A PHENOMENOLOGICAL STUDY ON LIVED IN EXPERIENCE WITH CANCER AMONG PATIENTS ADMITTED AT R.L.JALAPPA HOSPITAL AND RESEARCH CENTER

RESEARCH CONDUCTED BY

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PROJECT REPORT SUBMITTED TO,

Sri Devaraj Urs College of Nursing Tamaka, Kolar,

In partial fulfillment of the requirement for the degree of

Master of Science in Nursing

in

Medical Surgical Nursing

Under the guidance of

DR.G. VIJAYALAKSHMI

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Tamaka, Kolar.

2023

DECLARATION BY THE CANDIDATE

I here declare that this dissertation entitled **"A phenomenological study on lived in experience with cancer among patients admitted at R.L.Jalappa Hospital and research center "**.is a bonafide and genuine research work carried out by me under the guidance of **Dr. G. Vijayalakshmi** professor and principal **Sri Devaraj Urs College of Nursing Tamaka, kolar**.

Date: **Signature of the candidate**

Place: Tamaka, kolar (**Mrs. Rubin George)**

CERTIFICATE BY THE GUIDE

This is to certify that the dissertation entitled is a bonafide research work done by Mrs.Rubin george, **"A phenomenological study on lived in experience with cancer among patients admitted at R.L.Jalappa Hospital and research center".** in partial fulfillment of the requirement for the degree of **Master of science in Medical surgical Nursing.**

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ENDORSEMENT BY THE HEAD OF THE DEPARTMENT/ PRINCIPAL/ HEAD OF THE INSITITUSION

This is to certify that the dissertation entitled **A phenomenological study on lived in experience with cancer among patients admitted at R.L.Jalappa Hospital and research center** is a bonafide research work done by **Mrs. Rubin George** under the guidance of **Dr G. Vijayalakshmi, Professor and Principal,** in partial fulfillment of the requirement for the degree of **Master of Science in Medical Surgical Nursing.**

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ABSTRACT

Background: The cancer burden continues to grow globally, exerting tremendous physical, emotional and financial strain on individual, families and communities. The experiences of cancer patients who are diagnosed as cancer at early stage differ from patients who reached at terminal stage. Hence the present study is an attempt to know the lived in experiences of cancer patient who were diagnosed at early stage and taking treatment at RLJHRC.

Methods and Material: This is a phenomenological study design. An ethical clearance and written permission was obtained from concerned authorities of the Institution. The interview guide was formulated based on objectives of the study. Using purposive sampling technique, 12 cancer patients who were diagnosed as cancer, between 31-80years of age group, condition is stable, able to recall and communicate local language and willing to participate in the study were included. Data was collected on 20th July 2023 in a quite conference room using eight questionnaires (focus group in-depth interviews) over 60 minutes with verbatim translation and these interviews were recorded with the participant's permission. **Statistical analysis:** Data was analyzed by debriefing after focus group discussion and listening to the tape and verifying the data. **Results**: with regard to socio-demographic data, majority (33%) were between 51-60 ears of age group, all of them were females, 59% of them were having no formal education, 67% of them were home makers and all of them were married, majority (83%) of cancer patients were not having family history of cancer, majority(83%) of cancer patients residing at urban area, majority(50%)of patients had cancer from 6 month, majority (67%) of patients where having cervical cancer, all cancer patients were in 4th stage of cancer, majority (58%) of cancer patients were in

chemotherapy With regard to lived in experiences from the study four themes were extracted such as uncertainty, stigma, family support and treatment response, gratitude.

Conclusion: The study concluded that cancer patients had undergone various psychological problems from the time of diagnosis to treatment. So efforts need to be taken to conduct counseling services to these patients and families

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ANNEXURE

INTRODUCTION

Cancer is one of the important causes of morbidity and mortality in India.[1] According to world health organization, non-communicable disease country profiles of 2014, in India cancer contributes to 7 percent of deaths and that are caused by non-communicable disease. The number of cancer cases are raising rapidly in the country and disease burden is escalating every year.[2]

New cancer patients in India is expected to be approximated 1.15 million in 2028 and it is anticipated almost double as a result of demographic changes alone by 2040.[3]

All cancers begin in cells. Our bodies are made up of more than a hundred million (100,000,000,000,000) cells. Cancer starts with changes in one cell or a small group of cells. Usually, we have just the right number of each type of cell. This is because cells produce signals to control how much and how often the cells divide. If any of these signals are faulty or missing, cells might start to grow and multiply too much and form a lump called a tumor. A primary tumor is where the cancer starts. Some types of cancer, called leukemia open a glossary item, start from blood cells. They don't form solid tumors. Instead, the cancer cells build up in the blood and sometimes the bone marrow open a glossary item. For a cancer to start, certain changes take place within the genes open a glossary item of a cell or a group of cells.[4]

Cancer is a complex disorder in which abnormal cells divide uncontrollably and destroy body tissue. In simple terms, cancer is an abnormal growth of body cells. Each one of us is born with a potential for cancer.[5] One cannot "Catch" it as one would get an infection or a cold. When the programming of a cell or a group of cells is affected, growth may become uncontrolled. Some of the factors that can alter the cell growth are chronic irritation, tobacco, smoke and dust, radioactive substances,

age, sex, race and heredity. [6]While one cannot control many of these factors , we need to be aware of how can control. [7]

A cancer can spread from the place where it first formed to another place.[8] The process by which cancer cells spread to other parts of the body is called metastasis. Metastatic cancer has the same name and the same type of cancer cells as the original, or primary, cancer.[8] For example, breast cancer that forms a metastatic tumor in the lung is metastatic breast cancer, not lung cancer.[8] Under a microscope, metastatic cancer cells generally look the same as cells of the original cancer[8]. Moreover, metastatic cancer cells and cells of the original cancer usually have some molecular features in common, such as the presence of specific chromosome change[9].

Exploring the quality of life of patients with cancer also requires to take an interest in their daily lives and to focus directly on their views.[12] cancer changes social roles which may lead to loss of independence, self-confidence this causes depression, anxiety, fear, violence, difficulty in communication and lack of willingness to participate in self-care programs.[10] Here nurses plays an important role to know the cancer patients live experiences and provide interventions.

NEED FOR THE STUDY

Cancer is the main health issue in the community across the world. Globally, cancer is one of the most common causes for morbidity and mortality. The results from GLOBOCAN (2012) showed that 14.1 million new patients were diagnosed with cancer and 8.2 million deaths were due to cancer. This is projected to rise by at least 70% by 2030.[11][1] As per the Indian Council of Medical Research report published in May 2016, the expected new cancer cases in India is around 14.5 lakh, and they also reported that the figure is likely to reach 17.3 lakh in 2020. About 7.36 lakh people are expected to have deaths due to cancer in 2016; the report also revealed that only 12.5% of patients come for treatment to hospital in the early stage of cancer.[12] As per the GLOBOCAN 2012 cancer report estimates in India, the five most common cancers among both the genders were breast (14.3%), cervix (12.1%), mouth (7.6%), lung (6.9%), and colorectal (6.3%) cancers. Death due to these five cancers are 302,124.[13]

Cancer changes social roles and can lead to loss of independence and self-confidence; it causes depression, anxiety, fear, violence, difficulty in communication, and lack of willingness to participate in self-care programs.[14]

The cancer patients experience a variety of symptoms. Inadequate management of symptoms might hamper the performance of the daily activities of an individual.[15] As treatments and survival continue to improve, cancer now represents a chronic life-altering condition, and quality of life (QoL) is increasingly recognized as an important treatment outcome for those living with cancer.[16,17] Depending on the type of cancer, survivors can experience a variety of adverse and late physical effects of cancer

therapy, such as fatigue, pain and disability. However, survivors themselves have identified social and psychological problems (including depression, anxiety, and fear of recurrence) as important determinants of their QoL.[18]

A 2019 British study of 526 colorectal cancer survivors found that unmet psychological needs were the highest of all unmet needs following treatment. These psychological unmet needs included feelings of sadness, loss of control, fear of cancer recurrence and death, uncertainty, and difficulty in keeping a positive outlook. Notably, the percentage of patients with psychological unmet needs, 15 months after treatment, remained consistent when measured again at 24 months. These unmet needs, in addition to physical, health system, and informational needs, were associated with poorer health-related quality of life at the end of treatment. Therefore, it is potentially possible to identify 'at risk' patients as soon as they have finished treatment.[19]

A cross-sectional study was conducted on Quality of Life of Cancer Patients Treated with Chemotherapy at Podkarpackie Oncology Centre, Clinical Provincial Hospital in Rzeszow. Total 800 cancer patients were included in the study. The method used in the study was a clinical interview. Quality of life was measured using the EQ-5D-5L Quality of Life Questionnaire, the Karnofsky Performance Status, our own symptom checklist, Edmonton Symptom Assessment and Visual Analogue Scale. The results of the study showed that in the subjective assessment of fitness, after using the Karnofsky fitness index, it was shown that 28% of patients declared the ability to perform normal physical activity. In the assessment the profile, quality of life and psychometric properties of EQ-5D-5L, 81% of patients had most severe problems in terms of self-care and 63% of patients had feeling anxious and depressed.

