



## NARRATIVE INQUIRY ON BREAST CANCER PATIENTS IN TIMES OF COVID-19 PANDEMIC

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### Abstract

In the Philippines, there is a substantial quantity of research on the experience of breast cancer patients under treatment, but little is known about those patients who had difficulty making sense of and understanding their experiences after the delivery of medication before and even during the pandemic. Hence, this research documented the personal narratives of female breast cancer patients in the province of Bataan highlighting their experiences in undergoing treatment before and during the COVID19 pandemic. The wider objective of the study is enhancing the support that can be offered to women with breast cancer by embracing the process of meaning-making. By using a narrative framework, an unstructured narrative encounter with 8 women diagnosed with Stage I-II breast cancer who completed their curative treatment 6-47 months prior to the interview were conducted. The oral stories of these women were transcribed and retold into a prose account which were then analyzed using narrative analysis. While undergoing treatment before the pandemic, the cancer patients were living through physical pain, enduring a roller coaster of emotions, going through spiritual awakening, building a strong support system and engaging in a healthy diet and lifestyle. During the pandemic, they are faced with the rising cost of healthcare services, increasing risk of COVID19 infection and missing routine check-ups due to strict health protocols. It is recommended that they should be given access to professional psychological and social support and improved nutritional support programs which will be offered through online or offline modalities by the healthcare institutions or the Department of Health and its instrumentalities. Through the course of the pandemic, healthcare institutions should expand their teleconsultation program which will cover a wider range of oncologic services that will be made available to cancer patients. Virtual visits may be permanently adopted and healthcare institutions should look into formalizing a breast screening programs that operate in parallel to primary care.

**Keywords:** Breast cancer, Narrative inquiry, Oncological services, Personal narratives

### INTRODUCTION

Breast cancer affects women and men from all walks of life and in all countries, regardless of socioeconomic or ethnic position, religious beliefs, or national origin. In 2008, an estimated 1.4 million women were diagnosed with breast cancer, and an estimated 459,000 women died from breast cancer (Ferlay et al., 2010). It has climbed by more than 20 percent since 2008, and fatality rates have increased by 14 percent, to over two million new cases of breast cancer in 2018. (Cavallo, 2020). Breast cancer was the third highest cause of morbidity and death in the Philippines between 1992 and 1996, behind communicable illnesses and cardiovascular disorders (Ngelangel & Wang, 2002). With an annual increase in incidence of 1.2% since 1980 and 30 percent of all cancer cases (Lapea, 2012), it was the most common form of cancer in both men and women in 2015, accounting for 19% of all cases (Laudico et al., 2015).

Approximately 19.3 million individuals throughout the globe were diagnosed with cancer at the time of the COVID19 pandemic in 2019, with a death toll of 10 million (United Nations, 2021). Breast cancer is the most common cancer in the world by 2020, with an estimated 9.3 million new cases and 10 million deaths, according to the World Health Organization (Sung et al., 2021). There are 27,163 new cases of breast cancer in the Philippines by 2020, with a prevalence of 17.7% among women and 31.4% among men (Global Cancer Observatory, 2021). Breast cancer is diagnosed in 26 out of every 100 females and 1 out of every 105 males in the country. When incidence, death, and prevalence by cancer location were taken into account, breast cancer scored highest.

Cancer treatment and follow-ups have been interrupted in 50% of countries due to COVID19 pandemic, despite an increase in the number of women with breast cancer over the previous two years (WHO, 2021). As a result, these patients are at a much greater risk of



contracting COVID-19 because their immune systems may be compromised (Citgez et al, 2020) and those in active treatments are the most likely to be infected with COVID-19 when compared to other groups. While treatment has been harder and difficult during the pre-COVID19 period, the pandemic has added a substantial impact on their cancer treatment efforts (Vohra et al., 2021), particularly in low- and middle-income nations like the Philippines. Changes in their physical well-being (Seven et al., 2020) such as lymphedema, economic well-being (Kong, et a., 2020) like losing their jobs or facing prolonged periods of unemployment and emotional and mental well-being (Zhang, et al., 2020; Carreira, et al., 2020) due to heightened anxiety because of the delays and postponements in routine follow-ups may have long-term consequences for them.

