

This Lived Experience of Women with Breast Cancer Aged of Fifty-Five During Chemotherapy

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Abstract

Purposes

This study investigated the experience of women aged over 55 years with breast cancer during chemotherapy.

Methods

Qualitative research methods were used. Face-to-face unstructured interviews were used for data collection conducted between May 1, 2012 and Oct 31, 2012. The data were analyzed according to the Giorgi psychological phenomenological method.

Results

A total of 25 women with breast cancer undergoing chemotherapy were included from the age of 55 to 71 years. They were diagnosed with stage II, III, or IV breast cancer and received 4 to 30 rounds of chemotherapy. Three main themes of the data were (1) finding the meaning of life under suffering and death, (2) finding love in the events of life, and (3) sensing connectedness with a higher being.

Conclusions

This study investigated the life experience during chemotherapy of women aged 55 years or more. The participants reported that spirituality upheld their spirit during the treatment period. Their family and deities provided them with spiritual care. This study provided evidence for enhancing clinical practice, education, and cultural sensitivity.

Keywords : *breast cancer, chemotherapy, lived experience, women, ages over 55 years*

Introduction

According to statistics from the Department of Health, breast cancer is the most common cancer among the female population in Taiwan[1]. The incidence rate for women aged over 55 years was 41.87%[2]. Women aged over 55 years are a high-risk group for breast cancer[3]. Surgery is used to remove all visible cancer, whereas chemotherapy is used to kill invisible cancer cells that may remain. Chemotherapy after breast-conserving surgery or mastectomy reduces the risk of the cancer returning. Depending on the model of risk reduction, chemotherapy has been estimated to be responsible for 35%-72% of the reduction in mortality rate[4].

Human experience is the primary epistemological basis for qualitative research. "Lived experience" indicates the intent to explore the originary of human existence directly, and is derived from the Latin *experientia*, meaning "trial, proof, experiment, experience."

Spirituality includes beliefs that provide a person with meaning or purpose in life, belief in a higher power, and a sense of connectedness with self, others, nature, and a higher being [5]. Spiritual care involves activities that meet the spiritual needs of people[6].

This study investigated the experience of women aged over 55 years with breast cancer women during chemotherapy. The findings can help medical teams better understand their patients and develop improved supporting interventions.

Materials and Methods

Qualitative research methods were used. Face-to-

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face interviews were conducted for data collection. A medical center in Taiwan with a breast cancer center was selected as the study sample.

The participant selection criteria of this study were: (1) undergoing chemotherapy after breast cancer surgery, (2) aged 55 years or more, (3) able to converse in Mandarin or Taiwanese with clear consciousness, (4) without mental illness, and (5) willing to participate in the research and share life experiences. The final sample size was determined using informational considerations. The recruitment ended when saturation was attained and no new information was obtained.

Data collection

Purposeful sampling was used and data was collected through direct, face-to-face interviews between May 1, 2012 and Oct 31, 2012. No specific interview form was used. Each interview began with an open-ended question, asking the participants to describe their perception of meaning in their lived-experience through chemotherapy. Specific questions were asked to obtain further information or clarification regarding content. All of the interviews took the form of a true dialog, allowing the “real worlds” and concerns of the participants to be revealed. Each interview lasted between 50 and 90 minute and was audio-recorded. Demographic data of the participants were collected from their medical records and self-reports to describe their characteristics.

All of the interviews were conducted in Chinese. Chinese terms and expressions were used in data coding and then translated into English. Appropriate quotes from the participants to support the analysis were also translated into English by us. The translation was proof read by a bilingual nursing professor to ensure accuracy of meaning.

The first author enrolled the participants and conducted the face-to-face interviews. Twenty-five women were enrolled in this research. A comfortable and private room in a hospital was used as the interview room so that the participants would feel more relaxed during their interview.

Data analysis

The interviews were transcribed verbatim

and analyzed them according to the psychological phenomenological method developed by Giorgi[7]. The essential steps of the coding process were as follows: (1) The transcript was read twice in order to achieve a general sense of the entire story and reflection presented by each participant. (2) First-level coding began when the transcript was read a third time, and segments were identified and labeled as meaning units where a transition in meaning occurred. (3) Second-level coding involved similar meaning units being inductively clustered, collapsed, and labeled as conceptual categories with a degree of abstraction that best represented the participants’ subjective reflection. (4) All of the conceptual categories were then collapsed and synthesized into themes that communicated the shared insights into the experiences revealed by the participants.

