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Original Research Article

Challenges, Changes and Social Support: A Phenomenological Perspective of Female Breast Cancer Survivors

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ABSTRACT

This phenomenological study explores the lived experiences of female breast cancer survivors in Cebu City, Philippines. Using Husserlian phenomenology, six participants with stage 3 and 4 breast cancer were interviewed through semi-structured, in-depth conversations. Data were analyzed using Colaizzi's method, resulting in three overarching themes: (1) Challenges, including financial constraints, emotional depression, physical changes, uncertainty of life, and multidimensional pain; (2) Dramatic Life Changes, focusing on psycho-spiritual transformation and shifts in daily living; and (3) Social Support, highlighting the pivotal role of family, friends, and spiritual networks in coping and recovery. Participants expressed fear, despair, and pain—but also strength, resilience, and new perspectives on life. The findings emphasize that survivorship is not merely physical but encompasses profound psychological, social, and spiritual adjustments. This study provides valuable insights for nurses and healthcare professionals, suggesting the need for holistic interventions that include psycho-social and spiritual support. Findings have implications for nursing practice, education, and policy, particularly in culturally specific, resource-limited contexts like the Philippines.

Keywords: breast cancer, survivorship, phenomenology, Filipino women, lived experience, psycho-spiritual support

INTRODUCTION

Background and Rationale of the study

Throughout October, every nation is turning pink. It is a tribute to fight against breast cancer and a perfect way to raise awareness of this devastating disease. The underlying theme to this movement is easy to embrace. Moms, sisters, aunts, nieces and friends in our lives mean so much to us. They are the backbone of families and communities, and they are the ones most at risk for breast cancer. However, there are conditions that can really affect the lives of the women who are so dear to us and among these is cancer.

Breast cancer refers to a malignant tumor that has developed from cells in the breast. Cancer has the ability to spread throughout the body. Breast cancer occurs in both men and women, although male breast cancer is rare. Anything that may cause a normal body cell to develop abnormally causing cancer; general categories of cancer-related or causative agents are: chemical or toxic compound exposures, ionizing radiation, some pathogens, and human genetics (Davis, 2014).

In Cebu, breast cancer is the leading cancer-related deaths among Cebuano women. Based on the population cancer Registry of Ramon Aboitiz Foundation, women ages 50-54 are the ones most likely to be diagnosed with breast cancer. In 2003-2007, there were 657 recorded deaths out of 1,349 breast cancer cases. Of the newly-diagnosed cases in Metro Cebu, 70 percent were found in the later stages of the disease (Cressida, 2010).

The aim of this study was to explore the lived experience of cancer survivors from the perspective of the people who have experienced such phenomenon. Lived experience was explored through: (a) revealing the phenomenon of cancer survival as it appeared in everyday Being-in-the-World, and (b) understanding the meanings survivors ascribed to their lived experience of the phenomenon of cancer survival.

Several studies have been performed to explore aspects of living with breast cancer with much research has been focused on social support, body image, quality of life and psychological reactions using standardized questionnaires in developed countries (Gradishar, 2010). However, few have explored women’s experiences with breast cancer especially in Asian countries such as the Philippines. There is paucity in qualitative investigation specifically aimed at capturing personal experience and views of Filipino women diagnosed with breast cancer in the Philippines. Therefore, this qualitative study was conducted to explore the experience from the perspective of breast cancer survivors.

The study utilized a qualitative phenomenological design, specifically Husserlian phenomenology. According to Lichtman (2011) qualitative researchers must “hear the voices of those studied” and unearth the experiences that were lived. Husserl thinks that Descartes was right about the need to ground science from the standpoint of our own experience, but wrong about everything else. Husserl recommends we “bracket” the question of whether the external world exists and just focusses on the contents of our consciousness (Linsenmayer, 2011).

A phenomenological analysis does not aim to explain or discover causes. It is important for this study since it clarifies the meanings of phenomena from lived experiences. As such, phenomenology offers an important shift from a positivist cause-effect focus to one of human subjectivity and discovering the meaning of actions (Gerhardt, 2010). Phenomenology practiced within a human science perspective can thus result in valuable knowledge about individuals’ experiences.

Objective of the study

The study explored lived experiences of female breast cancer survivors in Cebu City, Philippines.

