

# DETERMINING THE PROCESS OF CONFRONTING WITH CANCER: THE THEORY OF "FINDING HOPE AND SUPPORT FOR SURVIVING" IN THE FACE OF CANCER

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## *Abstract—*

**Background:** In recent years, cancer incidence has got a rising trend, creating a lot of problems for patients, families, and the community. It is one of the most feared diseases in the community and its development is associated with emotional and psychological fears and problems. That's why it is critical to confront with cancer and the patients' right confrontation with the disease can produce fewer problems. Therefore, this investigation aimed to deal with the cancer process in cancer patients.

**Method:** Using the grounded theory, the process of dealing with the diagnosis based on the patients and close relatives' experiences, doctors, and nurses was studied. The study was carried out in the city of Sari in Mazandaran Province in 2013-2014. Unstructured interviews, observations, and field notes were the methods of data collection. Sampling began purposefully and theoretical sampling was gradually followed based on the emergence of codes and classes to achieve the theory evolution. Accordingly, a total of 35 interviews were conducted with 16 patients, 4 family members, 3 doctors, and 3 nurses. Data analysis was performed by using Glaser's constant comparative method and the process of confronting with cancer was designed and presented according to the findings after the identification of the main concepts.

**Findings:** Data analysis revealed that the participants' main concern when confronting with cancer is "life threatening", while their core strategy is "finding support and hope for surviving". The consequence of this strategy was a relative survival and mobility and the findings demonstrated the participants try to be hopeful for survival and endeavor for the necessary follows-up. The process of confronting with cancer includes the following steps: "Being susceptible to having a serious illness, i.e. cancer", "Being informed of getting cancer", "Preparing the patients to get informed of the diagnosis", "Perceiving a life-threatening danger", "Finding hope and support for surviving", and "Having a relative hope for survival / mobility".

**Conclusion:** The results depicted that patients' confrontation with cancer is a process consisting of several interwoven phases

**with a focus on finding support and hope for surviving since promoting hope, life-giving spirit, and supporting the patient in all aspects when diagnosing cancer can provide better outcomes in them and help them to be facing fewer problems in the meantime.**

**Keywords:** Confronting with cancer, Grounded theory, Hope, Support, Theory of finding hope and

## I. INTRODUCTION

Today, cancer is as one of the most important health issues around the world (1). It is one of the most common increasing diseases appropriating a great effort of the health care system (2). Cancer patients experience 5 stages, namely, disease stage, primary treatment, follow-up, recurrence and retreatment, and palliative care (3). Cancer diagnosis creates special challenges, including the challenge of how the patient should be informed of the disease (4), since despite medical advances, development of cancer treatments, and an increase in those surviving, this is a unique illness to create frustration and a deep fear in cancer people, (5). However, today, instead of focusing on mentioning or not mentioning the disease, the quality of communicating with patients to prepare them with the confrontation with the disease is further emphasized (6). Nowadays, the debates mostly focus on the issue of what kind of information should be given to the patients and how (7). Based on how to tell the patients about the bad news of cancer, reviewing of the literature shows that there are deficiencies in this area, creating a problem for caregivers and the recipients of care (8). The problem of how such news as cancer is given suitably and effectively would be an important concern for the medical staff (9). Evidence also suggests that the clinical staff such as doctors do not own the necessary and perfect communication skills to deal well with the patients (10). Studies represent that if the news is badly transferred, it can cause the problems such as confusion, long-term tension, and suffering, while a good transfer can help understand, adapt with, and accept the issue. Yet, researchers have somewhat systematically dealt with the way of confronting with and responding to a bad news such as cancer, while lack of basic knowledge in this field is a concern (11). Moreover, the training programs lack theoretical and practical bases in this area (12). Informing patients of their diseases and confronting with cancer is one of the main challenges for taking care of such patients since there is always a concern about their loss of hope in case of their