Rigor

Problems of rigor were resolved using the criteria of Lincoln and Guba[8]. In this study, peer debriefing with co investigators was conducted to ensure credibility. Transferability of the findings was achieved by vividly describing the experiences of the participants that were obtained from the audio-recorded face-to-face interviews, where as dependability and conformability were enhanced using a rigorous audit trail of data and procedures.

Ethical considerations

The hospital institutional review board approved this study. An oral and written explanation of the study was provided to the participants and assured them that confidentiality and anonymity would be preserved. They could withdraw from the study at any time without providing a reason. Written consent was provided by all of the participants. The study data of each participant, including transcripts and other related documents, were coded with only one identification number. No participant names were ever written on any study document. The signed consent forms were filed separately from any study materials that might otherwise link data to the participants.

Results

This study included 25 women with breast cancer that were undergoing chemotherapy and aged between 55 and 71 years. Women in this study were recruited from multiple geographic regions, were diagnosed with stage II, III, or IV breast cancer and received 4 to 30 rounds of chemotherapy (Table).

The unstructured face-to-face interviews resulted in three main themes, with several sub-themes within each. The main themes were (1) finding the meaning of life under suffering and death, (2) finding love in the events of life, and (3) sensing connectedness with a higher being. Several unique experiences for the participants are outlined in the following discussion.

Finding the meaning of life under suffering and death

The participants were exposed under side effects of chemotherapy. The discomfort and deadly threat of cancer caused them to realize that the meaning of life is to conduct it “here and now”. The subthemes included: facing the threat of death, life requires striving for oneself, and life conduct in the “here and now”.

Facing the threat of death

The participants experienced suffering through their chemotherapy. Apart from side effects of medication, the threat of death surrounded them every day. One participant described this as follows:

“Medical reports say that the 5-year survival rate for a disease like ours is approximately 80% and the prognostic index is poor, so I am worried. I am 55 years old, which will make me 60 in 5 years; that is not even 65 (wry smile)! I have also seen many other patients I met at the hospital experience cancer recurrence. The more I think about it, the more fearful I become. Death seems to be waving to me (Case 22).”

Life requires striving for oneself

The participants felt that chemotherapy was like fighting with the cancer cells. The treatment placed them under stress, but they realized that life requires striving for oneself. One participant said:

“I feel like I am in a war with cancer, fighting with it. It is stressful. If the treatment doesn't work, I'll just leave this world. I will lose everything I have worked so hard to build... However; I do not want to give up yet. My life needs to strive for myself. Spiritual care from the doctors and nurses were as important as medical treatment. I'll give it another try (Case 20).”

Conduct my life “here and now”

The participants felt that life is full of uncertainties. Chemotherapy cannot guarantee that the cancer will never reoccur. One participant said:

“After receiving chemotherapy, I found that life is full of uncertainties. What is the use of making so much money when I do not have the health to spend it? So, I am more willing to spend money now. For example, I buy expensive fish to eat even if it costs me several hundreds of dollars. Everyone will die one day, right? No one can escape death. So, I realized the meaning of life. I've decided to live well every day. That is the most important thing (Case 14).”

Another participant emphasized that conducting her life in the “here and now” is most important. She said:

“My doctor told me to receive whatever treatments I need. I know chemotherapy is to help me fight. Death is a road everyone will take sooner or later. Facing the threat, life for me now is to adjust my mood to accept the challenge. So, the most important thing to me is to conduct my life here and now (Case 9).”

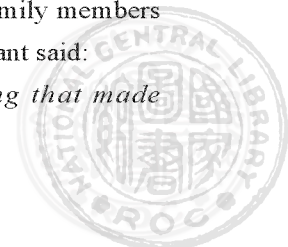
Finding love in the events of life

The participants felt that family support and companionship during the hard time of chemotherapy caused them to realize that love from their family made them strong. The subthemes included: inspiring courage and providing support in time of need.

Inspiring courage

The women were afraid of death during chemotherapy, but the support of their family members inspired them with courage. One participant said:

“My husband told me something that made



me very grateful...and made me unafraid of death anymore. He said: 'If you pass away, or do not want to continue chemo, I will go (die) with you. There is nothing to fear! I owe you so much...' I no longer fear death after hearing him says this. It is comforting to know there is someone who is willing to live and die with me (Case 3)."