Significance of the study

This study can help in attaining better understanding of breast cancer clients. It summarized the changes, challenges and support of female breast cancer clients. The findings of this research can offer insights about experiences of women who have had breast cancer. This understanding can inform nurses about healing interventions that transcend conventional medicine. The findings of this study have the potential to contribute to (a) nursing practice, (b) nursing education, and (c) nursing research.

The personal accounts of the women in this study are deemed important in aiding a better understanding changes and challenges breast cancer survivors go through. The description of the lived experience insight into the phenomenon, identify the associated attributes and establish a foundation for future research on the phenomenon. Upon receiving a diagnosis of breast cancer, women who indicated a preference for active involvement in planning their treatment have shown greater psychological adjustment than do their counterparts with passive treatment involvement. Improved psychological adjustment to breast cancer was found among women whose response to the diagnosis and treatment was fostered by behavioral coping such as logical analysis, social support, problem solving and a positive sense of well-being.

MATERIALS & METHODS

Methodology

Research Design

The study utilized a qualitative phenomenological design specifically Husserlian phenomenology. Phenomenology is grounded on Husserl's philosophical ideas. Husserl meant that the way to access the material world was through consciousness. His method entails intentionality, phenomenological reduction, description, and essence (Baker, Wuest, & Stern, 2012). Intentionality means that the mind consciously directs its attention toward a phenomenon (Holloway & Wheeler, 2010). To focus on the phenomena under investigation, one needs to put aside prejudices of the world, or pre-understanding.

Husserl thinks that with good, theory-free observations (meaning very difficult, unnatural language), we can give an account of the essential structures of experience, which will include truth, certainty, and objectivity (intersubjective verifiability): all that science needs. We'll find that we don't need to ground the existence of objects in space and other minds, because our entire experience presupposes them; they're already indubitable. This qualitative approach in this study allows the researcher to gain a detailed understanding of both expected experiences and the actual experiences.

The research study utilized phenomenological approach because "the purpose of phenomenology was to describe and understand the essence of lived experiences of individuals who have experienced a particular phenomenon" (Litchman, 2011).

Research Locale

The study was conducted in Cebu City, Philippines. The study was community-based and participants were recruited from various barangays in Cebu City. Cebu City is located on the central eastern part of Cebu Province, an island at the center of the Visayas in southern Philippines. There are 80 barangays comprising Cebu city and it is divided into north and south districts. The topography of Cebu City is rugged and mountainous with elevation reaching 900 meters above sea level. The increasing urbanization of the city now leads to the increasing use of its land for housing, commercial, industrial and institutional facilities.

Research Informants and sampling technique

Female clients with stage 3 and stage 4 breast cancers were recruited. Snow ball sampling technique was utilized to be able to select key informants and to facilitate willingness to participate in the research and ability to share her experiences without coercion. This sampling technique was utilized since most of the participants were referral. Informants were between 29-42 years of age. Participants qualified to be cancer survivors who had undergone or still undergoing chemotherapy, radiation or surgery. There were 8 participants but saturation was achieved on the 6th participant and therefore two participants were not included in the data analysis.

Research Instrument and procedures

The study utilized semi-structured interview guide and open-ended questions. The interview guide questions utilized available standard quality of life tool. Direct observation and field notes were utilized to supplement narrative gathered. All the informants were given a consent form outlining the details of the research and they signed it prior to interview as a sign or agreement to participate in the study willing fully. There was no specified time duration for the interview and it depends on the participant's ability to open up and share experiences.

Audio recording was done during the interview and interviews were conducted in an appropriate and convenient setting depending on the comfort and location of the informants.

Data analysis

The following steps, representing Colaizzi process for phenomenological data analysis, were utilized. The following steps, representing Colaizzi process for phenomenological data analysis, were utilized: (1). Transcribing all the subjects' descriptions. In this section of the analysis process, participant narratives were transcribed from the audio-taped interviews held with each individual. According to Colaizzi's, (1978) process, the narratives do not need to be transcribed verbatim, as long as the essence of what the participant was communicating is caught in the transcription. Individual transcriptions of interview are then validated by the respective participant. (2). Extracting significant statements [statements that directly relate to the phenomenon under investigation].

Colaizzi noted that any statements in the participants' narratives that relate directly to the phenomenon under investigation are considered significant. Significant statements are extracted from each of the narratives and numbered. (3). Creating formulated meanings: In this stage of analysis, Colaizzi, recommends that the researcher attempts to formulate more general restatements or meanings for each significant statement extracted from the participant's narratives. (4). Aggregating formulated meanings into theme clusters: Colaizzi suggests that the researcher assign or organize formulated meanings into groups of similar type.