Hence the study concluded that Cancer undoubtedly has a negative impact on the quality of life of patients, which is related to the disease process itself, the treatment used and the duration of the disease.[20]

As a researcher I felt to explore the lived experience of cancer patients

CHAPTER-2

STATEMENT OF THE PROBLEM

"A phenomenological study on lived in experience with cancer among patients admitted at R.L.Jalappa Hospital and research center"

OBJECTIVES OF THE STUDY

1. To explore the lived in experience with cancer among patients by using open ended question

OPERATIONAL DEFINITION

LIVED IN EXPERIENCE

In this study, it refers to cancer patients own feeling felt by themselves due to the disease condition.

CANCER PATIENTS

In this study, it refers to a people who are diagnosed with different type and stages of cancer and admitted at R.L.jalappa Hospital and research center

CONCEPTUAL FRAMEWORK

Conceptual framework refers to the interrelated concepts or abstractions that are assembled together in some rational scheme by virtue of their relevance to a common theme (George BJ, 2002).

The present study was aimed at to explore the lived in experience with cancer among patients. The conceptual framework of this study is based on concept, input, process and product (CIPP) model on evaluation developed by Daniel stufflebean (2003). It

aims to provide an analytic and rational basis for decision making based on the cycle of planning, structuring, implementing and reviewing decisions. Each concepts are examined through a different aspect of evaluating like concept, input, process and product evaluation (CIPP).CIPP model provide a comprehensive systematic continuous ongoing framework for programme evaluation.

Concept of Daniel stufflebean evaluation

1. context evaluation
2. input evaluation
3. process evaluation
4. product evaluation

1. Context evaluation

It highlights the environment in which the proposed programme exists. It assesses the needs, problems, opportunities, basis for defining goals, priorities and objectives. It helps in making programme planning and decision making. In this context the present study is to explore the lived in experience of cancer patients with cancer.

2. Input evaluation

Input evaluation involves steps and resources needed to meet the goals and objective. It serves as a basis for structuring decisions. In the present study input refers to the selection of sample and framing a research design.

3. Process evaluation

It involves implementation of plans to guide the activities and later to explain outcome. In the present study it refers to explore a lived in experiences of cancer patients with cancer using open ended questionnaire.

4. Product evaluation

The product evaluation helps to identify both intended and unintended outcome to keep the process on track and comparing them to anticipated outcome. In this study product evaluation refers to recycling decisions or need for modification or terminates but this is not in the preview of this study.

Summary:

This chapter dealt with the statement of problem, objective of the study, operational definitions, assumptions, hypotheses and conceptual frame work.

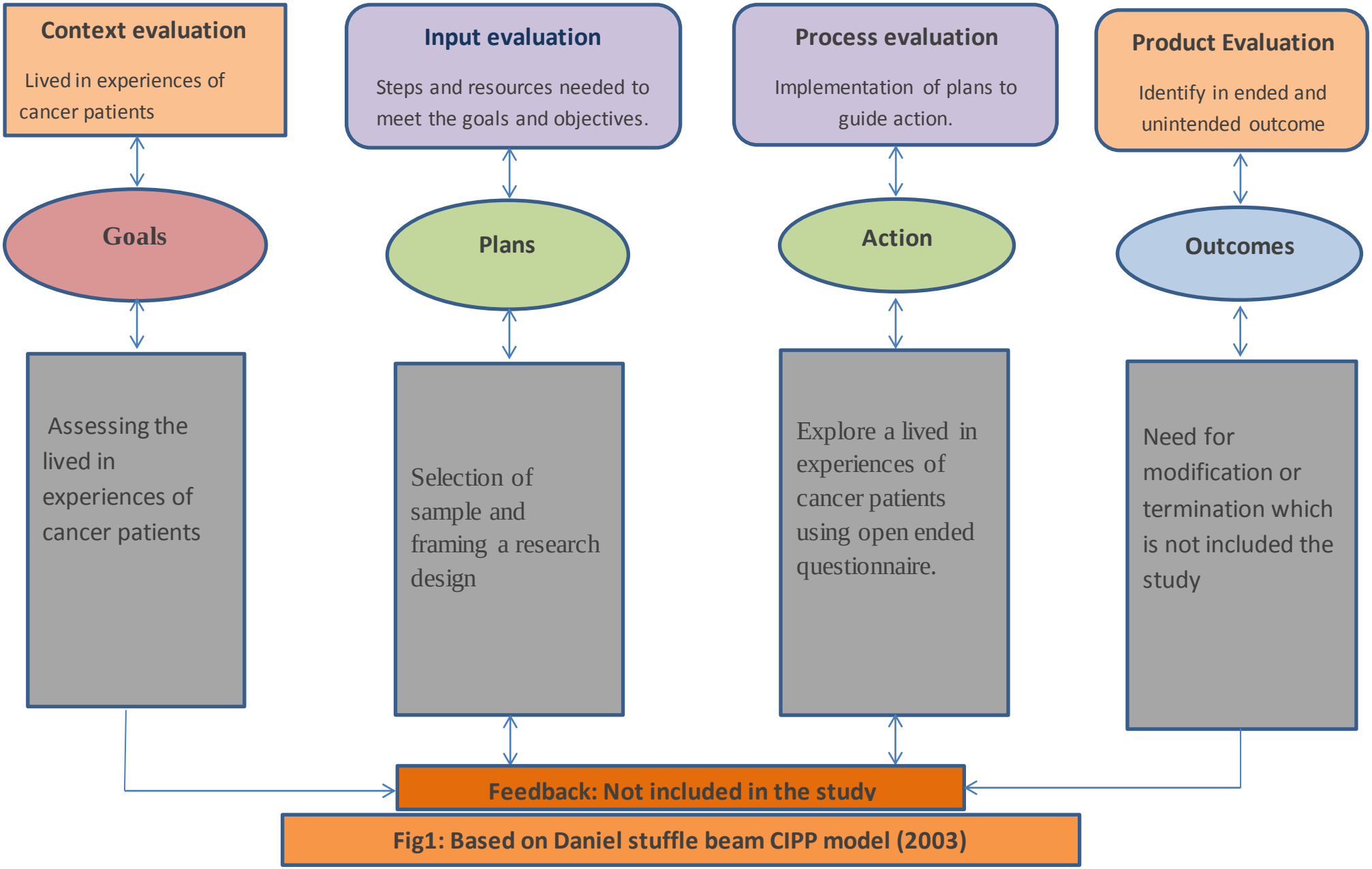

Fig1: Based on Daniel stuffle beam CIPP model (2003)

CHAPTER-3

REVIEW OF LITERATURE

This chapter discusses selected studies that are related to the proposed study objective. Literature review is a key step in the research process. A literature review is defined as a broad, in-depth, systematic, and critical examination of scholarly publications, unpublished and personal communication information. In the present study the studies conducted in India and abroad were reviewed and which are as follows;

Studies related to lived in experiences of cancer patients

A phenomenological study was conducted to assess the lived experience of cancer patients and their family members with a view to develop a palliative care guideline for the nursing personnel at selected hospital, north India. For the study patients with advanced stages of cancer admitted for palliative care, were include through convenient sampling technique. Then patient were assessed using open-ended semi structured interview schedule was used to identify the lived experience of patients with cancer. The result reveled that patient experienced lack of control during this period which is described as an experience of existential changes. The essence of the phenomenon, experience of living with cancer, was to regain a control over the existential changes the present situation and one‘s own body. And 4 themes were extracted 2 these are existential of the everyday world, lived body, and lived relationship, lived time and lived space.[21]

A phenomenological study was conducted on lived is experience of breast cancer at Giorgio. For the study 12 patients were selected by using purposive sampling technique Data were collected between January and March 2019. Open-ended, in-depth interview guide was used to direct the conversation concerning the participants' experiences and perceptions. From the five major themes emerged, and there are being distressed, accepting treatment and seeking alternative treatments, going through difficult times, becoming a stronger person, and becoming thankful.[22]

A phenomenological study was conducted among the cancer survivors who are taking treatment at Regional Cancer Center, JIPMER at Pondicherry. For the study 30 cancer patients were selected through purposive sampling technique. Patients were assessed modified structured tool as per the standardized tool (Spitzer Quality of life index) The findings of the study participants described a cancer diagnosis and complaints; participants experienced care and relationship with others; explore their treatment experiences and mental health status; perception about cancer and future life. Interview was conducted after consent. Socio demographic data was collected with the use of a questionnaire, A semi structured face-to-face interviews withal 30 participants in a conducive environment. Interviews were conducted with an open-framework for two way Communication and it was tape recorded. Researcher drew in eleven different phases of their life, from the themes developed from thematic analysis of the interview data the study result revealed that mainly focused on the living experience of the cancer survivors in different phases and also to understand the expectations of the survivors. Majority of cancer survivors bankrupt with emotions sharing their bitter experiences of their life.[23]

A phenomenological approach was conducted the preoperative experience of patients undergoing surgery for colorectal cancer at faculty of health and social care, Canterbury Christ church university, united kingdom. For the study twenty cancer patients were through selected purposive sampling technique. Then Patients were assessed used open ended questionnaire to explore depth and complexity of respondents' experience. The study revealed that All participants had experienced an exhausting period of illness diagnosis and treatment at the time of the interview yet all wished to talk about their preoperative experiences and their impact on the rest of their disease trajectory[24]