notification of the disease (13) although some studies have revealed that honest disclosure of the truth worsens no aspects of their life qualities, especially that of their emotional functions (14, 15). Today, although the disclosure of the diagnosis to the patients and confronting them with cancer is a natural process in many Western countries such as USA, Canada, and Australia (16), a significant percentage of cancerous patients from some Asian and Mediterranean regions, such as Japan, Italy, and Greece is not notified of the illness (17,18). On the other hand, many patients ask for information about their diseases (19) and contrary to their relatives, they want to be told about their types of illnesses (20, 21, 22). In Iran, investigations reveal that nearly half of patients become aware of their diseases (23). The results of a study demonstrated that 90% and 72% of physicians agree to inform patients about cancer at the early and advanced stages, respectively, and 88% of the patients agree to be told of the truth in the early stages, while the majority of them tend to be informed about it after diagnosis (24). The way of confronting patients with cancer is very important and if it is done properly and with the right approach and strategy, it can certainly have the positive results of their active participations in the treatment programs besides their being encouraged to seek treatment by receiving hope. On the other hand, today's debate on the issue of whether or not to tell the patients about the disease has been further focused on how to say it. Therefore, further investigation on confronting patients with cancer is necessary because it has become as an inevitable recurring task due to the increasing incidence of cancer. Considering that many patients face the diagnosis, their experiences and confrontation processes can contribute to a deep understanding of the disease and the results can be applied by the clinical staff, particularly nurses, researchers, and other healthcare professionals. On this basis, the present research was designed and implemented to answer the study's main question of "what is the process of confronting with cancer?"

## II. METHOD

Due to the fact that confronting with cancer is an interactive process formed in relation to others in a particular situation and regarding the researcher's goals of determining how to confront with cancer and formulating a theory on this ground and given the nature of the phenomenon under study, the grounded theory was chosen as an appropriate and helpful approach.

The research environment to interview with the participants was the oncology departments, chemotherapy clinics, and societies for cancer support chosen by the patients themselves. The author's observations were performed in the oncology departments where the patients were hospitalized, oncology and chemotherapy specialty clinics where the patients had appointments for undergoing chemotherapy, and the doctors' examination rooms at the societies for cancer support where they visited for help, consultation, and examination.

In this study, the researcher used the 3 methods of observations, interviews with participants, and field notes to collect maximum data and gain the participants' rich experiences based on the qualitative method of the research phenomenon. All the interviews were unstructured, recorded with the permission of the participants, done individually to protect their privacy, and at the times and places agreed by them so as to produce maximum comfort. In this assessment, for the completion of and access to more objective and

first-hand data, the investigator utilized an observation method and by attending the oncology departments, chemotherapy clinics, and the societies for cancer patients, he endeavored to accurately and objectively observe and record the participants' conditions and experiences when confronting with cancer and in fact, act as an observer-participant. Meanwhile, field notes were used as the data. During taking part in various fields and interacting with the participants, the researcher was also sensitive to the events related to the subject of the study, recording them as field notes if observing by chance.

Sampling was done, initially targeted and based on the study phenomenon and purpose of the survey, and the participants were selected and invited to participate in the interviews. The process gradually continued in the form of a theoretical sampling based on the participants' responses, data analysis, and the need for further numerous data. The process continued until the data were saturated, i.e. as long as no new codes were obtained in the final interviews and all the details of the categories and the achieved theory were completed.

The study participants included the cancer patients, for whom cancer of one of their body systems had been definitely diagnosed and had experiences confronting with cancer, as well as those involved in the process of dealing with cancer and could give detailed and accurate information on this subject matter, such as the patients' family members, doctors, and nurses, namely those confronting the patients with the disease, facing the disease, or evidencing confrontation in the process.