In other words, the formulated meanings are grouped into theme clusters. (5). Developing an exhaustive description. An exhaustive description is developed through a synthesis of all theme clusters and associated formulated meanings explicated by the researcher.(6). Researcher interpretative analysis of symbolic representations from the articulation of the symbolic representation (which occurred during participant interview). (7). Identifying the fundamental structure of the phenomenon. The fundamental structure refers to 'the essence of the experiential phenomenon as it is revealed by explication' through a rigorous analysis of the exhaustive description of the phenomenon. (8). Returning to participants for validation. A follow-up appointment is made between the researcher and each participant for the purpose of validating the essence of the phenomenon with participants. Any alterations are made according to participant feedback to ensure their intended meaning is conveyed in the fundamental structure of the phenomenon. Integration of additional information provided by participants for inclusion into the final description of the phenomenon occurs at this point.

Role of Investigator

The investigator ensured availability during the schedule time for interview and safeguarding clients' freedom and rights. The investigator also conducted immersion with the philosophy of descriptive phenomenology prior to actual study to facilitate familiarity and readiness for the interview.

Ethical Consideration

All the informants of this study were thoroughly explained and informed about the purpose and need of the study. The informants were put under no obligation to respond or answer any questions that they felt uncomfortable with. All informants were reassured that their names were not going to be used under any circumstances and that all information would be dealt with in a confidential manner. There was no element of force, fraud, deceit, duress, ulterior form of constraint or coercion to get informant to participate in this research study. The informants had brief overview of the study and they will undergo the following ethical consideration: They were oriented about the research; they were informed that their audio was recorded for later reference, and finally they had to sign the consent form upon agreeing to participate in the research.

To maintain anonymity the researcher removed the names of the informants. Each informant was given code "names" for easier designation to protect the informant's identity. Other information can help identify these informants through familiarizing each lived experience as well as to the nature on how they acquired their impairment. The promise to properly dispose the data gathered from each informant was done and assured. Removal of the data from the USB, memory drives and written accounts was kept with utmost the anonymity, confidentiality and the identity of the informants of this research study. All the data was completely deleted in all storage drives.

RESULT

Results and Discussion

The Informants

The names used are for anonymity purposes and are not real names of the actual informants.

Nicole is a 33-year-old married woman with kids. She is currently not working. She has no family history of breast cancer until she realized one day she has a lump while taking a bath. After mammogram and biopsy, she was diagnosed with triple negative cancer stage 3. She is a cancer survivor after she underwent mastectomy of the right breast and lumpectomy, she has also undergone six rounds of chemotherapy and radiation therapy. She is using tamoxifen as maintenance.

Sarah is 29 years old, single and without kids. She has a part time job. After mammogram and biopsy, she was diagnosed with aggressive stage 3 invasive ductal carcinoma breast cancer. She underwent bilateral mastectomy of the right breast followed by two rounds of chemotherapy and radiation therapy. She is using tamoxifen as prescribed.

Jane is 43 years old married woman who is working full time. She had always avoided mammogram and Positron Emission Tomography scan due to her feeling of embarrassment despite her lump and pain in her breast. She was later diagnosed with stage 4 breast cancer through biopsy. She is a cancer survivor after mastectomy of her right breast and she had eight rounds of chemotherapy. She takes tamoxifen regularly.

Krystal is a 37-year-old married respondent. She has no history of breast cancer. she realized she has peas size lump during her breast self-examination. She has full time job. She underwent right breast mastectomy and six rounds of chemotherapy after.

Pinky is 42 years old; she is married and has a part time job. She was diagnosed through mammogram. She had mastectomy and chemotherapy and later she had radiation therapy. She takes tamoxifen as maintenance drug.

June is a 30-year-old single mother who has no work. She was diagnosed through Positron Emission Tomography scan and later Biopsy was done. She is a cancer survivor after she underwent mastectomy of the right breast. She has also undergone several rounds of chemotherapy and radiation therapy. She is using tamoxifen as maintenance

Thematic Analysis

This chapter describes the findings of data generated from the respondents on their experiences of advanced breast cancer. Experiences that were common to all the respondents as well as distinctive experiences of individual respondents are also presented. Using content analysis, four (3) major themes that emerged from the data were; (1) cancer challenges and five sub-themes were generated namely: uncertainty of life, financial constraints, pain, emotional depression and treatment side effects:(2) Dramatic change in life and this had two major subthemes namely: psycho-spiritual change and impact in ordinary life (3) social support.