A descriptive phenomenological study was conducted on Exploring the lived experience of gay men with prostate cancer: At University Hospital, Galway, Ireland. For the study 8 cancer patients selected using purposive sampling technique. Patient were assessed In-depth face to face interviews conducted .The study findings that Three key aspects emerged representing the essence of the participants lived experience The experience of diagnosis, treatment decision making, and the impact of treatment, with sub-themes of shock of diagnosis, the generalist nature of information, sexual side effects and incontinence, and masculinity and gay identity. Secondly, the experience of the healthcare service with sub-themes of sexual orientation disclosure and communication with the healthcare team; and thirdly, sources of support and means of coping which included significant others, family & friends, cancer support groups, and gay resources and support services.[25]

A qualitative study was conducted on Exploring Older Women's Attitudes and Experience of Treatment for Advanced Ovarian Cancer at Gynecology Unit, Royal Marsden NHS Foundation Trust, London UK. For the study 15 cancer patients

selected using purposive sampling technique. Patients were assessed with Semi-structured interview schedule. The result reveled that Despite most participants receiving standard treatment, women overwhelmingly preferred treatment with the chance of lengthening survival despite side-effects and would undertake treatment again. Participants chose to undergo treatment for their own sake or to please family members. Though patients struggled with fatigue and logistical challenges, these older women were determined to maintain independence and continue treatment.[26]

A qualitative study was conducted on Determinants of Health-Related Quality of Life among Advanced Lung Cancer Patients at Belgium, Italy. For the study 24 Lung cancer patients with stage III and IV were included the result revealed that in the total sample. Italian (n = 12) and Belgian (n =12) patients, age ranged between 42–78, median age 62 (IQR = 9.3 years), SD=8.5; 62% men. The three main themes captured from determinants of HRQL were patients agreed on the importance of physical aspects (symptoms and side-effects) in determining their HRQL In particular, skin conditions, nausea, fatigue, risk of infections, sensory abnormalities, pain, and changes in physical appearance were highlighted. Second, patients worried about psychological aspects, negatively impacting their wellbeing such as uncertainties regarding their future health state, and a lower degree of autonomy and independence. Third, patients underlined the importance of social aspects, such as communication with healthcare providers and social interaction with friends, family and peers.[27]

A study was conducted on measuring quality of life in people living with and beyond cancer in the UK. One hundred eighty-two people attending cancer clinics in Central London at various stages post-treatment, completed a series of QoL measures: FACT-G, EORTC QLQ-C30 , IOCv2 (positive and negative subscales) and

WEMWBS, a wellbeing measure. These measures were chosen as the commonest measures used in previous research. Correlation tests were used to assess the association between scales. Participants were also asked about pertinence and ease of completion. The results of the study showed that there was a significant positive correlation between the four domain scores of the two health-related QoL measures. The study concluded The IOCv2can be used to identify those cancer survivors who would benefit from interventions to improve their QoL and to target specific needs thereby providing more holistic and personalized care beyond cancer treatment.[28]

A descriptive phenomenological study was conducted on Lived Experiences of Cancer Patients after Survival at Zabol, Iran. Through purposeful sample technique 15 cancer survivors were selected and all were assessed using semi-structured interviews. From the data four themes were extracted and these were altered body image, mood swings, uncertain and dark future, and choosing a solitary lifestyle. Hence the study concluded that Cancer patients experience various physical, psychological, and social changes including stress, anger, nervousness, despair, worthlessness, depression, social isolation, and even the wish to die after chemotherapy.[29]

A exploratory Qualitative study was conducted on Patients' quality of life during active cancer at three university hospitals, Paris. Through purposive sampling technique 30 cancer patients were selected until data saturation, had diverse types of cancer and had started treatment at least 6 months before interview. Data were examined by thematic analysis. From the study analysis two themes: were identified they are what negatively affected for patient's quality of daily life during the

treatment period, a question to which patients responded by talking only about the side effects of treatment; and (2) what positively affected their quality of daily life during the treatment period with three sub-themes: (i) The interest in having investing in a support object that can be defined as an object, a relationship or an activity particularly invested by the patients which makes them feel good and makes the cancer and its treatment.[30]

CHAPTER-4

RESEARCH METHODOLOGY

This chapter deals with the methodology adopted for the proposed study and the different steps undertaken. It includes research approach, design, settings and sample and sampling technique, and description of the tool for data collection, procedure used for data collection and data analysis.

The present study was aimed to explore the lived in experience of cancer patients using open ended questionnaire.

SOURCES OF DATA

Data was collected from cancer patients admitted at oncology unit of R.L.Jalappa Hospital and Research Centre, Tamaka, Kolar.

RESEARCH APPROACH AND RESEARCH DESIGN

Research approach: Qualitative research approach was used.

Research design: Phenomenological research design

SETTINGS OF THE STUDY

The Study was conducted at oncology unit R.L. Jalappa Hospital & Research Centre. The hospital is a multi-specialty and tertiary Care hospital with 1250 bed capacity along with Oncology wards. Every year an average of 600 to 700 cancer patients are taking treatment in this hospital.

POPULATION:

The population in this study comprised of all Cancer patients admitted in oncology unit and taking treatment at different hospitals.

SAMPLE:

Sample consist of Cancer patients admitted at oncology unit of R.L. Jalappa Hospital & Research Centre**,** Tamaka, Kolar

SAMPLE SIZE: The sample size for the present study was twelve.

SAMPLING TECHNIQUE:

For the present study purposive sampling technique was used.

CRITERIA FOR SELECTION OF SAMPLE

INCLUSION CRITERIA

Patients with cancer who were;

- Between 20 to 80 years of age group
- With different types of cancer
- In stable condition.
- Able to recall , communicate and explain the experiences fluently in Kannada language
- Willing to participate in the study.

EXCLUSION CRITERIA

Patients with cancer who were;

- Critically ill.
- Not present as the day of data collection

.

DATA COLLECTION TOOL

The tool was prepared by researcher herself after going through the review literature and consultation with subject experts. It consists of following sections;

Section A: Socio-demographic profile:

It consists of age, gender, educational status, occupation, marital status, family history of cancer, duration of cancer, stage of cancer, type of cancer and type of treatment.

Section B: Open ended questionnaire on lived in experienced of cancer

It consists eight open-ended questionnaire which are as follows;

1. How are you and how you are feeling about your health?
2. What was your first reaction when you are informed about having cancer?
3. What was your family (husband/wife/children) response to your diagnosis?
4. What was your and family attempt to treat this disease?
5. Have you faced any stigma or discrimination due to your disease condition?

6. What steps you have taken to overcome with stressful situation soon after Diagnosis?

7. Have you faced any problem in treating the disease?

8. Overall what is your experience living with cancer?

METHOD OF DATA COLLECTION

The data was collected by using following steps;

Step 1: Ethical clearance was obtained from the institutional ethics committee of Sri Devaraj Urs College of Nursing. A formal written permission was obtained from the Medical superintendent of R.L Jalappa hospital and Research Centre and HOD of cancer department. Based on inclusion criteria through purposive Sampling technique 12 cancer patients were selected for the study.

Step 2: Then the researcher introduced herself to all cancer patients and called them to ward demonstration room. Here patients were made to sit comfortably while providing privacy and they were assured that only researcher would be aware of their identity. After casual interview, socio-demographic data of age, gender, educational status, occupation, marital status, family history of cancer, duration of cancer, stage of cancer, type of cancer and type of treatment were collected, followed by lived in experiences of cancer was collected using eight in depth interview questionnaire. To collect data around 60 minutes was taken and the same time interview was audio-recorded with participant's permission and transcribed verbatim. Apart from this, field notes were taken on complete description of the data collection by researcher assistant.

Step 3: At the end of the interview, researchers thanked all participants. The data was collected on 20/7/2023 between 5.30 pm to 6.30 pm.

PLAN FOR DATA ANALYSIS

Data was analyzed by using descriptive statistics and thematic presentation.

- Socio-demographic data was analyzed in terms of frequency and percentage.
- Lived in experiences was analyzed and in the form of thematic presentation.

Summary

The chapter of methodology has dealt on the research approach, setting, population, sample and sampling technique, tools and method of data collection.

DATA ANALYSIS

This chapter deals with the analysis and interpretation of the data gathered to know the lived in experiences of cancer patients. Data analysis was done by debriefing after each focus group discussion and by listening to the tape and verifying the data. The content was verified while reading line by line and paragraph by paragraph, looking for significance statements and codes according to the topics addressed. The researcher used three levels of coding. In level one coding, researchers examined the data line by line and making codes which were taken from the language of the subjects who attended the focus group. In level two coding, comparing of coded data with other data and creation of categories were done. In level three coding, the categories that seem to cluster together were formed as themes. Then the documents were submitted to two assessors for validation. This action provided an opportunity to determine the reliability of the coding. The analysis and interpretation of data were based on the data collected from cancer patients through open ended questionnaire. The results were computed using descriptive and thematic presentation based on the following objective of the study;

Objective of the study is to:

To explore the lived in experience with cancer among patients by using open ended question

The data is presented as follows;

Section-A: Distribution of cancer patients based on socio - demographic variables

Section-B: Lived-in experiences of cancer patients on cancer.