Looking through the experiences of many countries in breast cancer treatment and care of their patients, the pandemic has reduced the screening and diagnosis, surgeries, counseling and testing of many patients (Acquati et al., 2021). There was also an observed delays in the treatment of breast cancer (Papautsky & Hamlish, 2020) due to the patients' fear of contracting the virus or getting infected. While delays on treatment likewise happened during the pre-COVID19 period, the suboptimal and delayed care for breast cancer patients during the pandemic may likewise affect their long-term survival (Vial et al., 2020). To lower the risk of hospital-acquired coronavirus illness in the Philippines, many cancer patients were advised to delay surgery and continue treatment (COVID-19). Women's perceptions of breast cancer and how culture affects their experience and understanding of survival before and during the pandemic are critical to journey of the breast cancer patients even before the pandemic. Their ideas and expectations are still unclear, despite increased efforts to detect cancer survival.

In the Philippines, there aren't many programs to help women survive, and there aren't many opportunities for them to speak to other women who have made it through the ordeal. There is a substantial quantity of research on the experience of breast cancer patients, but little is known about those patients who had difficulty making sense of and understanding their experiences after the delivery of medication before and even during the pandemic (Elkhouly et al., 2020). When nurses talk to breast cancer survivors, they have a distinct cultural and social perspective that may help guide them in the establishment of breast cancer survivorship initiatives (Tagliamento et al., 2020), hence, it is important that the personal narratives of breast cancer patients are heard and documented to help nurses and other healthcare personnel understand the emerging needs for survivorship. Due to the Philippine national government and health care system's efforts to contain and limit the damage caused by COVID-19 to the population, cancer patients in need of chemotherapy are mostly displaced from their treatment centers and have nowhere to go during the pandemic. Hence, this research aims to gain insight into how breast cancer patients in Bataan, particularly those diagnosed and treated before and during the COVID19 epidemic, perceive their quality of life and walked through that painful experience. The personal narratives of breast cancer patients in the province of Bataan were heard and documented highlighting their experiences in undergoing treatment before and during the COVID19 pandemic. Insights were likewise drawn from the stories of these patients.

## **METHODS**

### **Research Design**

Narratology is the research design used in this study since it aimed to document and highlight the personal narratives of women breast cancer patients in undergoing treatment before and during the COVID19 pandemic. It enables the voice of persons experiencing the events to write the experience's description from their viewpoint. Narrative study was used to see how these patients experience the world (Clandinin & Connelly, 1990) so insights can be drawn from their stories (Creswell, 2012). The researcher collected the stories of each



individual patient before and during the pandemic, reported their experiences and ordered the meaning of those experiences chronologically (Creswell, 2013). The use of narratives allow the patients to construct their stories in response to life's crises (Heatherton & Nichols, 1994) like their experiences having breast cancer and the personal transformations that this crisis brought to them (Freeman, 1993). These should be achieved to better understand the breast cancer patients.

### **Participants**

Eight women with breast cancer from the province of Bataan served as the participants of the study. They were recruited purposively as determined by the richness of the individual cases and in order to understand specific phenomena in individual contexts (Smith et al., 2009). They were selected as participants since they passed the inclusion criteria set in this study which included women diagnosed with primary breast cancer who completed their curative treatment 6-47 months prior to the interview, those who have Stage I-II breast cancer, age group premenopausal between 30-50 years, Filipino citizenship and those women who are able to speak, read and write. Those who were diagnosed with secondary carcinoma, widespread cancer with poor prognosis, or stage III- IV (metastasis to other parts of the body such as chest wall, bones, lungs, liver, or brain) were excluded from the study. These participants consented to the individual interview which took place in several occasions during the second, third and fourth quarter of 2021.

### **Data Gathering**

After being informed of their rights as participants through the informed consent form which explicitly stated their right to withdraw from the study at any time, separate inquiry interviews were conducted in two sessions each. In each interview session, the format of the interview was explained to the participant. To allow the telling of the stories of the participants, a qualitative narrative approach was used so that their experiences will naturally unfold as a personal story and not as a history of facts (Mishler, 1995). Each of the interview lasted for more than one hour and was conducted in the place where the participants stay most of the time during their battle with cancer to capture the natural feel of the setting which helped them recall their stories before and during the COVID19 pandemic. The interview was unstructured in order to probe on the answers of the participants so the researcher can dig deeper on their interesting stories. With the use of prompting which made the conversation more spontaneous, the personal accounts of the participants were unfolded. At the end of the interview, the participants were asked about how they feel of the interview so the researcher may note the demand characteristics of the study as well as the checking of the interview's validity and clarifying any misconceptions of the participants. At the end of each interview, debriefing was conducted among the participants. The interviews were conducted until data reached saturation, where there was no new information contributed during the interview and no new codes could be produced.