Theme 1: Challenges

Being a breast cancer client or survivor predisposes one to various problems and difficult times. Due to breast cancer undesirable effects, the survivors have to go through series of challenges that predispose them to major problems in life.

Subtheme 1: Need for money

This refers to inability to settle money problems related to treatment and maintenance of health. Breast Cancer requires money because the client has to pay for costly diagnostics and treatment. Most clients have difficulty in meeting these demands because they were not prepared for, and most of them are from low economic status.

Participants expressed that they needed to pay many unforeseen and unexpected charges including their cancer medications expenses.

‘’Everybody needs help at some point, I spend a lot of money for my treatment and medicine and its more costly for me’’, as verbalized by Nicole (SS11).

The financial strain of covering medical costs and other expenses associated with cancer treatments, along with the loss of household income, may be more severe in younger women.

Some participants expressed difficulty in paying for the expenses and they have to fully depend on the family and well-wishers to help. Breast cancer clients need money for diagnosis, treatment and maintenance thereafter.

’’The greatest challenge was financial responsibility. It was hard for me and my family to pay all the medical costs but I am happy our other relatives assisted us to pay’’, as verbalized by June (SS9).

Financial hardships also bring along psychological and emotional stresses and depression. Inability to meet the demands of cancer predisposed clients to stress as they are unable to comply with treatment and might lead to severity or death.

“The drugs are expensive; how do I get such money? This was what made me sad and I cried a lot”, as verbalized by Krystal (SS7).

Even for insured patients, the cost of cancer diagnosis and treatment can present a barrier to obtaining high-quality care. In the absence of insurance, cancer screening and diagnosis is delayed, and survival is worse (Dunn, 2014).

Subtheme 2: Emotional Depression

Emotional depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings and sense of well-being. People with breast cancer have depressed moods and can feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable, ashamed or restless. Diagnosis of cancer is a life changing event. The magnitude of the change is so severe that it creates a shift in how individuals perceive themselves and the world. Rarely do these individuals continue with their lives as they did before cancer.

All of the participants went through a series of emotions when they were confirmed with a diagnosis of cancer. Breast cancer had a lasting impact on patients’ mental health as well. Depression was the most common emotional disturbance reported by survivors. Women felt hopeless and could not accept the fact that they had cancer.

Their emotions included: surprise, sadness, fear, anxiety, acceptance, and calmness.

’’I was very sad to learn that I had cancer. I was fearful and anxious about my treatment and my survival rate but my daughter told me that cancer is curable. She also explained to me that I would go through. I felt more confident of fighting cancer’’, as verbalized by Jane (SS1).

Some participants expressed their disbelief during their first diagnosis and this stressed them as they had not prepared for it and most of the participants had no familial history of breast cancer.

"I am anxious and afraid because of what is being said about the disease I never thought it to be cancer so I didn't come early and all that I know is that I will die and that makes me afraid", as verbalized by Krystal (SS2).

One of the participants is depressed because of the fear of the re-occurrence of cancer in other parts of her body. There is great possibility that cancer cells may metastasize and disperse to other adjacent organs leading to reoccurrence in other parts.

"Survivorship suggests there's a possibility of cancer recurrence. I live in great fear because I don't know what I will be told tomorrow'', as verbalized by June (SS4).

All women emphasized that they tried to live a normal life even though they felt different. "Feeling different" means their changed perception of themselves and their vulnerability be it physically and/or emotionally. All the women wished that no-one should be aware that they suffered from a malignant tumor. Some of the women retreated into isolation and others appeared to be in denial and hoping that they will wake up one morning and go back to normal.

Subtheme 3: Physical changes

Breast cancer patients always receive extended adjuvant therapy as preventive measures to recurrence, despite treatment-related adverse effects. Breast cancer survivors will have to undergo chemotherapy and radiation therapy. Chemotherapy is a systemic treatment used to eradicate cancer cells that may have traveled to other parts of the body, such as the brain, liver, lungs, or bones.