SECTION -A

DISTRIBUTION OF CANCER PATIENTS ACCORDING THEIR SOCIO-DEMOGRAPHIC VARIABLES

This section deals with socio-demographic variables of cancer patients. Before assessing the lived-in experience of cancer patients, they were assessed for their socio-demographic variables and presented from table 1 to 11

TABLE-1: DISTRIBUTION OF CANCER PATIENTS BASED ON THEIR AGE GROUP

n=12

SL.NO	AGE IN YEARE	FREQUENCY	PERCENTAGE
1	31-40	2	17
2	41-50	2	17
3	51 -60	4	33
4	61-70	3	25
5	71-80	1	08
	TOTAL	**12**	**100**

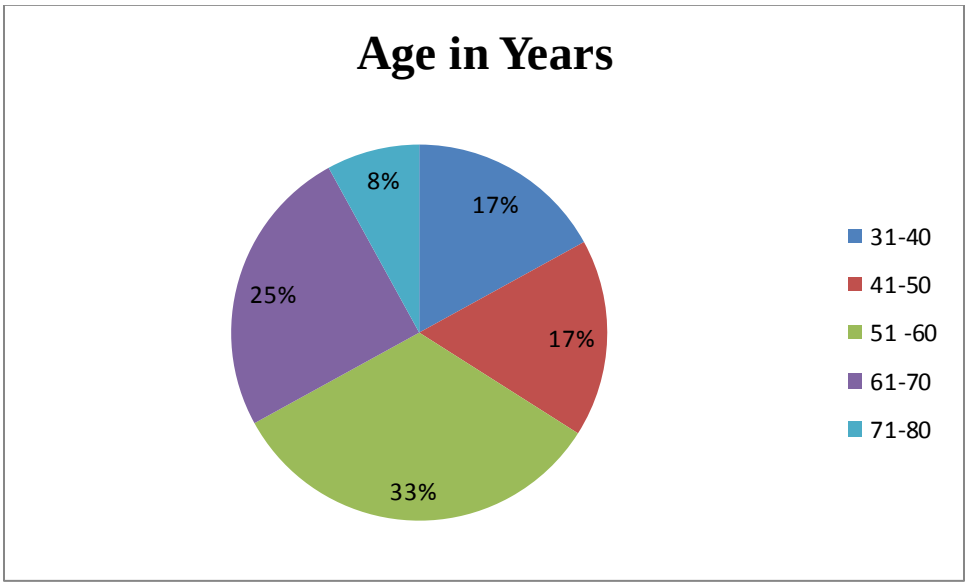

Figure 2: showing distribution of cancer patients based on Age

The above tables and pie diagram shows that, 33% of cancer patients were between the age group of 51-60 year, 25% of them were between 61-70 years, 17% each of them were between 31-40 years, 41-50 years and 8% of them were71-80 years respectively.

DISTRIBUTION OF CANCER PATIENTS BASED ON THEIR GENDER

With regard to gender among cancer patients, almost all patients (100%) were females.

TABLE-2: DISTRIBUTION OF CANCER PATIENTS BASED ON EDUCATION

n=12

SL.NO	EDUCATION	FREQUENCY	PERCENTAGE
1	No Formal education	7	59
2	Primary	1	8
3	Middle school	3	25
4	PUC	1	8
	TOTAL	**12**	**100**

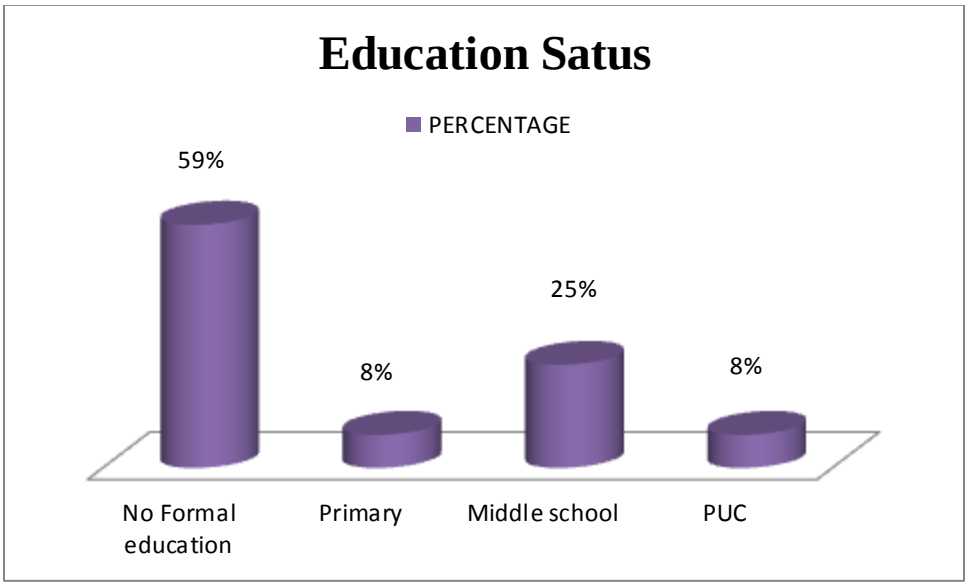

Figure 3: showing distribution of cancer patients based on education

The above table and cylinder diagram shows that the distribution of cancer patients based on their education status. With regard to this 59% of cancer patients had no formal education, 25% of them had middle school education 8% each of them had primary education and PUC respectively.

TABLE-3: DISTRIBUTION OF CANCER PATIENTS BASED ON THEIR OCCUPATION

n=12

SL.NO	OCCUPATION	FREQUENCY	PERCENTAGE
1	Home maker	8	67
2	Self-employ	4	33
	TOTAL	12	100

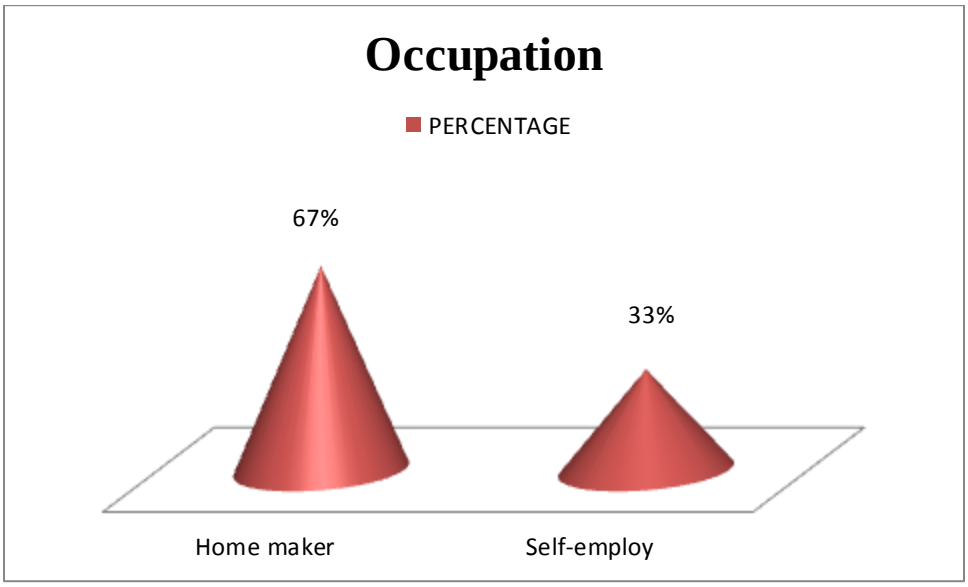

Figure 4: showing distribution of cancer patients based on occupation

The above table and cone diagram shows that the distribution of cancer patients based on the occupation. With regard to this, 67% of cancer patients were home makers and 33% of them were self-employed.

DISTRIBUTION OF CANCER PATIENTS BASED ON THEIR MARITAL STATUS

With regard to marital status of cancer patients all (100%) them were married.

TABLE-4: DISTRIBUTION OF CANCER PATIENTS BASED ON THEIR FAMILY HISTORY OF CANCER

n=12

SL.NO	**FAMILY HISTORY OF CANCER**	**FREQUENCY**	**PERCENTAGE**
1	Grandparents	2	17
2	Any other	10	83
	TOTAL	**12**	**100**

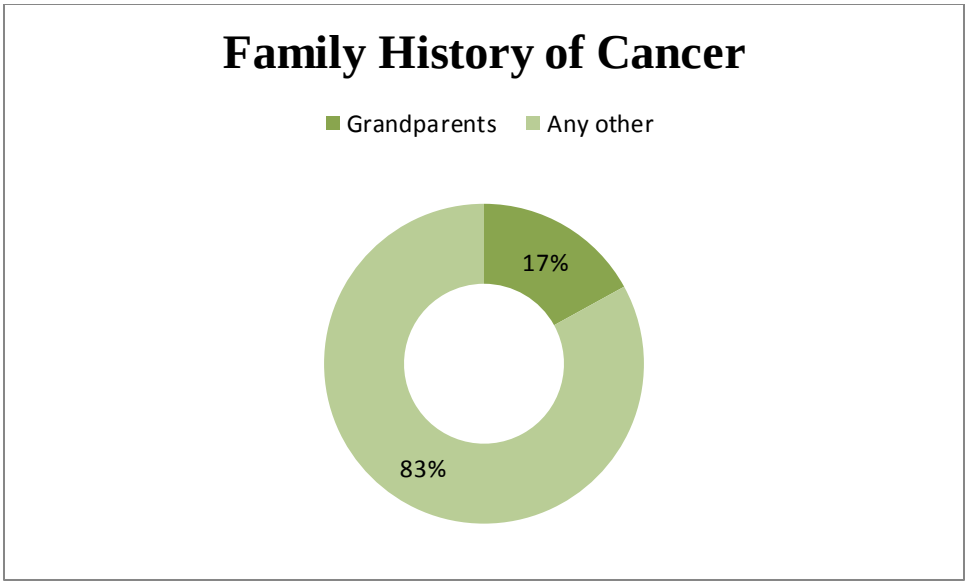

Figure 5: showing distribution of cancer patients based on family history of cancer

The above table and pie diagram shows that, the distribution of cancer patients based on the family history of cancer. With regard to this 83% of cancer patients expressed that their blood relations did not have cancer and 17% of them expressed that their grandparent had cancer.

