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Lived Experiences of Adults Newly Diagnosed with Cancer in a Level 2 Hospital in Antipolo City

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ABSTRACT

Cancer diagnosis profoundly affects adults' emotions, relationships, routines, finances, and outlook, requiring compassionate care and a deeper understanding of their experiences during early treatment, adjustment, and recovery processes. A qualitative phenomenological design was used among nine purposively selected adults newly diagnosed with cancer in a Level 2 hospital in Antipolo City. Data were gathered through a validated structured interview guide reviewed by two oncology physicians and one cancer care nurse, with interviews continuing until thematic saturation was achieved. Findings generated ten themes: emotional shock; fear and family concern; disrupted routines and roles; emotional and financial burden; strengthened relationships; faith-based and positive coping; family, social, financial, and spiritual support; compassionate healthcare; personal transformation; and hope, treatment adherence, and the will to fight. Participants described fear, denial, uncertainty, treatment difficulties, financial strain, family motivation, prayer, resilience, and renewed appreciation of life. The study concluded that newly diagnosed adults experienced cancer as a complex emotional, physical, social, financial, and spiritual journey. Adjustment was strengthened by family support, compassionate healthcare, faith, positive thinking, and active participation in treatment, which helped participants move from fear toward acceptance, resilience, renewed purpose, and greater appreciation of life. Healthcare facilities should strengthen patient-centered oncology services, psychosocial counseling, financial navigation, family education, spiritual support, and continuity of care. Nurses should use holistic assessment and therapeutic communication, while patients and families should actively participate in treatment, coping, and supportive decision-making.

Keywords: *Cancer diagnosis, lived experiences, phenomenology, adult cancer patients, coping mechanisms, family support, compassionate care, Antipolo City*

INTRODUCTION

Cancer remains a major global and Philippine health concern, with cases expected to increase substantially in the coming decades. Newly diagnosed adults commonly experience fear, anxiety, uncertainty, financial strain, disrupted routines, and concern for family responsibilities. Despite national cancer-control efforts, patients in local hospitals may still face limited access, treatment costs, transportation barriers, and difficulty understanding or accepting their condition. Few qualitative studies examine these early experiences in Level 2 hospitals, particularly in Antipolo City.

Statement of the Problem

This study aimed to explore and understand the lived experiences of adults newly diagnosed with cancer in a Level 2 hospital in Antipolo City. Specifically, it sought to describe their emotional responses, personal struggles, coping mechanisms, support systems, and healthcare-related experiences after receiving a cancer diagnosis. The study sought to answer this question: What are the lived experiences of adults newly diagnosed with cancer in a Level 2 hospital in Antipolo City?

Scope and Delimitations

This qualitative phenomenological study explored the emotional responses, struggles, coping mechanisms, support systems, and healthcare experiences of nine adults newly diagnosed with cancer in a Level 2 hospital in Antipolo City. Participants were purposively selected and interviewed using a validated ten-item guide. Findings aimed for deeper understanding rather than statistical generalization.

Review of Related Literature

Newly diagnosed adults with cancer commonly experience shock, fear, sadness, anxiety, confusion, and uncertainty as the diagnosis disrupts their identity, relationships, responsibilities, and future plans (Hughes et al., 2024; Łuczyk et al., 2024). Family members, spouses, friends, and healthcare providers play essential roles by offering emotional, practical, spiritual, and informational support. (Krishnasamy et al., 2023). Overall, cancer adjustment is a continuing process shaped by coping capacity, family relationships, healthcare encounters, available resources, and support systems (Zhu et al., 2024).

Theoretical Framework

The first theory is Betty Neuman's Systems Model is connected to the present study because adults newly diagnosed with cancer may experience multiple stressors after receiving the diagnosis.

The second theory is Faye Glenn Abdellah's Typology of 21 Nursing Problems is relevant to the study because newly diagnosed cancer patients do not only need medical treatment, but also emotional support, health education, communication, comfort, safety, and guidance.

The third theory, Nola Pender's Health Promotion Model, connects to the present study because adults newly diagnosed with cancer must make important decisions regarding treatment, lifestyle changes, follow-up care, nutrition, emotional adjustment, and health-seeking behavior.

METHODOLOGY

A qualitative method was used to explore the lived experiences of adults newly diagnosed with cancer in a Level 2 hospital in Antipolo City and how the findings may provide insights into their emotional responses, coping mechanisms, support systems, treatment-related concerns, and healthcare needs.

Research Design

A qualitative phenomenological research design was used in this study. This design was connected to the objectives of the study because it aimed to explore the lived experiences of adults newly diagnosed with cancer in a Level 2 hospital in Antipolo City.

Research Steps

The study commenced with a comprehensive review of related literature concerning the lived experiences of adults newly diagnosed with cancer, including their emotional responses, personal struggles, coping mechanisms, family and social support, treatment-related concerns, and interactions with healthcare professionals.

Data Collection and Sample Selection

The study was conducted in a Level 2 hospital in Antipolo City involving nine purposively selected adults newly diagnosed with cancer. Participants were at least 21 years old, medically and emotionally capable, receiving hospital services, and willing to provide informed consent. Data were collected using a validated structured interview guide that included profile questions and 10 bilingual open-ended items.

Data Analysis Methods

The data gathered from the structured interview guide were analyzed using Braun and Clarke's six-step thematic analysis. This method was used to identify, organize, analyze, and interpret patterns and themes in participants' responses.

Research Assumptions and Validation

It is assumed that the adults newly diagnosed with cancer in a Level 2 hospital in Antipolo City have experienced emotional, psychological, social, and healthcare-related challenges after receiving their diagnosis.