Although the primary purpose of chemotherapy drugs is to destroy rapidly dividing cancer cells, these drugs cannot differentiate between cancerous and noncancerous cells. For this reason, patients may experience hair loss, loss of appetite, digestive issues, and fatigue. Late effects may include neurocognitive syndrome, commonly referred to as chemo-brain. This neurocognitive syndrome causes the cancer patient to feel confused, to be unable to concentrate or think clearly, and to undergo short-term memory loss.

Despite that treatment is the only way to survivorship; it comes with lot of undesirable consequences as stated by the participants. Some participants expressed change in their physical outlook due to chemotherapy and radiation.

*"The dark skin is more worrying than the hair loss. My hair is always covered but not my skin. I was fair but I have become dark after the injections. My friends could quickly notice the changes. I didn't go anywhere except to the hospital because I don't want people to gossip about me' '*as verbalized by Jane (SS11).

According to Pyszel et al. (2011), although treatment of breast cancer can alter body image, the majority of patients have difficulty adjusting to the visible swelling of the breast and later surgical loss of the breast. The authors further indicated that women in their study reported that disfigurement resulting from breast cancer surgery is only visible in intimate situations and can be covered with cosmetic surgery and prosthetics (Pyszel et al., 2011).

Participants explained feeling of loss. These women felt that not only they had lost their health but also something important in their body and perhaps their mind.

"The nurses told me before the chemotherapy that, I may experience hair loss but I never imagined it to be that sudden. My hair started falling off after just the first cycle when I was taking a bath. I was shocked and I cried. It was devastating, now I am bald; I have no hair on my head. The treatment is not easy", as verbalized by Krystal (SS9).

Some participants expressed discomfort during chemotherapy administration.

''When I was doing the chemotherapy, I felt like there was something crawling on my body. I felt itchy in the whole body as if something crawling on my body, but that wasn't long. Then, I couldn't eat any food for 3 days. I was allergic, nauseated, and vomited'', as verbalized by Jane (SS9).

According to (Alley, 2013), alopecia, hyperpigmentation, hypopigmentation, erythema, moist desquamation, necrosis, and atrophy are the frequent dermatological manifestations reported by cancer patient receiving chemotherapy and radiotherapy.

Subtheme 4: Uncertainty of life

Uncertainty is the inability of a person to determine the meaning of illness-related events such as their disease process, treatment, or hospitalization. Uncertainty occurs when an illness event causes ambiguity, inconsistency, or unpredictability. Being a cancer survivor life is not definitely ascertainable or fixed, as in time re-occurrence and aggravation of symptoms and these changes the quality of life of the client. Some participants expressed uncertainty in their survivorship. Some of them are not sure what tomorrow will bring.

''Something is behind the door, something which can make everything worse. I'm always waiting, but unfortunately not for a good thing'', as verbalized by Sarah (SS6).

Breast cancer survivors are likely to experience chronic uncertainty because of fear of recurrence and long-term treatment side effects. Uncertainty of life is built on four categories: a) perception of breast cancer as an incurable disease associated with suffering and death; b) fear of the risk of diminished femininity and husband's rejection; c) fear of social stigmatization of the disease, and d) apprehensions about breast health examinations. Since breast cancer is long term sickness clients will always live in constant fear because they are not sure what will happen to them.

'' This is an intolerable feeling that you are always expecting unknown tragic events. You sleep with fear, wake up with fear, look at yourself with fear, touch yourself with fear and finally leave with fear. Constant fear is your life background'', as verbalized by Sarah (SS3).

"Many patients become overwhelmed when facing the diagnosis and treatment trajectory, and for some this exposure is so hard to cope with that they become depressed. In general, some 20 percent of cancer patients experience a clinical depression during the first five years as cancer survivors'' (Doheny, 2014).

Subtheme 5: Multidimensional Pain

Pain is undesirable stimuli in ones' body. Pain can either be acute or chronic and patient experiences psychological problems associated with the disease process and treatment. All the participants experienced pain. This is a major challenge in their lives.

"The pain does not stop, even with medication. I wish to die instead of suffering, as verbalized by Jane (SS5).

Participants reported feelings of fear of pain and loss of control by women with breast cancer in their finding. Women expressed living with frustration due to fear of disease progression and pain. The majority of the participants particularly mentioned that they are less active because of the pain they suffer from their cancer. The severity of the pain prevents them from engaging in daily activities such as lifting and dragging of loads or even performing activities of daily living.

