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Understanding the lived experiences of patients with colorecatal cancer: a phenomenological study.

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ABSTRACT

Colorectal cancer (CRC) remains a life-altering diagnosis whose physical, psychological, social, and economic burdens are often obscured by clinical data. While CRC's national burden is quantitatively documented, little is known about how patients in Region III, Philippines, experience this journey within their local contexts. This qualitative study employed Interpretive Phenomenological Analysis (IPA) to explore the lived experiences of five adult CRC patients selected through purposive maximum-variation sampling. Data were gathered through semi-structured interviews and analyzed using Braun and Clarke's thematic analysis, grounded in Abaquin's "PREPARE ME" Holistic Nursing Interventions Theory. Five themes emerged: Physical Disruption and Bodily Relearning, Psychological Oscillation Between Fear and Acceptance, Social Renegotiation of Relationships and Roles, Economic Strain and Hidden Costs, and Transformation of Identity and Meaning. Findings revealed interconnected burdens, with disease stage and social support as moderating factors. Despite suffering, participants demonstrated meaning-making and post-traumatic growth, offering advocacy-oriented messages. These findings affirm the need for holistic, culturally congruent nursing interventions addressing identity and social connectedness alongside physical symptom management.

Keywords: *Colorectal cancer, Challenges, IPA, Lived Experiences, Survivorship*

INTRODUCTION

Colorectal cancer ranks as the third most commonly diagnosed cancer globally and the second leading cause of cancer-related deaths, with an estimated 1.9 million new cases and 930,000 deaths in 2022 (Arnold et al., 2016). In the Philippines, CRC is the fourth most common cancer, with an age-standardized incidence rate of 11.3 per 100,000 population. Early-onset CRC (under 50 years) has increased by 50% from 2015 to 2025, with a 15% annual increase in new diagnoses reported in Metro Manila tertiary hospitals. While the national burden of CRC is quantitatively documented, a critical gap exists in understanding the lived regional experience in specific contexts, such as Region III, Philippines. No known qualitative study has explored the phenomenological journey of CRC patients navigating the healthcare systems of Region III, leaving an evidence gap for locally tailored interventions.

Statement of the Problem

This study explored the lived experiences of patients diagnosed with colorectal cancer, specifically examining: (1) demographic and clinical characteristics; (2) description and meaning-making of life journeys; (3) central physical, psychological, social, and economic challenges; (4) shared experiential meanings and variations; and (5) evidence-informed recommendations for nursing care.

Scope and Delimitations

This study covered the lived experiences of five adult patients (age ≥35) with confirmed colorectal cancer receiving care in Region III, Philippines, focusing on the physical,

psychological, social, and economic dimensions of their journey through in-depth interviews. It was delimited to five information-rich cases chosen via purposive maximum-variation sampling and excluded patients under 35, those with rectal cancer alone, and those unable to provide informed consent. Limitations include the small sample size, single-region focus, and reliance on retrospective self-report; the findings are transferable rather than statistically generalizable.

Review of Related Literature

Colorectal cancer imposes burdens across four interconnected domains. Physically, patients contend with fatigue, bowel dysfunction, and chemotherapy-induced neuropathy that persist beyond active treatment (Prue et al., 2009; Tofthagen et al., 2022). Psychologically, fear of recurrence and body-image distress coexist with post-traumatic growth and resilience (Morris, 2021). Socially, stigma around bowel symptoms and the "invisible" nature of many symptoms contribute to isolation even as patients seek connection, while caregiving reshapes family roles (Occhipinti et al., 2015). Economically, hidden incidental costs—transportation, supplements, lost income—compound direct treatment costs into a "financial toxicity" that intensifies distress in other domains (Pearce et al., 2018). Existing literature largely documents these domains separately within Metro Manila-centric contexts; this study addresses that gap by examining their interaction within Region III, Philippines.

Theoretical Framework

"PREPARE ME": This study was anchored in Dr. Carmencita M. Abaquin's Holistic Nursing Interventions Theory, which addresses multidimensional problems of cancer patients through components of Presence, Reminisce Therapy, Prayer, Relaxation-Breathing, Meditation, and Values Clarification (Abaquin, 1999).

METHODOLOGY

This chapter presents the design, participants, instruments, data-gathering procedures, and ethical safeguards used to explore the life journeys of five patients with colorectal cancer.

Research Design

This study employed Interpretive Phenomenological Analysis (IPA), which is committed to the detailed examination of personal lived experience and the researcher's interpretative engagement (Tindall et al., 2009). IPA was appropriate as the goal was to develop in-depth, idiographic accounts of how individuals make sense of colorectal cancer.

Research Steps

Data collection proceeded in four steps: securing ethics approval and identifying prospective participants across urban, peri-urban, and rural areas of Region III through purposive maximum-variation sampling; obtaining informed consent and administering a Demographic and Clinical Data Sheet; conducting one audio-recorded, semi-structured interview per participant in a setting of their choosing; and returning transcripts to participants for member checking before final thematic analysis.

Data Collection and Sample Selection

The final sample comprised five participants (P1–P5), aged 39 to 62, recruited via purposive maximum-variation sampling to capture diversity in disease stage (I–IV), treatment status, and life circumstance across urban, peri-urban, and rural areas of Region III.

Data Analysis Methods

Data were analyzed using Braun and Clarke's (2006) six-phase thematic analysis, adapted for IPA: familiarization; initial coding of statements related to the four challenge

domains; generating candidate themes; checking themes for coherence and accuracy; defining and naming final themes; and interpretive reporting, supported by participant quotations. A chronological narrative matrix was constructed for each participant to capture the temporal flow of their journey.