16 patients, 3 nurses, 3 doctors, and 4 family members of the patients were involved in this survey. 10 patients were female and 5 patients were male. All the 3 nurses were female and the doctors were 2 males and 1 female. Also, the 4 family members of the patients consisted of 2 males and 2 females. The participants aged between 28 and 76 years (mean age = 47 years). The majority of the participants were married and their levels of education ranged from ability of reading and writing to specialized PhD. 12 to 24 months had been spent after diagnosis with an average of 14 months. The participants were housewives, employees, workers, teachers, retired persons, and specialized physicians and had different types of cancer (lymphoma, leukemia, and gastrointestinal, breast, thyroid, and testicular cancers).

In this research, the researcher used the analysis algorithm of Glaser's grounded theory for data analysis. Based on the study objectives and questions, researchers read and coded the interviews line by line, classifying the similar events as codes into one category and giving them an incidental title or label. By continuing coding and collecting more data, the incidental codes were combined and more abstract codes were made. After completing a batch of the incidental codes, substantive codes were created, some of which built a sub-category related to the main category or variables. By doing a few interviews, the main concerns of the participants were identified and following the determination of the core variable, the open-coding phase was stopped and the selective coding phase began. After discovering the core variable and its related categories, the relevant texts were studied and their data were compared with the study data.

In the selective coding phase, to collect more data based on core variable with using a theoretical sampling, 15 additional interviews were conducted with 3 new patients, 8 with the previous patients, 1

with a new doctor, 2 with 2 new family members, and 1 with a new nurse, respectively. After analyzing the new interviews and reviewing the categories, sub- categories, and substantive codes, some were merged and the relationship between the final categories characterized by higher levels of abstraction and the core variable was assessed. Then, by sorting the reminders and using Glaser's 6CS coding family, the categories were sorted and their relationships with the core variable were determined. Finally, after reviewing the relevant literature and evaluating its similarities and differences with the concepts of our completed theory, the grounded theory extracted from our data was written.

The research findings (interviews) were given to the participants for a review and approval so they announced their opinions about consistency of the results (codes) with their experiences on how to confront with cancer. Then, the findings were discussed with the researcher's discussions, who independently analyzed some parts of the interviews at special meetings. In addition, several interviews were given to other experts to study and present their comments. On the other hand, the author's long-term involvement and allocation of sufficient time to data collection contributed both to gathering in-depth data and gaining the participants' confidences. For a detailed auditing by foreign officials based on the document, the author has accurately recorded and reported all the stages of the research process from the beginning to the end. Furthermore, incorporation of the methods and sources of data collection (interviews, observations, and field notes) has helped to find and confirm the participants' stability of attitudes and behavioral patterns to a great extent. To create the data confirmability and objectivity, the researcher has fully explained the whole stages of data collection, analysis, and formation of the concepts so that the other people will be able to repeat and conduct the trials by reading the research reports. Also, he has tried to describe in detail the grounds for others' judgments and evaluations of transferability. In this research, diverse participants in terms of gender, education, occupation, type of cancer, and age were selected. Therefore, the sampling technique with maximum variation and accurate reporting of the participants' features contributes to the transfer of our findings to others. The findings of this study were compared with those of other studies at the stage of selective review of the literature based on the main concern and the core variable.

After the project approval at the School of Medical Sciences, Tarbiat Modarres University and Tarbiat Modarres University Research Ethics Committee, the researcher gained an introduction to the study places and began to work after the authorities' approval. Then, researchers introduced themselves to the participants and explained the study objectives to them. Researchers also got their consent to participate in the study and informed them that they were free to be excluded from the study at any time they wanted. Meanwhile, he asked for their permission to record the interviews and ensured them that their information will be used solely for the research purposes and will not be put in the hands of people other than the research team. They were also ensured that their profiles will remain confidential in all the stages of investigation and afterwards and will not be disclosed anywhere to anyone.

### III. FINDINGS

In this paper, the authors have addressed investigating and determining the process of confronting with cancer from different

angles through an actual involvement in this field and by using a constant comparative analysis. The data analysis was performed in the 2 stages of open and selective coding. The open coding stage led to the discovery of the major concern and core variable and the selective coding stage, in which the data collection and analysis were performed, was based on the core variable and its related categories. At first, the participants were interviewed and the observations were documented. Each interview was recorded on a digital audio recording device and then the full text was transcribed. Afterwards, open coding began with the first interview. By coding each interview, a great number of incidental or event codes was obtained, which was sorted based on similarities and differences. The substantive codes were then conceptualized using the approved repetitive event codes and thus numerous substantive codes were collected.