Some participants experienced intense pain and this also affected them in other ways other than physical pain.

*"I had a lot of challenges in life including psychological pain of new diagnosis. The physicals pain also bothered me a lot, before and after the surgery', '*as verbalized by June (SS7).

Cancer pain has an intense impact on every aspect of life and is thus the leading cause of total distress in cancer patients and a significant number of patients continue to experience pain despite pharmacological interventions. Despite some participants using pain relievers, the pain was intense

Theme 2: Dramatic change in life.

All of the participants expressed that their lifestyle had changed dramatically because of the diagnosis of cancer, especially their lifestyle. Their attitude toward life had also changed. Being breast cancer survivors their life changed in two ways

Subtheme 1: Psycho-spiritual change

After treatment, religiousness and spirituality played a major role in survivors' life. Breast cancer survivor has a different view of God which influences her religious coping strategies, depression, anxiety, stress, fear of recurrence, and psychological well-being.

This theme was also seen in the participants' experiences finding God closer than ever to them. Their religious beliefs could help them to acquiesce to the God's will and to adapt better with their situation.

''I can see that God is watching me I wasn't a religious person, but now I need this. I can see the things I could never before and this is amazing'', Sarah (SS9).

Patients with an enhanced sense of psycho-spiritual well-being are able to cope more effectively with the process of terminal illness and find meaning in the experience. Prognostic awareness, family and social support, autonomy, hope and meaning in life all contribute to positive psycho-spiritual well-being. Emotional distress, anxiety, helplessness, hopelessness and fear of death all detract from psycho-spiritual well-being.

This theme was also seen in the participants' experiences finding God closer than ever to them. Their religious beliefs could help them to acquiesce to the God's will and to adapt better with their situation.

'' I pray every day. I think this disease has even drawn me closer to God. Now I pray often; it has increased my faith and hope in God. Sometimes my pastor also visits and prays with me'', as verbalized by Sarah (SS15).

Subtheme 2: Impact in ordinary life

This refers to change in daily routine brought about by cancer problem. Treatment side effects will render the client with much fatigue, nausea, hair loss among others. All the participants expressed concern about change in their lives. Most of them have completely new lifestyle after the diagnosis and treatment. *''Being cancer survivor has been an extra-ordinary experience and my life has completely taken a new turn'',* as verbalized by June (SS1).

For individuals diagnosed with breast cancer, the psychological distress of prognosis and fear of recurrence can pose a threat of permanent separation from their social attachments. Another participant expressed a halt in her life when she knew she had cancer.

"Everyone else's life was going on as normal, and my life had stopped when I was I was diagnosed with breast cancer'', as verbalized by Nicole (SS1).

Breast cancer impacted the participants both negatively and positively. Some Participants were able explore new aspects of life.

"I really think it's so important for us to be to take good care of our own health,''. "I'm not going to sit back and wait for a doctor to say, you've got to take this pill'', as verbalized by Nicole (SS4).

A diagnosis of breast cancer accelerates changes in the relationship between the individual and her social network, which may lead to radically changing her assumptions about personal control, self-image, and perspective of life. Some participants expressed a need to be independent despite a change in the ordinary life sequence and to strive to work as normal (Doheny, 2014).

''The staff are too busy, and you have to learn to look out for yourself. You just have to adapt. I try to hide my sadness and be nice to others. That's what they want to see, someone coming in who's cheerful and doesn't complain'', as verbalized by Krystal (SS1).

Adjusting one's life after cancer involves certain emotion-focused coping strategies for positive mental health. Positive mental health involves the individual's ability to search for meaning of the experience, to gain control over her life, to recognize personal benefit as a result of the disease, or to conclude that she is in a more favorable situation than other cancer patients who have more challenging scenarios.

High levels of psychological stress can appear in individuals dealing with cancer and its treatment. In addition, the presence of psychiatric disorders can also appear in these individuals. Psychiatric disorders can be from mild, such as mood changes, sleep disturbance, loss of appetite, low energy, to more severe, such as major depression, risk of suicide, or delirium (Doheny, 2014).

Theme 3: Social support

Family and social support appeared to be a motivator that enabled women to overcome their ambivalence towards seeking breast health care. The women experienced and appreciated receiving encouragement from their husbands or their mothers to practice breast health care. Family members assumed multiple roles in supporting the participants in their fight with cancer. Family is a source of inspiration and encouragement to most participants.