### **Data Analysis**

The MAXQDA software program was used to analyze the data. All transcribed data were analyzed using narrative analysis steps which include reading and memoing, reading text and coding; describing, chronicling the stories; classifying epiphanies; and interpreting to grasp the bigger picture of each story (Miles et al., 2013). To begin with the analysis, each transcript of interviews was coded to start the chunking of the data, the first cycle of analysis. Consequently, interpretive codes were drawn from the data which provided for a deeper examination of the stories as the second cycle of analysis begun. Next, the pattern codes were identified which connected the data sources and created the common themes from the participants' stories which ultimately served as the foundation in retelling the experiences of the breast cancer patients. In this study also, the socio-cultural approach of narrative analysis



was used simply because the researcher wanted to look at the broader interpretation of the patients' lives in order to make sense of it (Grbich, 2013). Another reason of using this approach is to make the constructions and interpretations of the stories more contextual of the patients by keeping the stories whole in order. The researcher believes that the stories of these women breast cancer patients are influenced by their culture, ideologies and socialization. Hence, their stories are linked to relevant cultural and political landscapes of the pre-pandemic and pandemic eras so that content and context are likewise explored and the participants' social and cultural atmospheres are taken into account.

### **Ethics**

The study was approved by the Peninsulares Research Ethics Committee of Bataan Peninsula State University. Prior to each interview, participants were informed about the study's objectives, as well as pertinent ethical issues. All participants who were invited consented to participate and completed an informed consent form.

## **RESULTS AND DISCUSSIONS**

The first question that warranted a comprehensive recollection from the participants is - *What ways do participants describe their experiences in undergoing treatment before the pandemic?* The participants expressed unpleasant physical, emotional, and social experiences after completing initial cancer therapy. From the personal narratives of the women breast cancer patients undergoing treatment before the pandemic, the following themes emerged from their stories: living through physical pain, enduring a roller coaster of emotions, going through spiritual awakening, building a strong support system and engaging in a healthy diet and lifestyle.

***Living through Physical Pain.*** Most women with breast cancer have to go through a lot of treatments like chemotherapy, hormone therapy or radiation including surgery in their way towards full recovery or survivorship. The participants' experiences in undergoing treatment before the pandemic revealed that they have to live through physical pain once the diagnosis has started and even increased pain once the treatment commences. Many cancer patients face the possibility of long-term adverse effects as a result of their therapy. After therapy, these side effects might last for months or even years which should be considered for treatments for late effects. Majority of the participants revealed in their stories the different kinds and levels of physical pains that they need to go through as consequences of their willful obligation to the treatment system and their dire need to survive and beat cancer. The pains are persistent and have changed the way they seem themselves.

*When I was undergoing chemotherapy, I was vomiting, had no appetite, and couldn't taste anything. I was always keeping my eyes closed, and my doctor was really worried because I was frequently having panic attacks. I think it was around my third cycle of chemo when I had a panic attack. I was anxious about the results of the treatment. My body was weak, and I couldn't eat. (P-7).*

*When I was undergoing chemotherapy, I felt like I'd been hit hard. I was feeling weak and had diarrhea, so I had to go to the bathroom three times. I was also vomiting because the doctor had started giving me medication. (P-5)*

*I always had canker sores, and they were really severe. I even cried because it was so painful to eat. I would start crying even if I was just eating rice porridge because it hurt so much. Eventually, I called my older sister and said, "Ate, come over here, I don't think I can hold on much longer." (P-6)*

*It was the lymph nodes... it was like they were just starting to be a problem. So what they did was, after they removed my entire left breast, they also removed the lymph nodes that were causing the issue. As a result, the lymph nodes in my left arm are gone. That's why it*



*swells up easily, especially when I lift something heavy. It gets sore and painful, affecting even my back and skin. (P-1)*

**Enduring a Roller Coaster of Emotions.** After the breast cancer diagnosis, the participants are strapped in a roller coaster of emotions with many being sent to a state of shock and disbelief. The survival odds of having a breast cancer is very small if the cancer cells have already metastasized to other internal parts of the body. However, early detection spells a lot of difference in early intervention and treatment but the negative emotions remains impalpable to many of the participants. For many who had been diagnosed with the disease, breast cancer keeps many of them uncertain about their fate and worried about the treatment or if ever they can afford it since its very costly. The future of the family members are also one of the immediate concerns especially those participants who have young children. There were mixed emotions that the participants lived to tell about – insecurities, frustrations, loneliness and even unspeakable fear on what lies ahead on them with cancer. These are negative emotions that the breast cancer patients had to endure while undergoing treatment.