Research Questions and Validation

As an interpretive phenomenological study, this research did not test statistical hypotheses; instead, it pursued research questions about participants' demographic and clinical profiles, meaning-making, and shared and unique challenges. Trustworthiness was established through methodological validation: the interview guide was reviewed by three content experts and pilot-tested with one patient outside the main sample; credibility was strengthened through member checking, in which transcripts and preliminary themes were returned to participants for verification; and a reflexive journal documented the researcher's assumptions and interpretive decisions throughout.

Study Limitations and Ethical Considerations

The findings are limited by the small sample of five participants, single-region scope, and reliance on retrospective self-report, restricting statistical generalizability, though thick description supports transferability. The study adhered to principles of autonomy, beneficence, non-maleficence, justice, veracity, academic integrity, and fidelity to commitments made to participants.

RESULTS AND DISCUSSION

Demographic and Clinical Characteristics. Five participants (P1-P5) ranged in age from 39 to 62 years: 2 male and 3 female. Employment varied from full-time work to unemployment, medical leave, and homemaking. Disease stages ranged from Stage I to Stage IV (metastatic), with participants at every point along the cancer trajectory—from active treatment to remission and stable chronic disease.

Theme 1: Physical Disruption and Bodily Relearning. All participants described periods when their bodies stopped behaving in familiar ways. P1 recalled she "couldn't button my own blouse for months." P5 described "a lot of trial and error, and a fair amount of embarrassment." P2 and P3 converged on fatigue as the most difficult symptom, with P2 noting it "is harder to explain to people than the pain." P4 framed her disruption around losing sewing and knitting, which "kept me connected to my late husband's memory."

Theme 2: Psychological Oscillation Between Fear and Acceptance. Every participant described a psychological rhythm of fear followed by acceptance or adaptation. P4 (metastatic) described that "even stable news still brings that wave of fear beforehand," yet insisted "'Stage IV' does not mean the story is over right away." P3 (recurrence) described "a heavy kind of dread" rather than shock. P5's fear was future-oriented: "the anxiety about it possibly coming back creeps in around checkup time."

Theme 3: Social Renegotiation of Relationships and Roles. Participants consistently described illness as reshaping their closest relationships. P2, who defined himself by "being the provider," renegotiated his role as he leaned on family. P3 experienced a support system that had "thinned out" since divorce. P1 and P4 drew strength from specific family relationships—a daughter who "kept pushing me to go" to the doctor, and a granddaughter reached by "a long phone call." P5, without a partner, called "my best friend" from the parking lot and became "a lot more vocal" in urging peers to get screened. P2's reflection that "a lot of us delay getting checked because of pride" points to masculinity-linked stigma around bowel symptoms, consistent with social isolation.

Theme 4: Economic Strain and Hidden Costs. All five participants identified financial burden as a defining feature, emphasizing the impact of unanticipated costs. P1 depleted retirement savings and faced "parking at the hospital, the special nutritional drinks, the wig."

P2, despite "decent insurance," was struck by "driving back and forth to the cancer center." P4 described the ongoing cost of targeted therapy as "by far the biggest burden," compounded by exhausting patient-assistance paperwork. P5 had not budgeted for lifelong surveillance colonoscopies and scans.

Theme 5: Transformation of Identity and Meaning. Identity transformation emerged as the overarching theme across all domains. P1 became more patient and expressive of love; P2 became someone "okay with being vulnerable"; P4 treasured "small ordinary moments"; P3 became "more direct"; and P5 became an outspoken advocate for early screening. Each participant offered unsolicited, advocacy-oriented messages, which were interpreted as strong evidence that meaning-making was a central organizing feature of their journeys.

SUMMARY

This qualitative research with five CRC patients in Region III, Philippines, revealed significant effects across physical, psychological, social, and economic dimensions. Participants experienced challenges as interconnected burdens rather than isolated events. Physical symptoms were narrated as losses of prior competence. Psychological distress was balanced by acceptance and post-traumatic growth. Social relationships were reshaped, with support networks functioning as the principal protective factor. Economic strain was driven by hidden costs. An overarching theme of identity transformation emerged, with all participants demonstrating meaning-making and spontaneously offering advocacy-oriented messages.

CONCLUSIONS

Based on the findings, the following conclusions are drawn: (1) The five participants represented a deliberately diverse range, providing a rich basis for shared-pattern and individual-variation analysis; (2) Participants described their life journeys as ongoing meaning-making rather than linear progression; identity transformation was a near-universal outcome regardless of prognosis; (3) Physical, psychological, social, and economic challenges were experienced as deeply interconnected; disruption in one domain intensified burden in others; (4) While challenge domains were shared across cases, expression varied systematically with disease stage and strength of social support network, which functioned as the principal protective factor, and (5) Findings support developing compassionate, evidence-informed, culturally congruent nursing interventions addressing the whole person, consistent with Abaquin's holistic nursing framework.

RECOMMENDATIONS

Based on the findings and conclusions, the following are recommended: (1) DOH and Local Government Health Units may integrate financial-counseling and patient-assistance navigation into cancer-care pathways in Region III, given that hidden incidental costs were the most consistent economic burden; (2) Hospitals and Rural Health Units may screen for fear of recurrence and social-support adequacy at follow-up visits so patients with contracted support networks are identified early; (3) Community Health Nurses may provide caregiver-inclusive education on stoma care, fatigue, and neuropathy self-management; (4) Nurse Educators and Academic Institutions may use these five cases as teaching material for holistic assessment and therapeutic communication; (5) Future Researchers may extend this study through longitudinal designs, caregiver perspectives, and mixed-methods measures of financial toxicity and quality of life; and (6) Patients and Families are encouraged to speak openly about symptoms and hold onto hope even with advanced disease.

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AI DECLARATION STATEMENT

AI-supported tools assisted with grammar and structure only; no AI was used to collect, analyze, or interpret data, and all authors are credited for their academic contributions.

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