nd session such as alopecia (falling of hair) and stomatitis. She was very thankful to her nurse-friend who had experience managing side effects of chemotherapy and who advised her gargle lactofapi (lactobacillus) to prevent stomatitis.

She took precautions so as not to aggravate her weak condition like minimizing going to places with a lot of people as malls, restaurants, or attending social events as weddings, baptisms, and funerals. She went to church but usually in the late afternoon and sat in front to avoid close contact with people.

She handled her present situation with a heightened spirituality with prayers and attending mass. Her sickness reminded her of her mortality, she is ready to go anytime.

When she lost the assurance of being healthy, she gave up, for a while, work, relationship, responsibilities, being head of the family. Her experience was different from others since hers was a two-fold grief over a lost husband and a lost left breast. She felt alone with no support group and stopped going to Community Council meetings because these reminded her of her husband.

She has begun to enjoy life again. Her friends and her student in her advisory classes who are professionals here and abroad helped her financially. She is lucky to have three children who are all grown up and close by to give her strength, support, and love.

6. Conclusions

Women with breast cancer were able to describe and elaborate their experiences to chemotherapy. The following were concluded.

1. Chemotherapy can be life-saving, however, it brings with it a litany of side effects and brought major changes to these women.
2. The physical changes brought by chemotherapy did not hinder them to continue their lives, instead they find ways to manage such changes.
3. The emotional and spiritual aspects gave them hope and will to survive which led to full recovery. Moreover, with the social aspect, they valued their relationships with families and colleagues.
4. The experiences of these women to chemotherapy gave them sense of comfort, belonging, strength, and hope to live longer. It is therefore important for these women to have their stories heard, their lives valued, and their issues validated by others.

Recommendations

It is therefore recommended that education to women with breast cancer should include information about treatment and side effects, as well as self-care behaviors that might minimize the adverse effects of chemotherapy, decrease symptom distress, and perhaps improve quality of life.

Family members and relatives of women with breast cancer should provide adequate support and assistance which could improve the comfort level to cope with the effects of chemotherapy. Organization of support groups pertaining to cancer treatment specifically chemotherapy could be established. The presence of nurses would provide help them through active listening, assistance with discovery of meaning, and bearing witness to their illness. In addition, it is recommended that effective and specific interventions for specific side effects of chemotherapy. Further, health educators should help in implementing and disseminating the programs and needs of women with breast cancer to chemotherapy. It is further recommended that this study could be used as a pilot study for a larger group of women with breast cancer or any types of cancer, which would further explore their experiences to chemotherapy.

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