’’I was very shocked. Then, I told my mother and relatives that I had to have an operation because I got breast cancer. Everybody gave me encouragement and told me to hurry for the cure’’, as verbalized by Sarah (SS5).

The family plays a pivotal role as the social support system for the individual experiencing the trauma or life changing event.

’’Getting through breast cancer and its treatment was not easy for me but with strong faith and good family care and positive attitude you can go through breast cancer’ ’, as verbalized by June (SS15).

Studies reported the importance of receiving support by women diagnosed with breast cancer from various sources such as family, spouse, friends, religious bodies and health care professionals (Aziato, 2014). Family also played a major role in financial providence of treatment and medications. The cost of treatment causes family of the clients to strain in an effort to pay for treatment and maintenance.

“My siblings pay for my treatment. When they visit me, they cry when they see me in pain and they give me emotional support”. “I am very grateful to God for my husband. He has really helped me; in fact, he does everything for me. I wouldn’t have survived without him and he has helped me to cope with the disease”, as verbalized by June (SS6).

DISCUSSION

Experiencing existential changes is the overriding theme of lived experience of having breast cancer, as constructed from the participant’s descriptions in the present study. Breast cancer presents various challenges. Studies that include ethnic minority women (specifically African American) have found that breast cancer and its treatments result in physical, economic and employment problems, familial and marital relationships challenges, and concerns with body image and sexuality (Ashing-Giwa, 2013).

Breast cancer has intense impact in the clients’ daily life. Treatment of breast cancer involves surgery, radiation and chemotherapy. These treatments have both positive and negative side effects on the client. The time of diagnosis, initial stages of adjuvant treatment course and the months immediately following the end of adjuvant treatment are transition times of poor adjustment and decreased quality of life in breast cancer patients (Frost, 2011).

Studies have shown that decreased health-related quality of life as a result of chemotherapy side effects may predict early treatment discontinuation in patients with breast cancer (Richardson, 2011). On the other hand, studies on post-treatment adjustment of breast cancer survivors demonstrated that breast cancer patients might enjoy from a good quality of life (Costanzo, 2011). Filipino women expressed similar grievances on their experiences with breast cancer just like other documented studies.

There were elevated levels of fatigue, pain and dyspnea and arm symptoms at 18 months follow-up assessment. This is consistent with the findings of similar studies that reported women with breast cancer experienced substantial complaints as a result of cancer and its treatment (Dorval, 2011). A review on adjuvant systemic therapy for early-stage breast cancer reported that except for vasomotor symptoms all the other detrimental effects of these treatments are transient and would rapidly be removed at the end of the treatment courses (Grimison,2012).

Researchers have found that breast cancer survivors report a variety of family-related concerns. For example, women tend to report concerns about not being able to see their children grow up, the emotional impact that their breast cancer has on their children, feeling isolated, problems with fertility, and intimate sexual relations (Cimprich, 2011).

Participants expressed emotional depression and other difficulties. Ashing-Giwa, 2013) found that Latinas reported greater concerns relating to fear of death, pain and suffering, body image and sexual relations, and financial burdens when compared to other racial and ethnic groups who were breast cancer survivors.

Other studies have found similar results of minor impairment in breast cancer survivors (Härtl, 2013) and evidence that physical and psychological problems reported immediately after treatment tend to improve over the course of the first year (Low, 2011). Some participants expressed anxiety and fear about their future. Uncertainty is an important factor shaping a persons' ability to make sense of the meaning of illness-related events such as their disease process, treatment, or hospitalization (Mishel, 2011).

Social support is an important factor in coping with breast cancer survivorship. Study shows that emotional support could assist patients to cope with psychosocial distress related to a diagnosis of cancer Hvidt (2013). Participants revealed that the sources of their emotional support were the rehabilitation center, the hospital chaplain, fellowship with other cancer survivors, and God has higher power (Hvidt, 2013).

Most participants expressed positive change in their lives especially their spiritual well-being. Bell and Lee (2009) emphasized that cancer support groups have been a key mechanism for addressing the psychosocial needs of cancer patients and their families. Not all cancer experiences are negative: A Japanese study (Tsuchiya, Horn, & Ingham, 2013) showed that cancer survivors often reported positive changes including attitude changes toward life, strengthening trust in family and friends, increased appreciation of life, self-development, future perspectives, education for friends, and efforts towards bodily change. Similarly, a Chinese study found when facing breast cancer, women tried to "make the best of it".