*It felt like the sky had fallen on me, my husband, and our child. Back then, when you found out you had cancer, it felt like there was no cure. Unlike now, when cancer is more common, it was like the sky had really fallen on me. Especially since I had nothing else here... my child was only 5 years old. (P-8).*

*When I found out I had cancer, of course, I cried; the tears just started flowing. My husband and I were facing it together, and my children were still young at that time. I had one in elementary school and one in high school— I only have three children. Naturally, you pray and tell yourself that since this has been given to you, you can handle it. (P-5).*

*I would always lock myself in the room. I'd be cooped up in there for five days, not going out. When my family asked if I was okay, I'd just give a signal to let them know I was fine, even though I wasn't. I stayed in the room to avoid making them worry. I'd come out briefly and then go back inside. I tried to act happy, but whenever I felt like vomiting or anything else, it was overwhelming. (P-1)*

*Well, you see, Ate, if it's happening, it's happening. If there's a solution, then there's a solution, but of course, I cried about it too. Sometimes, I'd hug my youngest child and just cry. But you also have to think that you need to survive for them. (P-4)*

**Going through Spiritual Awakening.** One of the silver linings in the stories of these women who have breast cancer is how the disease activated or even reinforced their faith to God. While being faced with uncertainties and rising costs of treatment, the participants found solace in praying and by moving closer to God in their biggest battle ever. The Filipino spirituality, which is culturally carved in the personality of Filipinos, is being reinforced by the cancer. Many participants became even more religious while some have turned to their religious faith for strength and assurance. There were episodes of spiritual awakening which helped them address the challenges of the treatment and painfully bear the truth about their present condition. They regard the disease as a problem that God gave with a promise that they can overcome it through increased devotion to Him. While braving the treatment for their cancer, they are assured of the love and protection from God whom they believe to provide comfort and healing in the long run.

*For me, it wouldn't be given to us if we couldn't handle it, so I tell others to just keep their faith. Don't give up, because it wouldn't be given to us if we weren't capable of dealing with it. (P-6)*

*It made me stronger and brought me closer to God. During that time, I really focused on drawing near to Him. It was a period when I felt very close to Him. Before going anywhere, I would visit Our Lady of Sorrow, Mary, and pray there. Sometimes, I'd even catch the Mass. I*



*never forgot to do this. It felt like that was the time when my bond with God was strongest. (P-1)*

*I even learned how to pray the rosary. At six o'clock every evening, even right after chemotherapy, I would pray the rosary. And to this day, Ma'am, I still pray the rosary. (P-7)*

*Yes, I was there. At that time, my prayer to the Lord was simple. I said, "Lord, I'm at this age, and you've given me what I wanted. Even though I don't know what will happen to me at this moment, I surrender completely to You. I've also prepared my children for this." I told Him, "Here I am, Lord, it's up to You now. Do with me as You wish." But I did try to bargain with the Lord. (P-2)*

*I became even closer to the Lord. I constantly prayed for guidance because, during chemotherapy, I really had to prepare myself. I made sure to get myself ready as well. (P-4)*

**Building A Strong Support System.** Another hopeful story in the lives of the women with breast cancer is the kind of support system that they were able to muster even during diagnosis and as they undergo treatment. Their immediate family members and closest friends and relatives were the first and constant provider of moral support to them. It is clear from their stories that their families stayed with them since day one and have been a great source of inspiration and strength as they brave their way to recovery through undergoing treatment and other medical procedures. Many participants also found a strong support system from civic organization in the community which provided them various kinds of help which ranges from financial to psychological. This community organization helps many of them to survive the ordeal by providing all kind of necessary supports and encouraging them to stay positive with the treatment. As such, the treatment provided the participants the way to source external support system that can rebuild their confidence and re-establish their faith as they fight the disease.

*Yes, it was really my family that supported me. Even my siblings were all there during my surgery. And the prayers too, right? We're so close as a family. The moral support was invaluable and really helped me. You can do it, Ate Cristy; with God's grace, we are strong. We'll pray together and support each other like that. (P-1)*

*Many people called me to offer moral support, so I felt that was something special for me. Compared to others who called, I didn't experience the same level of support from them. (P-2)*

*They also sent me medicine and vitamins. If it weren't for the pandemic, there would have been so many events. It was really joyful... so touching, especially at the Bataan Cancer Society. It was very meaningful, and it was emotional when you were in front of everyone. The way the former members shook your hand... it was quite moving. (P-6)*