TABLE-5: DISTRIBUTION OF CANCER PATIENTS BASED ON THEIR RESIDENTAL AREA

n=12

SL.NO	Residential area	FREQUENCY	PERCENTAGE
1	URBAN	2	17
2	RURAL	10	83
	TOTAL	**12**	**100**

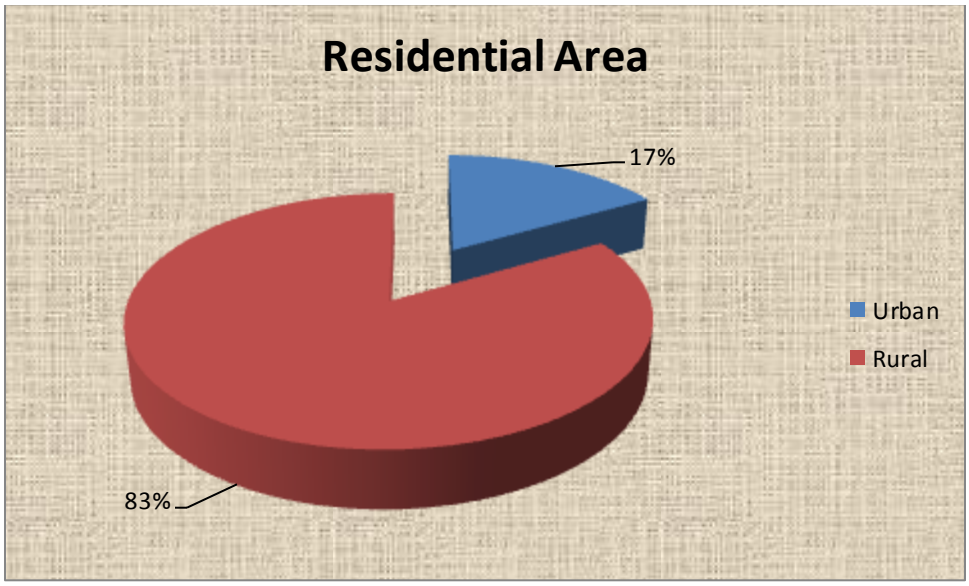

Figure 6: showing distribution of cancer patients based on residential area

The above table and pie diagram shows that the distribution of cancer patients based on their residential area. With regard to this, 83% of cancer patients were from urban area and only17% of them were rural area.

TABLE-6: DISTRIBUTION OF CANCER PATIENTS BASED ON THEIR DURATION OF CANCER

n=12

SL.NO	DURATION OF CANCER	FREQUENCY	PERCENTAGE
1	FROM6 MONTH	6	50
2	FROM 1 YEAR	3	25
3	FROM 2 YEAR	3	25
	TOTAL	**12**	**100**

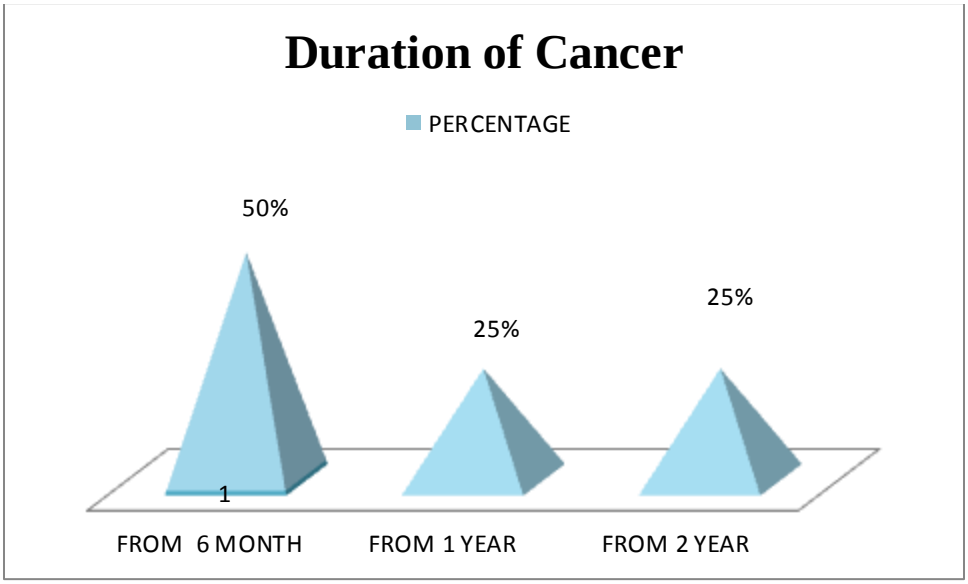

Figure 7: showing distribution of cancer patients based on duration of cancer

The above table and pyramid diagram shows that, the distribution of cancer patients based on duration of cancer. With regard to this 50% of patients expressed that they had cancer from 6 months, 25% each of them said they were suffering from 1 year and from 2 years.

TABLE-7: DISTRIBUTION OF CANCER PATIENTS BASED ON THEIR AREA OF CANCER

n=12

SL.NO	AREA OF CANCER	FREQUENCY	PERCENTAGE
1	Cervical	8	67
2	Gastrointestinal	1	8
3	Breast	3	25
	TOTAL	**12**	**100**

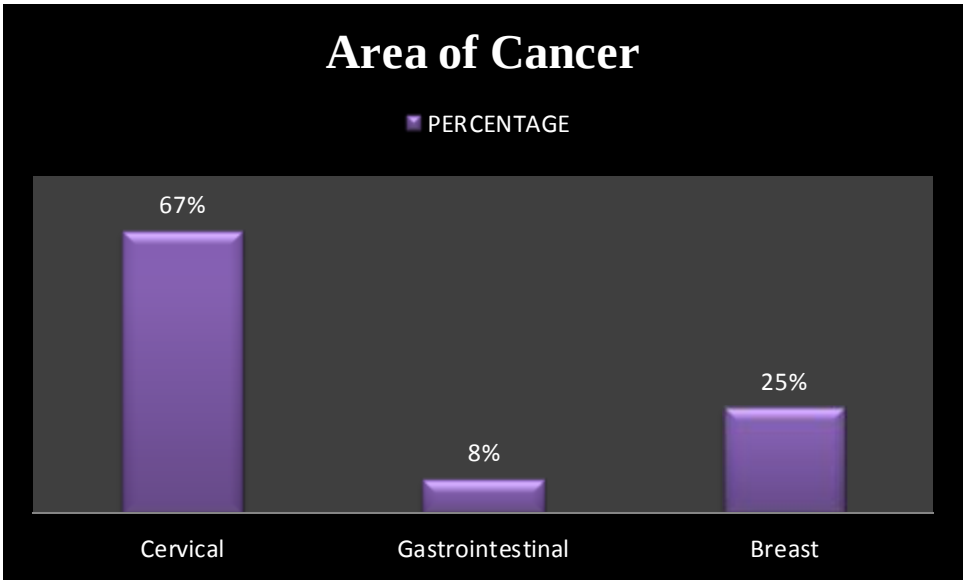

Figure 8: showing distribution of cancer patients based on Area of cancer

The above table and bar diagram shows that, the distribution of cancer patients based on area of cancer. With regard to this 67% of patients had cervical cancer, 8% of them had gastrointestinal and another 25% had breast cancer.

DISTRIBUTION OF CANCER PATIENTS BASED ON THEIR STAGE OF CANCER

With regard to stage of cancer all (100%) patients were in 4^{th} stage of cancer.

TABLE-8: DISTRIBUTION OF CANCER PATIENTS BASED ON THEIR TYPE OF TRATMENT

n=12

SL.NO	TYPE OF TREATMENT	FREQUENCY	PERCENTAGE
1	Chemotherapy	7	58
2	Surgery	2	17
3	Companied with chemo-Radio	3	25
	TOTAL	**12**	**100**

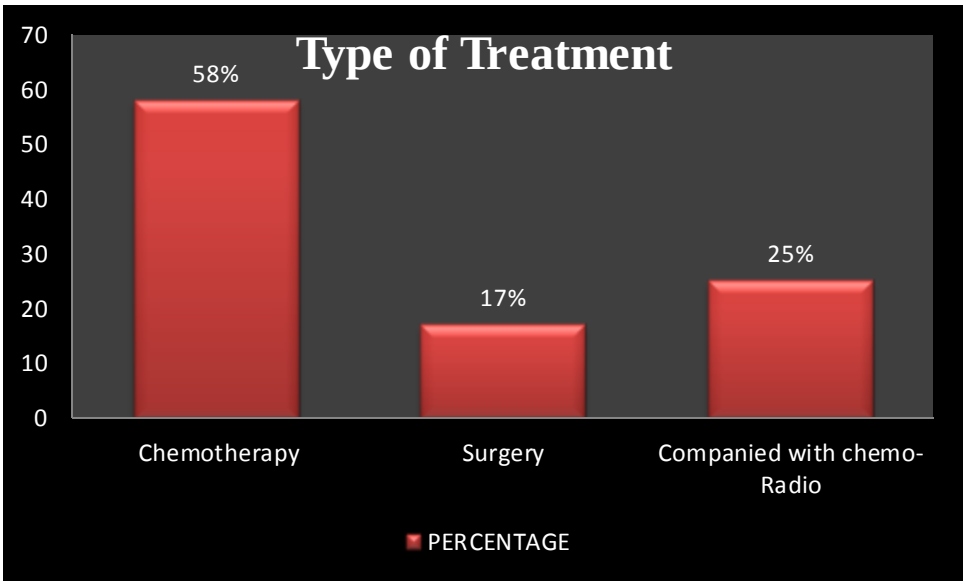

Figure 9: showing distribution of cancer patients based on type of treatment

The above table and bar diagram shows that the distribution of cancer patients based on type of treatment they were undergoing .With regard to this, 58% of cancer patients were undergoing for chemotherapy, 17% of them under went for surgery and 25%of them were undergoing for both chemo and radiation therapy treatment .