Providing support in time of need

The participants felt that the support from their families was valuable power to sustain them. One participant said:

"Something my daughters told me after my chemotherapy made me feel grateful for having these two loving daughters. After they knew that I was taking chemo, they went to Buddha Guan-Yin and Ma-Tsu and asked for blessings. ...Later, I learned that they were being considerate and fully supportive to me. Thankfully, I sensed and received their kindness. Their unconditional support and companionship during these hard times have made me realize that my family's love is most valuable to me... (Case 12)"

Sensing connectedness with a higher being

Religion is considered a form of spiritual sustenance in Taiwan. God and deities are respectable and inviolable. Many of the participants worshiped deities on the first day of every month and burned incenses to show respect. Some of the participants went to church or temple and found a sense of connectedness with a higher being.

Obedience to fate

The participants believed that they should take care of themselves rather than rely on deities. Worshiping deities is only a way of showing respect and obedience to fate. One participant said:

"I am a Buddhist. I visit numerous temples to tell the deities that I will be fine if the treatment goes well. But if it doesn't, I cannot do anything about it. So I just tell the deities, 'I am going to receive chemotherapy, and if everything goes well, I will offer five kinds of fruit as worship to show you my

appreciation.' I usually say to myself, 'This is enough. I would not bother the deities. Fate shall take its course.' (Case 7)"

God's blessing strengthens me

The participants talked about their mental anguish through this communication with the deities, and consequently felt relieved. One participant said:

"I believe that Christianity brings me peace. I kept praying and asking for God's blessing when I was receiving chemotherapy so that I would not be so afraid and could feel strong enough to face the treatment. The sisters from my church prayed for me, too. I would pray before each therapy to lessen my worries. What I have left to do is to ask the doctors how to protect myself from metastasis of the cancer (Case 10)."

Discussion

The data revealed the lived experience of 25 of the participants, representing women with breast cancer undergoing chemotherapy in Taiwan. The lived experiences included three themes: (1) finding the meaning of life under suffering and death, (2) finding love in the events of life, and (3) sensing connectedness with a higher being. The participants described the fear caused by the threat of cancer recurrence and death. They felt like they were at war with the cancer cells and that their heart did not want to surrender. This unyielding spirit is rooted in Chinese culture [9], in which people commonly think that they are "unique and life is irreplaceable." People must have the courage to confront their finitude, weaknesses, and inabilities in order to continue their efforts to develop their potential and complete the meaning of their individual existence [10].

In Western society, Demir, Donmez, Ozsaker, and Diramali [11], who explored the lived experiences of patients undergoing excision breast biopsy, reported that patients experienced fear and spiritual need. In Asian society, similar findings were obtained. The process of chemotherapy causes stress in the participants because of the threat of death. The participants reflected on the struggles of life. Most were affected by the Chinese philosopher Confucius,

who said, "At 50, I know the will of Heaven (or my destiny)"[12]. Therefore, they believed that cancer could not take away their life or the insight of their new meaning of life: finding the meaning of life under suffering and death.

In the study, the life attitudes of the participants changed. They realized the importance of love through the events of life, such as a husband inspiring courage and children providing support in time of need. In Chinese society, abundant interaction exists among family members. Married couples use various strategies and material means to improve their living environments and promote family happiness [13]. A symbiotic relationship occurs between family members living close to each other [14].

Manning-Walsh [15] observed that support from family members and friends helped decrease the negative effects of patient symptoms. In our study, the family of the participants naturally became their support. The family members showed them love using words and actions, which immensely reduced the negative effects of their symptoms and helped them become spiritually and mentally strong.

Taiwan is a country with multiple religions. Most residents adhere to no religion. In Chinese culture, "heaven" (*tian*) is considered the same as "destiny". The participants in this study, like most people in Taiwan, adhered to no religion; however, they were extremely respectful toward destiny [16]. They reported that destiny blesses them with *ping an* ("all is well"); this belief was more evident in the older participants. They respected and revered deities, but did not want to be indebted to them. If they made requests to a deity and the problem was solved, they would pay that deity back with offerings or fulfill their promises.

The participants expressed their spiritual needs and were aware of the finitude of life. They concluded, after some exploration, that the ultimate meaning of life is to keep going. The findings of Purnell, Andersen, and Wilmot [17] were similar, concluding that spiritual well-being is significantly associated with quality of life and traumatic stress, whereas religious practice is not significantly associated with these variables.