**Changing Diet and Lifestyle.** The emergence of breast cancer in the participants' body are somehow believed to be the result of their diet and lifestyle. These include eating unhealthy foods and stressing themselves too much due to work or other related endeavors. When the participants started their treatment, they also tried to change their diet and lifestyle upon the advice of their medical doctor and family members. Foods that believed to be carcinogenic were removed from their diet and they were refrained from exposing their bodies to stressful environment and activities. They also started some personal activities that allow them to take care of their bodies while being treated for cancer. For many participants, changing their diet and lifestyle is very necessary and highly important should they wish to become healthy again and survive breast cancer. For participants who lost their breasts, they became even more careful since opportunistic diseases may exacerbate their current health status. They need to change their diet and lifestyle so that treatment may become successful and cancer remission maybe possible in the soonest possible time so that they can restart a new life again and begin a healthier, more diet-based lifestyle. Since cancer may recur in the same place or in other



places of the body, the participants have to be resilient in sticking to a healthy diet and lifestyle for the rest of their lives.

*I also had to be cautious, for example, with what I ate like fermented foods, bagoong, and pickled items. I avoided those and even made sure the kids didn't eat them. I learned that these are the kinds of things that can cause problems. For canned goods like sardines, you shouldn't eat them right after opening; you should cook them first, using methods like boiling. (P-1).*

*I stopped doing that because I lost strength in my hand. The doctor advised me to avoid anything that smells bad or is fishy. For example, I stopped taking care of pigs because they smell. Even before COVID was a thing, I already knew to wear a mask as a precaution. (P-8)*

*After that, it became my constant focus. I didn't want to give in to negativity, so I always aimed to stay positive. I'd watch things on my cellphone or TV. I even knew all the TV shows by heart from my room because I didn't go out. I took a leave of absence for about 10 months, using up all my sick leave. I went back to work only after my hair had started to grow back. (P-7)*

*During chemotherapy, aside from drinking water, I also juiced fruits and vegetables. I removed all preservatives, snacks, and soft drinks from my diet. I eliminated those completely. For food, we stopped using flavor enhancers like Magic Sarap or Ajinomoto. We mainly used just salt. The kids still like hotdogs, but I stopped eating processed foods like spam. (P-4)*

The second question that the participants answered in their stories is - *What ways do participants describe their experiences in undergoing treatment in the purview of the pandemic?* The pandemic brought by the COVID19 virus has altered the daily routine of the participants and even restricted their mobility due to the strict health and safety protocols and enhanced community quarantine being implemented. Since they are immunosuppressed, they have to adjust to a new normal of cancer management and treatment while keeping their guards up against the infection from the virus. From the personal narratives of the women breast cancer patients undergoing treatment in the purview of the pandemic, the following themes emerged from their stories: rising cost of healthcare services, increasing risk of COVID19 infection and missing routine check-ups due to strict health protocols.

***Rising Cost of Healthcare Services.*** While hospitalization and other medical expenses were relatively easy for the participants to shoulder and provide for their treatment before the COVID19 pandemic, the cost doubled since 2020 when the whole world was placed under enhanced community quarantine and strict health protocols among healthcare institutions were instituted. Going to the hospital has never become easier when the pandemic strikes because of the strict implementation of the guidelines by the Department of Health and the Inter-Agency Task Force (IATF). There are additional compulsory charges that participants have to pay for in the hospital which include in-patient expenditure and their out-of-pocket (OOP) payments whenever they will go to their doctor for routine screening, diagnosis, treatment, and follow-up care for breast cancer. These additional financial expenses becomes a burden for the participants since many reported loss of income or decrease in the inflow of money during the pandemic which made it difficult for them to make ends meet. However, they need to continue with process should they want to get rid of the cancer and achieve cancer remission the soonest possible time.

*So, hospitalization ended up being quite expensive since everything was charged, including the swab tests. (P-4)*

*Yes, it's a financial problem. There's no money to pay for ultrasounds, CT scans, or other expenses. Some people can't afford their medications because they've lost their jobs and the person who used to provide financial support is no longer able to help. (P-6).*



*We suffered a significant loss. For one, we had a school service that we lost because, with no classes, there was no income. Nobody was coming in, so we had to ask for help. I also had to request injection supplies from the DSWD in Balanga. Here in Hermosa, I manage to get help every six months for my injections.. (P-5)*

*I was scared to go to the hospital, Ma'am. And you need a new swab test before you can even have a check-up. Yes, it's really expensive. The only thing I haven't managed to do this year, Ma'am, is the bone scan. (P-7)*

**Increasing Risk of COVID19 Infection.** Since breast cancer patients are immunosuppressed individuals which placed them under the very high risk category to get infected by the virus, many opted to delay their routine treatment, and follow-up care for breast cancer. Some participants resorted to teleconsultations and just phoned their doctor if they feel they need to. The risk of exposing themselves to the virus made many participants wary of their condition which can be aggravated by the virus and could even lead to death if the doctors will not be able to control it. Hence, there is fear among the participants in going to the hospital and braving the strict health protocols. Many have no vaccination yet since they are yet to receive a medical clearance from their doctor while the latter is exploring the side effects of the vaccine on breast cancer patients based on emerging research. There are so many things that need to be considered when going to the hospital for treatment, follow-up checkups and other medical procedures which should be carefully planned and weighed by the participants.