SECTION –B

LIVED – IN EXPERIENCES OF CANCER PATIENTS

The section deals with first objective that was to explore the lived in experience with cancer among cancer patients. From collected data content five themes were extracted and these are as follows,

1. Uncertainty

Uncertainty is a significant source of psychological distress that affects cancer patients. This theme is emerged as a reaction of all cancer patients. All patients (100%) expressed that they felt uncertainty about their life soon after listening to the diagnosis of having cancer. This perception is as follows;

One patient said:

“I felt instead of living it is better to die”

Another patient added;

“I felt like to consume poison & die”

2. Dependent on family

A family is a very valuable resource for patient care & it play an important role in providing an emotional support in patient recovery. All patients received psychological and financial support from their family members and also they were depending on their family for treatment. The experience of cancer patient depending on their family as follows;

One patient said:

“My family has to take care of me than who else is there”

Another patient added:

“I don’t have husband &children, now my sister is taking care of me”

3. Stigma & discrimination

Stigma is more relevant in certain population sub groups and is negatively associated with cancer screening uptake

In the present study women with cancer suffered from many different forms of stigma &discrimination as well as feeling of shame with cancer, which is as follows ;

One patient said

“When neighbor came to my house I prepared coffee and served but she has rejected”.

Another patient said

“When neighbor children were playing, with love I went to carry but she has not permitted me.”

One more added

“I have not told anyone excepted my family that I am having cancer because if neighbors came to know that, they think I have done some karma.”

4. Family Influence

Family is described as both care receiver and care provider. Family is an important human support system and its members play an important role in caring each other.

In the present study, we found that different opinion of family members in care of patients as expressed by study participants.

One patient said:

"Soon after I heard that I am having cancer, I cried a lot and not accepted for treatment when my family called"

Another patient said:

"Even though I felt like to die, looking at my family support, I decided to live."

One more added

"My sibling said in front of me, let her die with this disease instead of troubling everyone."

5. Believing in god with Hope

Believing in God and trusting in God helped cancer patients during hard time. All (100%) patients expressed that in the beginning they lost faith in god, then they struggled to understand why they had cancer.

One patient said

"Why I should pray to God when he gave these diseases for me".

Another patient said

"It's my karma I am suffering why I should blame God."

One more added

"I have faith in God, he definitely takes care of me".

6. Gratitude

This theme was emerged from all cancer patients generally all cancer patients expressed their gratitude towards the hospital care and caring under health scheme which helping them to take cancer treatment and reducing pain.

DISCUSSION

The present study was intended to explore the lived- in experiences of cancer patients. Hence the data was collected from 12 patients through purposive sampling technique were presented in the form of tables, graphs and themes in chapter V. The findings obtained were discussed as follows;

I. SOCIO-DEMOGRAPHIC VARIABLES

Age

With regard to age group majority (33 %) cancer patients were between the age group of 51-60 year. This was supported by the study as lived experience of Iranian cancer patients after survival: a phenomenological research.[29]

Gender

With regards to gender, all patients (100%) were females. This was supported by the study on measuring quality of life in people living with and cancer in the UK[27]

Education

With regard to educational status, majority (59%) of cancer patients had no formal education, This indicates that, lack of education may be one of the source for not awareness of cancer.

Occupation

With regard to occupation, majority (67%) of cancer patients were home makers and only 33% of them were self-employed. This was supported by the study on lived in experience of breast cancer survivors; a phenomenological study. [22]

Marital status

With regard to marital status, all of cancer patients (100%) were married. To support this finding their where no studies.

Family history of cancer

With regard to family history of cancer, majority (83%) of cancer patients were not having family history of cancer but only 17% of them expressed their grandparents had cancer. This was supported by the study on A qualitative study to assess the lived Experience of cancer patients And their family members in a view to develop A palliative care guideline for the nursing personnel At selected hospital, North India [21]

Residential area

With regard to residential area, majority (83%) of cancer patients were residing at urban area and only 20% of them were residing in rural area. To support this findings there were no studies.

Duration of cancer

With regard to duration of cancer, majority (50%) of patients had cancer from 6 months, 25% of them had from 1 year and 25% them had from 2 years.

Location of cancer

With regard to location of cancer, majority (67%) of patients were having cervical cancer, 17% each of them were with gastrointestinal and breast cancer respectively.

Stage of cancer

With regard to stage of cancer, all cancer patients (100%) were with 4th stage of cancer. To support this study, there were no findings.

Type of treatment

With regard to type of cancer, majority (58%) of cancer patients were taking chemotherapy, 17% of them under went for surgery and 25% of them were taking both chemotherapy and radiotherapy.

II. Lived in experience of cancer patients

With regard to live in experience of cancer patient, the present study findings share similarities and differences with other studies of lived in experience of cancer patients. The detailed discussion is as follows;

Uncertainty

This theme fining in the study was similar to the studies conducted with cancer patients lived experience of breast cancer survivors: A phenomenological study[22] where all cancer patients experienced the diagnosis of cancer as a major stress in their life. This may be because, majority of people perceive that cancer is an incurable disease it leads to death.

Dependence on family

The findings of the study revealed that, patients were dependent on their family for care and support. This was supported by the study on exploring the lived experience of gay men with prostate cancer: A phenomenological study[24]

Stigma and discrimination

From the study findings stigma and discrimination theme was emerged. It was surprising to hear from all cancer patients that stigma and discrimination was found among public even though cancer is not communicable disease. This was supported by study on lived in experience of breast cancer survivors; a phenomenological study. [22]

Family influence

This theme was extracted in the study. It was an interesting to note that, even though diagnosis or occurrence of cancer is not an end of life but cancer patients were not willing for treatment and family has to counsel patient to take treatment. This was supported by the study conducted by on the preoperative experience of patients undergoing surgery for colorectal cancer : A phenomenological study[24]

Believing in god with hope

On discussion with cancer patients it was observed that, after diagnosis of cancer, patients surrendered to the god for their health. Few expressed why god punished and others expressed its our previous karma so we have to go through this suffering process. To support this study there were no studies.

Gratitude

It was emerged with all patients that they expressed gratitude towards the hospital, facilities and health scheme facilities which made them to overcome with financial and psychological crisis.

Summary

This chapter discussed the findings of the present study with related similar studies.

SUMMARY

This chapter presents a brief summary of the study with limitations, nursing implications, recommendations for future research and conclusion. The present study aimed to explore lived in experiences of cancer patients with cancer.

The study had the following objective;

To explore the lived in experiences with cancer among patients by using open ended question

The study was conducted in the following stages;

Step 1: Ethical clearance was obtained from the institutional ethics committee of Sri Devaraj Urs College of Nursing. A formal written permission was obtained from the Medical superintendent of R.L Jalappa hospital and Research Centre and HOD of cancer department. Based on inclusion criteria through purposive sampling technique 12 cancer patients were selected for the study.

Step 2: Then the researcher introduced herself to all cancer patients and called them to ward demonstration room. Here patients were made to sit comfortably while providing privacy and they were assured that only researcher would be aware of their identity. After casual interview, socio-demographic data of age, gender, educational status, occupation, marital status, family history of cancer, duration of cancer, stage of cancer, type of cancer and type of treatment was were collected, followed by lived in experiences of cancer was collected through focus group discussion using eight in depth interview questionnaire. To collect data around 60 minutes was taken and the same time interviews were audio-recorded with participant's permission and

transcribed verbatim. Apart from this, field notes were taken on complete description of the data by the researcher and her assistants.

Step 3: At the end of the interview, researchers thanked all participants. The data was collected on 20/7/2023 between 5.30 pm to 6.30 pm.

MAJOR FINDINGS

The data was analysed using descriptive statistics and thematic presentation. In the analysis three levels of coding was used. Based on coding, six themes were extracted. Following were the findings of the study;

- With regard to socio-demographic data, majority (33%) of cancer patients were with 51-60 years of age and all patients are females, majority (59%) were education status, majority (67%) of cancer patients were home makers, all were married, most (83%) of them were not having family history of cancer, majority(83%) of them were residing at urban area, most (50%)of them had cancer from 6 month, majority (67%) were suffering with cervical cancer, all were with 4^{th} stage of cancer, and majority (58%) were undergoing for chemotherapy treatment.

- With regard to lived in experiences of cancer patients, they were six themes were extracted such as uncertainty, dependent on family, stigma and discrimination, family influence, believing god with hope and gratitude.