The theoretical coding was followed afterwards, so that coding on each category was formed with the aim of completing them and their attributes. At this stage, the investigators made the categories and sub- categories by juxtaposing the identical substantive codes and their concepts to complete and compare their features and the relationships between the categories. Then, several other interviews were conducted, which provided the author with in-depth data, concepts, and categories and contributed a great deal to the data analysis. At this stage, they regularly compared the new data with the emerged batches and categories and finally put them into appropriate categories according to their characteristics, similarities, and proportions. The proportionalities of the data with the categories and sub- categories and between the categories were regularly implemented, which led to the emergence of categories with higher levels of abstraction. In the process, many changes occurred to the names of the categories with regard to the substantive codes and sub- categories.

In the open coding stage, after overlapping and integrating the codes, the number of the incidental codes reached 500 codes, forming 69 substantive codes, 29 sub- categories, and 8 main categories including becoming sensitive and aware of having a serious illness, i.e. cancer, getting informed of the diagnosis, preparing for informing the patients of the diagnosis, getting entangled in the crisis of awareness and understanding of the disease, being helpless and feeling a loss, having an uncertain future, seeking for support and hope for surviving, and having a relative hope for survival and mobility. The data analysis in this study revealed that the participants got involved in different concerns after confronting with cancer and their main concern was the life threatening, thinking that their lives are in danger and deeming cancer to be a terminal illness. However, they used different strategies to counter this threat and pass off the situation, trying to overcome their own concerns. In fact, these strategies were directed towards a window of hope and support against the threat of cancer. The strategies, interactions, and behaviors associated with the main concern of the life threatening was conceptualized in the form of "finding support and hope for surviving" as the main variable.

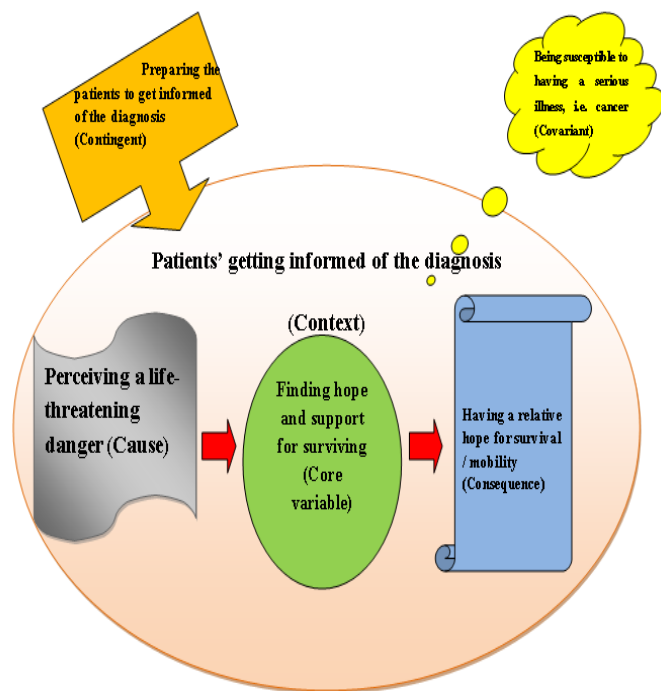
After open coding, the selective coding phase began, in which the researchers collected and analyzed the data incorporated with the core variable and its related categories. Then, new interviews were performed to saturate and clarify the relationship between the core variable and its relevant categories, as well as the relations between the categories themselves. At this stage, the titles of some substantive codes, sub- categories, and categories underwent some changes, while more abstract concepts commensurate with the data were

extracted. Finally, the number of categories reduced from 8 to 6 categories.