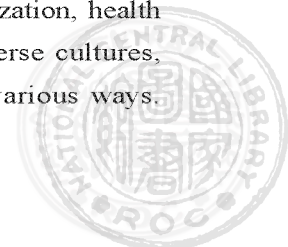
We therefore concluded that religious practices are dissimilar to spiritual pursuit.

Spirituality greatly affected the experience of patients through pain. They felt that spiritual care from the doctors and nurses was as vital as medical treatment. Chemotherapy prevented the disease from recurrence, whereas spiritual care inspired the courage to fight for life. A similar conclusion was presented by Albaugh [18]. He determined that spirituality substantially affected the journey of patients through life-threatening illness and provided a sense of meaning in spite of the illness. An interval of 10 years exists between his study and our findings; however, the spiritual needs of the participants remain the same. This phenomenon shows a natural law, that spirituality substantially affects the journey through a life-threatening experience.

Conclusion

This study investigated life experience during chemotherapy of women aged 55 years or more. All of the participants described a sense of meaning in their lives throughout their experiences. They believed that spirituality upheld their spirit through the treatment period. Their family and deities provided them with spiritual care.

Spirituality includes a sense of connectedness with self, others, nature, and a higher being. Spiritual care involves activities that meet the spiritual needs of people. The results indicated that spirituality upheld the spirit of the women with breast cancer who were 55 years old or older and receiving chemotherapy. Love is the core of spiritual care and associates with cultural issues. By understanding the lived experience of the participants, health providers can become adequately equipped with preliminary knowledge in this crucial, yet rarely understood field. Consequently, they can provide improved support to their patients who are experiencing the same treatment by allowing time and space for spiritual care and respecting their healing journeys. In the age of globalization, health providers need to be sensitive to diverse cultures, which reflects on spiritual needs in various ways.



This study provides evidence for enhancing clinical practice, education, and cultural sensitivity.

Limitations

The study had several limitations. The sample was selected on a convenience basis. The study used only one site in a medical center and requires confirmation from a large population.

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Disclosure Statement

All of the authors declare no conflict of interest.

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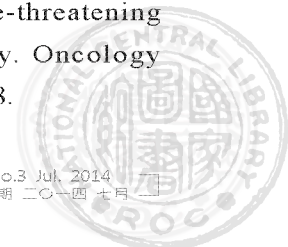
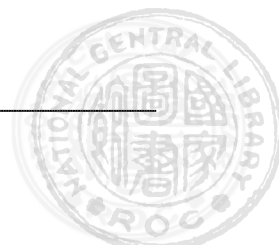


Table 1 Participants' Characteristics

(N=25)

Characteristic	No. of Participants	Percentage	Mean	Range
Age			59.96	55-71
55-64	20	80.00		
≥ 65	5	20.00		
Education				
Elementary School	9	36.00		
Middle School	4	16.00		
High School	9	36.00		
College or higher	3	12.00		
Breast Cancer stage				
Stage II	6	24.00		
Stage III	10	40.00		
Stage IV	9	36.00		
Round of chemotherapy			11.00	4-30
1st to 10th	13	52.00		
11th to 20th	10	40.00		
> 21th	2	8.00		



五十五歲以上乳癌婦女 化學治療期間的生活經驗

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摘要

目的

本研究的目的在探討55歲以上乳癌手術後婦女接受化學治療期間的生活經驗。

方法

本研究屬質性研究，以非結構式面對面訪談法收集資料，訪談的資料撰寫為逐字稿後，使用Giorgi心理現象學方法分析資料。

結果

共訪談25位參與者後資料達到飽和，乳癌手術後接受化學治療婦女的年齡分布由55歲至71歲。疾病診斷分期由第二期到第四期，已經完成的化學治療次數由4次到30次。訪談資料分析的結果得到三個主題：（1）在痛苦與死亡中找到生命意義，（2）在人生事件中發現愛，（3）與神明連結。

結論

本研究為國內樂齡（55歲以上）乳癌婦女化療期間生活經驗的研究。參與者認為靈性串起了她們治療期間生活經驗，家人及上天／神明提供她們靈性關懷。本研究的結果可以提供臨床實務、醫護教育及文化背景的參考。

關鍵詞：乳癌、化學治療、生活經驗、婦女、五十五歲以上