*Yes... I'm scared, you know. For one, I avoid places with a lot of people. Secondly, I think about whether I should even go for a check-up if there's nothing specific to check. Since there's no doctor yet, I worry that I might catch something from them or that I might spread something to other patients. (P-2)*

*Well, now during the pandemic, you're afraid because there might be someone positive in the place where you're going for a check-up. Or the doctor might be positive. Plus, Ma'am, the facility has air conditioning. I don't know about the other people there... Even though it's a new site, like the orthology clinic, and I had a negative swab result, there's still concern. Some people don't have negative results. So, you worry and it's still scary. Because you have breast cancer and then you might catch something else. And with COVID, it could make your situation even worse, especially since I don't have any injections. (P-7)*

*I was scared to go to the hospital, Ma'am. Plus, you need a new swab test before you can even get a check-up. (P-7)*

*Yes, we make sure to schedule appointments because there's a limit on the number of people allowed. The doctor said I only need to have a check-up once a year. However, my husband prefers that we go every three months. I also get bone injections every six months. (P-5)*

*Others couldn't go because of the pandemic; they're afraid to go out. But, you know, the Lord wouldn't give us this challenge if we couldn't handle it. (P-6)*

**Missing Routine Check-Ups Due to Strict Health Protocols.** Because of the strict implementation of health protocols in the hospital and the increasing risk of COVID19 infection, many participants have missed their routine check-ups with their doctors. Much as they want to visit their doctors but the on-going pandemic and the risk it brings to people who are immunosuppressed are the considerations that are holding them back. Apart from the fear of getting infected by the virus, there are hospitals which momentarily halted their services for breast cancer patients like them so they can focus on providing care to COVID19 patients. This is also one of the reasons why many participants are missing their routine check-ups during the pandemic. Likewise, their medical doctors would not want them to risk their health going to the hospital since the COVID19 is highly contagious and can infect them especially that they are immunosuppressed.



*Isn't it that during menstruation, we usually have to deal with that, and with the pandemic, it's also difficult to get a check-up? (P-4)*

*In 2019, we stopped, and then last year, in 2020, because the pandemic started. So, Ma'am, I stopped my medication because it wasn't available at Mercury. I could only get it from my doctor, and for five months, I didn't see the doctor because that's the only place where I could buy the medication. (P-7)*

### **Participants' Experiences in Undergoing Treatment Before the Pandemic**

The participants' stories of living through physical pain even before the cancer diagnosis and unto the period of active cancer treatment are similar also to previous research that documented the stories of women breast cancer patients before the pandemic brought by COVID19. There were persistent physical symptoms (Ashing-Giwa & Lim, 2009) which are effects of the recovery process that are always apparent after treatment. These women who are going through a life threatening disease had to endure various changes in physical appearance while reeling through body pain that accompanied the treatment. They have to endure as they constantly seek to achieve normalcy in life (Anotini, 2009). The surgical treatments that the patients had to go through like mastectomy, radiation therapy and chemotherapy affected their body and functioning. The physical pain that they endured are common pains that other women breast cancer patients experience as documented in many studies. For instance, the fatigue and skin erythema and, lymphedema are usual effects if radiation therapy since it damage local cells (Courneya et al., 2002). The chemotherapy, which was experienced by many participants, may cause for fatigue, nausea, weight gain and an overall decrease in patient quality of life (Markes et al., 2006). The participants' physical condition and functioning are largely affected by the kind of treatment they have to go through to fight cancer cells and extend their life. It is most prudent to help these patients go through these painful episodes by physical interventions that will strengthen their body and help them through these surgical treatments.