Study Limitations and Ethical Considerations

The study upheld informed consent, autonomy, beneficence, nonmaleficence, justice, fidelity, veracity, privacy, and confidentiality. Participants received complete information about the study and voluntarily signed consent forms. Participants were selected fairly according to established criteria, and interview questions were designed to minimize emotional discomfort.

RESULTS AND DISCUSSION

Theme 1: Confronting the Emotional Shock of a Cancer Diagnosis. The first theme revealed that learning about cancer was an overwhelming and life-changing experience characterized by shock, fear, sadness, disbelief, and denial.

Theme 2: Initial Fear, Uncertainty, and Concern for Family and the Future. This theme showed that participants' first thoughts after diagnosis centered on survival, family welfare, and the uncertainty of treatment.

Theme 3: Disruptions in Daily Roles, Work, and Physical Functioning. The diagnosis affected participants' ordinary activities, independence, employment, and family responsibilities.

Theme 4: Navigating Emotional Distress, Financial Burden, and Fear of Mortality. This theme captured the continuing emotional and practical challenges experienced after the diagnosis.

Theme 5: Strengthened Relationships Through Family Care and Social Support. The participants generally experienced stronger family and social relationships after their diagnosis.

Theme 6: Coping Through Faith, Positive Thinking, and Personal Resilience. Participants used spiritual, emotional, behavioral, and medical strategies to manage cancer.

Theme 7: Sustaining Recovery Through Family, Social, Financial, and Spiritual Support. This theme highlighted the extensive network of support required to manage cancer.

Theme 8: Compassionate Healthcare as a Source of Assurance and Hope. Participants described healthcare professionals as important sources of clinical guidance, reassurance, and emotional comfort.

Theme 9: Personal Transformation and a Renewed Appreciation of Life. Cancer changed the participants' perspectives, priorities, behaviors, and relationships.

Theme 10: Inspiring Hope, Treatment Adherence, Faith, and the Will to Fight. The final theme reflected the participants' messages to individuals who had recently received a cancer diagnosis.

SUMMARY

The findings revealed that newly diagnosed cancer patients experienced shock, fear, denial, uncertainty, disrupted routines, financial hardship, and concern for their families. Despite physical limitations and treatment-related distress, participants gradually developed acceptance and determination through faith, positive thinking, family encouragement, and compassionate healthcare.

CONCLUSIONS

- **Theme 1:** Cancer diagnosis caused shock, fear, denial, sadness, and gradual acceptance through support.
- **Theme 2:** Family concerns, uncertainty, and hope motivated participants to seek treatment and remain strong.
- **Theme 3:** Cancer disrupted routines, work, independence, and roles, requiring family and workplace adjustments.
- **Theme 4:** Emotional distress, financial burden, treatment effects, and mortality fears intensified participants' difficulties.
- **Theme 5:** Family care, prayer, reassurance, and social support strengthened relationships and reduced isolation.
- **Theme 6:** Faith, positivity, meaningful activities, family encouragement, and treatment adherence supported resilience.

- **Theme 7:** Recovery depended on coordinated emotional, financial, medical, occupational, and spiritual support.
- **Theme 8:** Compassionate, clear, and continuous healthcare communication strengthened trust, hope, and treatment confidence.
- **Theme 9:** Cancer promoted gratitude, spirituality, healthier living, compassion, personal growth, and renewed purpose.
- **Theme 10:** Hope, faith, self-care, family support, and treatment adherence strengthened determination to fight.

RECOMMENDATIONS

Based on the findings and conclusions of the study, the following recommendations are suggested:

- **Health Care Facilities.** Establish patient-centered programs integrating counseling, navigation, financial assistance, spiritual care, family participation, flexible scheduling, referrals, and multidisciplinary collaboration.
- **Cancer Patients.** Seek reliable information, follow treatment, report side effects, practice healthy coping, maintain self-care, attend follow-ups, and use available support.
- **Family Members and Caregivers.** Provide emotional reassurance, practical assistance, respectful listening, treatment support, coordinated caregiving, and opportunities for patients to express difficult emotions openly.
- **Future Researchers.** Study diverse populations, compare patient groups, examine caregiver experiences, conduct longitudinal research, and test psychosocial, financial, spiritual, and family interventions.

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AI DECLARATION STATEMENT

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

REFERENCES

Grailey, K., Hussain, R., Wylleman, E., Ezzat, A., Huf, S., & Dean Franklin, B. (2023). Hughes, L., Taylor, R. M., Beckett, A. E., Lindner, O. C., Martin, A., McCulloch, J., Morgan, S., Soanes, L., Uddin, R., & Stark, D. P. (2024). The Emotional Impact of a Cancer Diagnosis: A Qualitative Study of Adolescent and Young Adult Experience. *Cancers*, *16*(7), 1332–1332. https://doi.org/10.3390/cancers16071332

Krishnasamy, M., Hassan, H., Jewell, C., Moravski, I., & Lewin, T. (2023). Perspectives on Emotional Care: A Qualitative Study with Cancer Patients, Carers, and Health Professionals. *Healthcare*, *11*(4), 452. https://doi.org/10.3390/healthcare11040452

Łuczyk, R. J., Sikora, K., Bodio, A., Łuczyk, M., Baryła-Matejczuk, M., Wawryniuk, A., Sawicka, K., & Zwolak, A. (2024). Role of emotional control on anxiety and stress among cancer patients. *Cancer Medicine*, *13*(18). https://doi.org/10.1002/cam4.70162

Zhu, H., Yang, L., Yin, H., Yuan, X., Gu, J., & Yang, Y. (2024). The Influencing Factors of Psychosocial Adaptation of Cancer Patients: A Systematic Review and Meta-Analysis. *Health Services Insights*, *17*. https://doi.org/10.1177/11786329241278814