LIMITATIONS

The study was limited to cancer patients who were admitted at oncology unit R.L. Jalappa Hospital & Research Centre, Tamaka, Kolar.

IMPLICATIONS FOR NURSING

The findings of the study had several implications for nursing administration, nursing practice, nursing education and nursing research

Nursing administration

The present study would help the nursing administrators to take adequate steps in educating and supporting with various health schemes facilities for treatment.

Nursing practice

It was observed from the findings of the study that, nurses should take adequate steps in counselling cancer patients which support patients psychologically.

Nursing education

The findings of the study proved that, patient and their family require adequate awareness programmes in preventive and curative treatment process.

Nursing research

There is an ample of scope for research in the field of cancer. As the study findings revealed that, in the public cancer related stigma existing, hence to stop such stigma various studies on awareness and attitude need to be conducted.

RECOMMENDATIONS

- A similar study can be conducted in another setting.
- A quantative study on knowledge and attitude among public on cancer need to be conducted.

- Interventional study on knowledge, attitude and practice in prevention of cancer may be conducted among general public.

Summary

This chapter dealt with findings, its implications and future recommendations of the study.

CONCLUSION

The study lived in experiences of cancer patients was conducted among cancer patients admitted at oncology unit R.L. Jalappa Hospital & Research Centre**,** Tamaka, Kolar. Using purposive sampling technique 12 cancer patients who were undergoing chemotherapy and radiotherapy or both treatments at oncology unit of R.L. Jalapa hospital and research centre were selected. The cancers were assessed using open-ended focus group interview. The lived in experiences of cancer patients experience gave lot of insights during exposure, where patients faced lot of challenges in this disease condition. The key themes of the study were uncertainty, depended on family, stigma and discrimination, family influence, believing in god with hope and gratitude. The study recommended that there is an urgent need to remove stigma among public on cancer, its treatment facility and attitude towards cancer

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ANNAXURE-A

EHICAL COMMITTEE CLEARANCE CERTIFICATE

	SRI DEVARAJ URS COLLEGE OF NURSING TAMAKA, KOLAR – 563 103. INSTITUTIONAL ETHICS COMMITTEE	Format No.	IEC 01
		Issue No.	02
		Rev No.	01
		Date	01-09-2018

Ref.:No.SDUCON/IEC/102/2022 **Date: 28/07/2022**

To
Mrs. Rubin George
I year M.Sc Nursing (Med. Surg. Nsg.)
SDUCON,
Tamaka, Kolar-563103

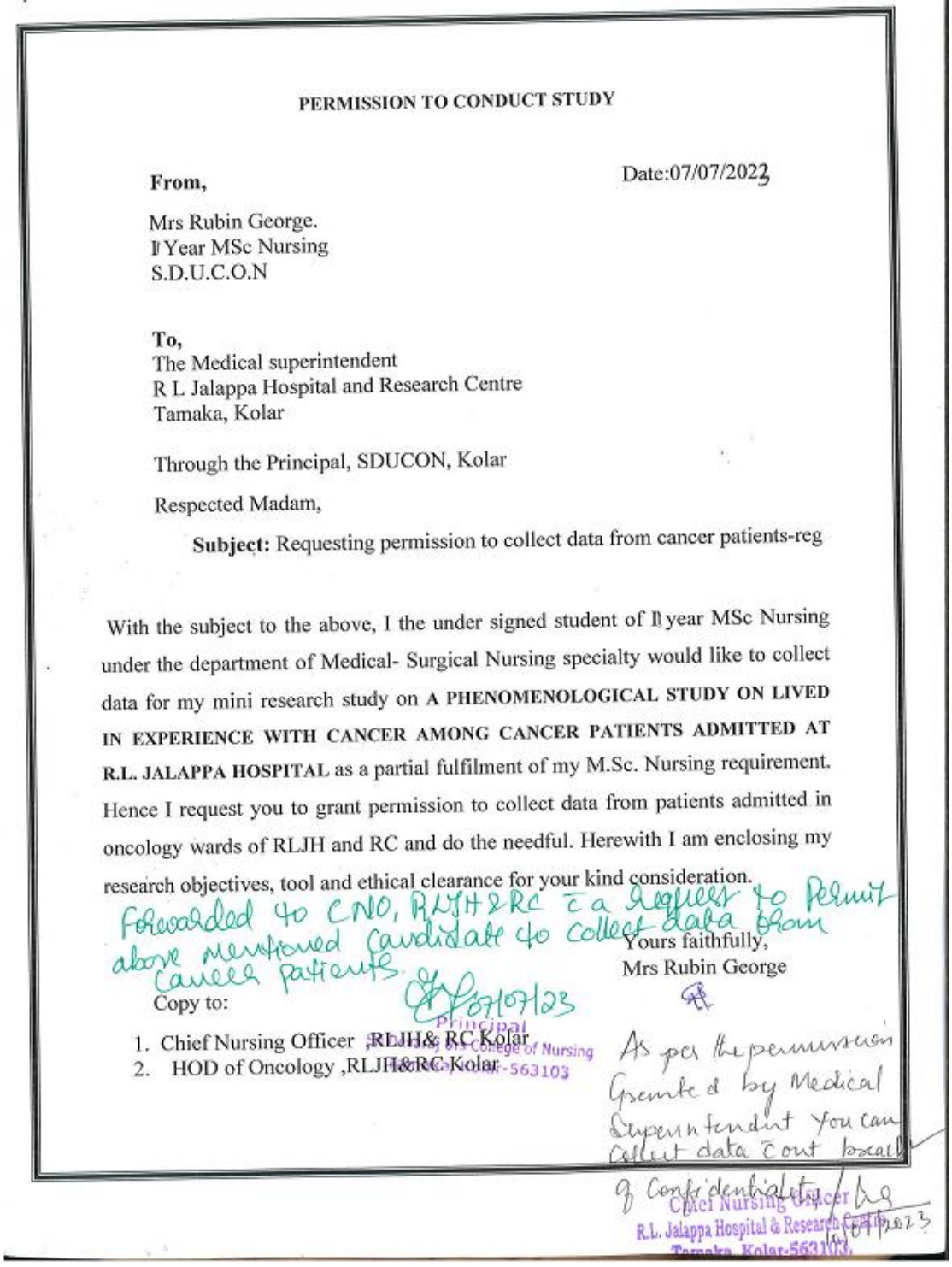
This is to certify that the Institutional Ethics Committee of Sri Devaraj Urs College of Nursing, Tamaka, Kolar has examined and unanimously approved the Topic: **A Phenomenological study on lived in Experiences with Cancer Among cancer patient,** of Mrs. Rubin George, under the guidance of Dr. G. Vijayalakshmi, Sri Devaraj Urs College of Nursing.

Gayathri
Member Secretary

Chairperson

ANNAXURE-B

LETTER REQUESTING PERMISSION TO CONDECTING RESEARCH STUDY



PERMISSION TO CONDUCT STUDY

From,

Date:07/07/2023

Mrs Rubin George.
II Year MSc Nursing
S.D.U.C.O.N

To,
The Medical superintendent
R L Jalappa Hospital and Research Centre
Tamaka, Kolar

Through the Principal, SDUCON, Kolar

Respected Madam,

Subject: Requesting permission to collect data from cancer patients-reg

With the subject to the above, I the under signed student of II year MSc Nursing under the department of Medical- Surgical Nursing specialty would like to collect data for my mini research study on **A PHENOMENOLOGICAL STUDY ON LIVED IN EXPERIENCE WITH CANCER AMONG CANCER PATIENTS ADMITTED AT R.L. JALAPPA HOSPITAL** as a partial fulfilment of my M.Sc. Nursing requirement. Hence I request you to grant permission to collect data from patients admitted in oncology wards of RLJH and RC and do the needful. Herewith I am enclosing my research objectives, tool and ethical clearance for your kind consideration.

Forwarded to CNO, RLJH & RC a request to permit above mentioned candidate to collect data from cancer patients.
07/07/23

Yours faithfully,
Mrs Rubin George

Copy to:

1. Chief Nursing Officer ,RLJH& RC Kolar
2. HOD of Oncology ,RLJH&RC Kolar

Principal
College of Nursing
563103

As per the permission granted by Medical Superintendent you can collect data & out local & Confidentiality
Chief Nursing Officer
R.L. Jalappa Hospital & Research Centre
Tamaka, Kolar-563103
07/7/2023

PERMISSION TO CONDUCT STUDY

From, Date:07/07/2023

Mrs Rubin George.
II Year MSc Nursing
S.D.U.C.O.N

To,
The Medical superintendent
R L Jalappa Hospital and Research Centre
Tamaka, Kolar

Through the Principal, SDUCON, Kolar

Respected Madam,

Subject: Requesting permission to collect data from cancer patients-reg

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Permitted
Dr.Aswathappa
Professor&HOD
Department of ...