The stories of the participants on the emotional journey that they've gone through while undergoing treatment are reflective of the experiences of other female breast cancer patients who were also sent to a state of shock, disbelief, fear, uncertainty, intense loneliness, isolation, and difficulties with accepting the diagnosis (Assaf et al., 2017). The emotional stress that accompanied the treatment added to the anxiety that hovered on participants when they learned about their current condition after the screening. These were synonymous with fear related to stigma and uncertainty which are all common emotions that swept away breast cancer patients (Pruitt et al., 2015). The treatment itself like chemotherapy and even surgery are major milestones that highlight the cancer journey of the participants which gave patients emotional stress (Maree and Mulonda, 2015) and feeling of uncertainty about their future and fatalistic thinking (Maree and Wright, 2010). There is a confluence of factors that affect the emotions of female breast cancer patients undergoing treatment and most of the times, these are negative emotions that they have to endure all throughout their treatment and even during survivorship period (Donkor et al., 2015). The study reveals the dire need for psychological interventions that must be provided to the women breast cancer patients since the diagnosis and treatment themselves are conditions that alter their emotions and further put them in volatile positions.

While experiencing immense pain and emotional distress, the participants revealed moments of spiritual awakening while undergoing treatment which helped them move closer to God and strengthened their faith. This is a usual reaction of many breast cancer patients since spirituality and better health care are known to have significant relationship (Movafagh et al., 2017). Spirituality or leaving it to God or turning to God are the usual responses of Filipinos when they are faced with immense danger and confronted with seemingly insurmountable odds (Lagman, 2014) like having breast cancer. These stories of spiritual awakening among the participants proved the fact that spirituality has always been a part of the breast cancer patients'



journey (Levine et al., 2009). Participants built an instant connection to their spirituality the moment they knew they had cancer. While this kind of spirituality flexes the participants' attitude of leaving everything to God, it likewise sends messages of meaning, purpose in life and connection with the higher being (Targ & Levine, 2002). Since there was no pandemic that time, they were able to express freely and profoundly their spirituality intrinsically through faith, hope and meaning and extrinsically through church attendance and prayer circles (Donahue, 1985).

Apart from spirituality, building a strong support system is also an integral part of the breast cancer patients' journey. The personnel narratives of the participants on their experiences of treatment before the COVID19 pandemic are laden with stories of support that came from their immediate family members and closest friends. The reason why they solicit and illicit support during the treatment is to help them cope with the dire situation with the ultimate aim of improving their general well-being (Yoo et al, 2010) . The treatment that follows after the diagnosis often left the patients vulnerable and anxious. Hence, building a strong support system from the people around them is as important as maintaining focus on their aim of becoming healthy along the process (Salonen et al., 2013). The participants revealed that that moral, financial and emotional support they receive from their family and community provided them the breather and direction to go further during the treatment to achieve back the optimum health of the body. It is important for women breast cancer patients to build a strong support system so that they can go through the reality of living with cancer (Ganz, 2008) and the journey of treatment that oftentimes leave them in pain and emotionally distress.

Another part of the breast cancer patients' treatment during the pandemic is changing their diet and lifestyle to cope with the changes in their body and their life. To be able to ensure a higher quality of life despite of the challenges posed by breast cancer, participants have to alter their diet and refrain from consuming food and beverages that are carcinogenic or may have negative effects on their treatment and over-all health. Their stories of increasing their physical activity and monitoring food consumption are the normal and most frequently reported intervention that breast cancer patients in order to stave off recurrence and improve their overall health (Yufe et al., 2021). Hence, reduction in the amount of physical activities during cancer treatment may led to the decrease in the capacity for physical performance (O'Connell et al, 2017) and may limit the activity of the breast cancer patients (Hamer & Warner, 2017). Hence, it is necessary for the women breast cancer patients to have thorough revisitation of their diet and lifestyle and stick to the prescribed diet and lifestyle so they can further improve their quality of life.

### **Participants' Experiences in Undergoing Treatment During the Pandemic**

The pandemic brought by the COVID19 in the early quarter of 2020 has dramatically changed the treatment procedures and mechanisms for oncologic care including breast cancer across healthcare facilities. As a matter of fact, COVID-19 poses a unique risk to patients with cancer because of treatment immunosuppression and repeated exposures to a healthcare setting (Satish et al., 2021). The participants themselves admitted to have apprehensions about exposure from hospitals and even public transportation. Many of them chose to delay immunosuppressive therapy or procedures and even declined interventions due to their concerns on infection. These are the common reactions of breast cancer patients as revealed in the literature since they are immunosuppressed individuals and the risk of getting infected by the COVID19 is very high in their group.