At the end of the selective coding phase followed by the reduction of the categories, the investigators addressed sorting of the specified categories and determining the theoretical relations between each concept and reduced category and the core variable, as well as between the categories themselves. Ultimately, 6 categories were named based on their relationships with the core variable as follows:

1. Being susceptible to having a serious illness, i.e. cancer (Covariant)
2. Patients' getting informed of the diagnosis (Context)
3. Preparing the patients to get informed of the diagnosis (Contingent)
4. Perceiving a life-threatening danger (Cause)
5. Finding hope and support for surviving (Core variable)
6. Having a relative hope for survival / mobility (Consequence)

The following diagram shows their relationship:



**Figure 4/8: Diagram of the theory of "finding hope and support for surviving" in the face of can**

#### IV. DISCUSSION:

The results of this investigation represented perceiving a life-threatening danger as the cause of the core variable, which means

after being informed of having cancer, the patients feel their lives are in danger. This has led them to explore support and hope for their survival, while their efforts are mostly focused on resolving their main concern. In the study of Hurne et al. (2011) performed on the patients with lung cancer by using the grounded theory, the extracted theory was "maintaining integrity in the face of death", which meant focusing of the patients and their families on balancing their lives for the moment. In the mentioned study, 4 main categories were established, one of which was "confronting with death when it comes". It was also discovered that although the patients and their families were thinking of living for the moment, they had concerns in the face of death (25). The study of Cebeci et al. (2011) was also based on a sub-category of consciousness about death associated with the patient's experience of illness. Their results generally showed that elderly patients considered cancer as a life-threatening disease, feeling that their lives will not be so long. Besides, they thought living with cancer means trouble for others (4). As shown in the above-mentioned studies, in most societies, cancer patients feel dying and think their lives are in danger after understanding that they have cancer. On the other hand, they feel to have an unclear future and thus a sense of despair and loss of hope occur to their hearts. For this reason, they seek for hope and support for surviving. In the other qualitative study, Salander (2002) evaluated the experiences of the patients who had been recently diagnosed to have cancer in Sweden. He concluded that although the patients had difficulty in confronting with a cancer diagnosis, they liked to receive direct information about their illnesses, while feeling anxious without knowing the facts. In a qualitative investigation (27) conducted on 14 women with breast cancer and their 11 relatives by Koyné et al. (2012) in Australia, the clarification of family roles and abilities to confront a young woman being diagnosed of having cancer was addressed. In their study, it was found that the participants stressed on family abilities to provide them with emotional and practical support, encouragement, and understanding when they needed attention (28). Missel & Birkelund(2011) In their study based on a qualitative approach, extracted the themes emerging from their data, one of which was hope. Despite knowing their difficult situations combined with despair, the patients always followed a stage of hope after hopelessness, while they were found in search of help and support after a sudden confrontation with a devastating disease (29). Based on the same approach, Arber et al. (2012) provided the continuum of care theory, suggesting that cancer patients paid attention to support services in addition to the emotional and practical supports from their families and friends (30). In another study conducted based on the grounded theory in Canada, Miedema et al. (2007) addressed the patients' coping strategies at the different stages of cancer and discovered 3 strategies at the stage of diagnosis: 1) collecting information on diagnosis; 2) interacting with family, friends, and medical staff; and 3) understanding of the disease in which they have got involved (31).

Reviewing the mentioned studies and their results revealed the patients seek for a window of hope after confronting with cancer although they constantly perceive a danger and threat to survival. They are involved in emotional and mental problems, experience a distressing time, and wish to receive various supports to dominate the situation. Therefore, the theory of "finding support and hope for surviving" was the result of this survey, exploring the confrontation approaches of cancer patients with the disease.

## V. CONCLUSION

In short, it can be said that in the process of patients' confrontation with cancer, the main concern of the participants is the "life threatening" and the core variable is "finding support and hope for surviving", involving a process consisting of 6 categories.

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