Participants had devised ways of adjusting with breast cancer. Most of them had dramatic change in their lives as a way of coping and majority had spiritual changes that improved their lives. Studies indicate that overall QOL appears to be rather good when considering what the survivors have only recently experienced. Although cancer can negatively affect QOL, it is well known that many cancer survivors report that the illness has brought them a new meaning to their lives and reinforced positive health behaviors and spirituality (Alfano, 2012).

Li and Lambert's study (2012) utilized a descriptive and prospective survey design to identify the coping strategies employed by Chinese women with breast cancer in mainland China and also to determine the demographic characteristics and coping strategies that were best predictors of general well-being.

The findings showed that planning (thinking about how best to handle their health-care problem and making definitive plans accordingly), positive reframing (reframing their health-care situation in a different light to make it more positive), and self-distraction (doing something to distract themselves from the stress of their existing health threat) were the most commonly used coping strategies, which underscores the Chinese characteristic of working towards a "constantly striving spirit".

These Chinese women responded to their illness by engaging in productive activities or doing something helpful for themselves or others. The best predictors of general well-being were employment status and the coping method of self-blame. Self-blame was found to be a negative predictor of general well-being and associated with psychological distress. Paid work promoted the women's general well-being and ability to engage positive coping methods. Similar results were also reported in other studies on employment and returning to work (Bradley & Bednarek, 2002; Kearney Mahar et al., 2008).

The lived experiences of breast cancer survivors in the lines of phenomenology

Women who survived through cancer menace experienced uncertainty of life, life challenges, and difficulty in coping up with demands of new life, however despite all the negative problems they have new lives, they have strengthened spiritual relationship with God, and most they have developed stronger social bonds with the family and this has significantly enhanced rebuilding of new life. These experiences dominated in the mind and hearts of the women and it showed their ability to move on with new life.

Their initial experience of hopelessness emanated from various causes such as the diagnosis of breast cancer, and the treatment. Most participants feared for the worse and that is death as no one was ready to die.

The physical difficulties that the women experienced were centered in the post treatment reasons. Radiation and chemotherapy were the greatest factors that contributed greatly to feeling of hopelessness, depression and fear among the women. Women expressed happiness despite all these challenges because they were able to survive. Most of them have changed lifestyle and they have showed significant coping mechanisms to all the challenges they face.

All the participants reported that breast cancer had changed them in many ways and that they viewed life in terms of before and after. They reported varied alterations in areas like lifestyle, values, and thinking. Some change was dramatic; some gradual or smaller and less noticeable.

All women acknowledged a deepening of their faith during their trajectory. Their spiritual life has been enhanced than before and most of them spend time praying and practicing other religious practices.

CONCLUSION

Implication and Recommendations

Implication to the world

This research has contributed to the gap in the literature by focusing on women's experiences of breast cancer since few studies have been conducted on female breast cancer. Understanding the phenomenon of 'living with breast cancer' seems to be crucial for nurses to help women with breast cancer to find themselves in confronting the consequences of the changes associated with the illness. This study will enhance awareness to the world about breast cancer survivorship.

The description of the lived experience of women with breast cancer will be disseminated by the researcher through poster and podium presentation at the state, regional and national levels. Publication of the research findings in qualitative research nursing journals will add to nursing knowledge as well as to that of other disciplines interested in holistic approaches to patient care.

RECOMMENDATIONS

The findings of this study illustrate that from prevention through survivorship, women in Cebu stand to benefit from improved knowledge and awareness of breast cancer risks and treatment as well as mechanisms through which to share their experiences and find physical and emotional support. As Cebu City local government expands screening programs across the City in an effort to downstage breast cancer diagnoses, it must recognize that increasing access to free screening alone is not sufficient motivation to increase screening. Given the financial concerns and limited resources of the population it would be worth highlighting the financial benefits of early diagnosis and treatment vs. later stage diagnosis which often results in limited treatment options and cost-prohibitive radiation and chemotherapy.

Efforts to expand access to mammography and ultrasound screening should also be accompanied by a multi-faceted information campaign addressing risk factors and the benefits, both health of secondary prevention through screening. Educating women about the risk factors for breast cancer may encourage more women to respond to public service announcements and participate in screening.

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