One of the experiences of the participants while undergoing treatment during the pandemic is the escalating cost of hospitalization due to added compulsory medical services that should be availed by the patients should they wish to visit hospital for cancer treatment or follow-up care and check-up. These includes swab test and other services offered by the



hospital to ensure that the patients visiting the facility are free from the virus and will not infect other people while staying inside the facility (Ghazal et al, 2021). Each swab test cost thousands of pesos and will only add to the financial burden of the patients who still need to pay for treatment-related expenses. Although finances was a minor issue among the participants during the pre-pandemic period, it has now become a major concern since their economic activities and income were greatly affected by the pandemic. As such, many did not visit the hospital and only spoke to their doctors over the phone. Financial burden affects the behavior of the breast cancer patients even during the pandemic (Perez et al., 2020) and the rising cost of healthcare services at present times shun them away from visiting the hospitals.

Another glaring experiences of the women breast cancer patients on their treatment during the pandemic is the increasing risk of COVID19 infections in the hospital and the community. It seems that the moment the participants step out of their homes, they will be exposed to virus which may greatly affect their health. The patients' fear of contracting the virus or getting infected oftentimes lead to the delays in the treatment of breast cancer (Papautsky & Hamlish, 2020). As such, to lower the risk of hospital-acquired coronavirus illness in the Philippines, many cancer patients were advised to delay surgery and continue treatment (COVID-19). The immunosuppressed status of breast cancer patients increases their risk of infection compared with the general population. These immunosuppression may also expose them to serious complications from an infection, which may result in treatment delay and unnecessary hospitalizations that could negatively affect disease prognosis (Al-Quteimat & Amer, 2020). The increased in the risk of COVID19 infections has affected the participants decision not to seek follow-up medical care and continue treatment since they see the virus as larger than cancer and may pull them down to death once they contract it the moment they get exposed to COVID19 infected person(s).

Due to the fear of getting infected by the deadly virus and the implementation of strict health protocols, many participants have missed routine check-ups during the pandemic. The pandemic has reduced the screening and diagnosis, surgeries, counseling and testing of many patients (Acquati et al., 2021). While delays on treatment likewise happened during the pre-COVID19 period, the suboptimal and delayed care for breast cancer patients during the pandemic may likewise affect their long-term survival (Vial et al., 2020). The delayed or failure to follow-up diagnosis and treatment undermines the potential benefits of screening and is associated with poorer outcomes (Reece et al., 2021). As such, the missing the routine follow-up check-ups in the healthcare facilities has now become part of the experiences of women breast cancer patients which is a result of confluence of factors like risk from COVID19 infection, high cost of healthcare services and the lack or inadequate oncological services being offered by the hospital. The participants believe that greater risks awaits them if they contract the virus than to delay some procedures and wait until the pandemic is over.

## CONCLUSION

The women breast cancer patients who served as the participants of the study have unique stories that characterized their experiences while undergoing treatment before and during the pandemic. The first question that warranted a comprehensive recollection from the participants is - *What ways do participants describe their experiences in undergoing treatment before the pandemic?* From the personal narratives of the women breast cancer patients undergoing treatment before the pandemic, the following themes emerged from their stories: living through physical pain, enduring a roller coaster of emotions, going through spiritual awakening, building a strong support system and engaging in a healthy diet and lifestyle.

The second question that the participants answered in their stories is - *What ways do participants describe their experiences in undergoing treatment in the purview of the*



*pandemic*? The pandemic brought by the COVID19 virus has altered the daily routine of the participants and even restricted their mobility due to the strict health and safety protocols and enhanced community quarantine being implemented. From the personal narratives of the women breast cancer patients undergoing treatment in the purview of the pandemic, the following themes emerged from their stories: rising cost of healthcare services, increasing risk of COVID19 infection and missing routine check-ups due to strict health protocols.

### Recommendation

Since pandemic is not yet over and the risk for immunosuppressed individuals like women breast cancer patients remains high, it is recommended that they should be given access to professional psychological and social support which will be offered through online modalities by the healthcare institutions or the Department of Health and its instrumentalities. It is clear that part of their experiences even before the pandemic include emotional distress and spiritual awakening. These online support systems will help address anxieties and will provide them activities to further deepen their faith. To help them lead a healthy diet and lifestyle even during the pandemic, improved nutritional support programs and that can be accessed by the patients online and offline must be offered by the healthcare institutions or the DOH.

Through the course of the pandemic, healthcare institutions should expand their teleconsultation program which will cover a wider range of oncologic services that will be made available to cancer patients. Virtual visits may be permanently adopted by the breast cancer patients and the healthcare system in order to achieve overall cancer care integration. Also, healthcare institutions should look into formalizing a breast screening programs that operate in parallel to primary care specifically during emergency situations where risk to exposure is high for immunosuppressed individuals like breast cancer patients like the pandemic.

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