Yours faithfully,
Mrs Rubin George

Copy to:

1. Chief Nursing Officer ,RLJH& RC Kolar
2. HOD of Oncology ,RLJH&RC Kolar

Forwarded to HOD, Oncology dept, RLJH&RC & a request to permit above mentioned student to collect data from cancer patients

7/07/23
Principal
Sri Devaraj Urs College of Nursing

PERMISSION TO CONDUCT STUDY

From,

Date:07/07/2023

Mrs Rubin George.
II Year MSc Nursing
S.D.U.C.O.N

To,
The Medical superintendent
R L Jalappa Hospital and Research Centre
Tamaka, Kolar

Through the Principal, SDUCON, Kolar

Respected Madam,

Subject: Requesting permission to collect data from cancer patients-reg

With the subject to the above, I the under signed student of II year MSc Nursing under the department of Medical- Surgical Nursing specialty would like to collect data for my mini research study on **A PHENOMENOLOGICAL STUDY ON LIVED IN EXPERIENCE WITH CANCER AMONG CANCER PATIENTS ADMITTED AT R.L. JALAPPA HOSPITAL** as a partial fulfilment of my M.Sc. Nursing requirement. Hence I request you to grant permission to collect data from patients admitted in oncology wards of RLJH and RC and do the needful. Herewith I am enclosing my research objectives, tool and ethical clearance for your kind consideration.

Permitted

Medical Superintendent
R.L. Jalappa Hospital & Research Centre
Tamaka, Kolar-563103.

Yours faithfully,
Mrs Rubin George

Copy to:

1. Chief Nursing Officer ,RLJH& RC Kolar
2. HOD of Oncology ,RLJH&RC Kolar

Forwarded to M.S., RLJH & RC a request to permit our above mentioned candidate to collect data from cancer patients

07/07/23

Principal

ANNAXURE-C

INFORMED CONSENT FORM

Name of the investigator: Rubin George

Name of the organization: Sri Devaraj Urs College of Nursing, Tamaka, Kolar

Title of the study: **"A phenomenological study on lived in experience with cancer among patients admitted at R.L.Jalappa Hospital and research center"**

If you agree to participate in the study I will collect information (as per proforma) from you or a person responsible for you or both. We will collect relevant details.

You are invited to part in this research study. You are being asked to participate in this study because you satisfy our eligibility criteria. The information in the given document is meant to help you decide whether or not to take part please feel free to ask queries.

I have read or it has been read and explained to me in my own language. I have understood the purpose of this study , the nature of information that will be collected and disclosed during the study. I had opportunity to ask questions and te same has been answered to my satisfaction understand that I remain free to withdraw from this study at any time and will not change my future care undersigned agree to participated this study and authorize the collection and disclosure of my personal information for presentation and publication.

Patients signature/thumb impression

Date :

Person obtaining consent and his/her signature:

Date :

Principal investigator signature:

Date:

For any clarification you are free to contact the investigator:

Principal investigator

Rubin George

Contact No. 828984847

ಮಾಹಿತಿ ನೀಡಿದ ಒಪ್ಪಿಗೆ ನಮೂನೆ

ತನಿಖಾಧಿಕಾರಿಯ ಹೆಸರು: ರೂಬಿನ್ ಜಾರ್ಜ್

ಸಂಸ್ಥೆಯ ಹೆಸರು: ಶ್ರೀ ದೇವರಾಜ್ ಅರ್ಸ್ ಕಾಲೇಜ್ ಆಫ್ ನರ್ಸಿಂಗ್, ಟಮಕ, ಕೋಲಾರ

ಅಧ್ಯಯನದ ಶೀರ್ಷಿಕೆ: " ಆರ್.ಎಲ್.ಜಾಲಪ್ಪ ಆಸ್ಪತ್ರೆ ಮತ್ತು ಸಂಶೋಧನಾ ಕೇಂದ್ರದಲ್ಲಿ ದಾಖಲಾದ ರೋಗಿಗಳಲ್ಲಿ ಕ್ಯಾನ್ಸರ್‌ನ ಅನುಭವದ ಕುರಿತು ಒಂದು ವಿದ್ಯಮಾನಶಾಸ್ತ್ರೀಯ ಅಧ್ಯಯನ"

ಈ ಸಂಶೋಧನಾ ಅಧ್ಯಯನದಲ್ಲಿ ಪಾಲ್ಗೊಳ್ಳಲು ನಿಮ್ಮನ್ನು ಆಹ್ವಾನಿಸಲಾಗಿದೆ. ನಮ್ಮ ಅರ್ಹತಾ ಮಾನದಂಡಗಳನ್ನು ನೀವು ಪೂರೈಸಿರುವ ಕಾರಣ ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ನಿಮ್ಮನ್ನು ಕೇಳಲಾಗುತ್ತಿದೆ. ನೀಡಿರುವ ಡಾಕ್ಯುಮೆಂಟ್‌ನಲ್ಲಿರುವ ಮಾಹಿತಿಯು ಭಾಗವಹಿಸಬೇಕೇ ಅಥವಾ ಬೇಡವೇ ಎಂಬುದನ್ನು ನಿರ್ಧರಿಸಲು ನಿಮಗೆ ಸಹಾಯ ಮಾಡಲು ದಯವಿಟ್ಟು ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳಲು ಹಿಂಜರಿಯಬೇಡಿ.

ನಾನು ಓದಿದ್ದೇನೆ ಅಥವಾ ಅದನ್ನು ನನ್ನದೇ ಭಾಷೆಯಲ್ಲಿ ಓದಿದ್ದೇನೆ ಮತ್ತು ವಿವರಿಸಿದ್ದೇನೆ. ಈ ಅಧ್ಯಯನದ ಉದ್ದೇಶವನ್ನು ನಾನು ಅರ್ಥಮಾಡಿಕೊಂಡಿದ್ದೇನೆ, ಅಧ್ಯಯನದ ಸಮಯದಲ್ಲಿ ಸಂಗ್ರಹಿಸಲಾಗುವ ಮತ್ತು ಬಹಿರಂಗಪಡಿಸುವ ಮಾಹಿತಿಯ ಸ್ವರೂಪ. ನಾನು ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳಲು ಅವಕಾಶವನ್ನು ಹೊಂದಿದ್ದೇನೆ ಮತ್ತು ನಾನು ಯಾವುದೇ ಸಮಯದಲ್ಲಿ ಈ ಅಧ್ಯಯನದಿಂದ ಹಿಂತೆಗೆದುಕೊಳ್ಳಲು ಮುಕ್ತನಾಗಿರುತ್ತೇನೆ ಮತ್ತು ನನ್ನ ಭವಿಷ್ಯದ ಕಾಳಜಿಯನ್ನು ಬದಲಾಯಿಸುವುದಿಲ್ಲ ಎಂದು ಅರ್ಥಮಾಡಿಕೊಳ್ಳಲು ನನಗೆ ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳುವ ಅವಕಾಶವಿತ್ತು ಮತ್ತು ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ಮತ್ತು ನನ್ನ ವೈಯಕ್ತಿಕ ಸಂಗ್ರಹಣೆ ಮತ್ತು ಬಹಿರಂಗಪಡಿಸುವಿಕೆಯನ್ನು ಅಧಿಕೃತಗೊಳಿಸಲು ಒಪ್ಪಿಗೆ ನೀಡಲಾಗಿದೆ ಪ್ರಸ್ತುತಿ ಮತ್ತು ಪ್ರಕಟಣೆಗಾಗಿ ಮಾಹಿತಿ

ರೋಗಿಗಳ ಸಹಿ/ಹೆಬ್ಬೆರಳಿನ ಗುರುತು

ದಿನಾಂಕ:

ಒಪ್ಪಿಗೆ ಮತ್ತು ಅವನ/ಅವಳ ಸಹಿಯನ್ನು ಪಡೆಯುವ ವ್ಯಕ್ತಿ:

ದಿನಾಂಕ:

ಪ್ರಧಾನ ತನಿಖಾಧಿಕಾರಿ ಸಹಿ

ದಿನಾಂಕ:

ಯಾವುದೇ ಸ್ಪಷ್ಟೀಕರಣಕ್ಕಾಗಿ ನೀವು ತನಿಖಾಧಿಕಾರಿಯನ್ನು ಸಂಪರ್ಕಿಸಲು ಮುಕ್ತರಾಗಿದ್ದೀರಿ:

ಪ್ರಧಾನ ತನಿಖಾಧಿಕಾರಿ

ರೂಬಿನ್ ಜಾರ್ಜ್

ಸಂಪರ್ಕ ಸಂಖ್ಯೆ 8289848474

ಶ್ರೀಮತಿ ರೂಬಿನ್ ಜಾರ್ಜ್ 2ನೇ ಎಂ ಎಸ್ ಸಿ ನರ್ಸಿಂಗ್ ಅವರು RLJH ಮತ್ತು RC ನಲ್ಲಿ ದಾಖಲಾದ ಕ್ಯಾನ್ಸರ್ ರೋಗಿಗಳಲ್ಲಿ ಕ್ಯಾನ್ಸರ್ ಅನುಭವಗಳ ಕುರಿತಾದ ಒಂದು ವಿದ್ಯಮಾನಶಾಸ್ತ್ರದ ಅಧ್ಯಯನದಲ್ಲಿ ನಾವು ಸಹ ಕ್ಯಾನ್ಸರ್ ರೋಗಿಯೊಂದಿಗೆ ಭಾಗವಹಿಸಿದ್ದೇವೆ.

ಕ್ರಮ ಸಂಖ್ಯೆ	ರೋಗಿಯ ಹೆಸರು	ದೂರವಾಣಿ ಸಂಖ್ಯೆ	ಸಹಿ
1	Mrs. Saraswathamma.	9141101469	ಸರಸಮ್ಮ
2	Mrs. Gayathri	9902548094	
3	Mrs. Sonnamma.	7892020991	
4	Mrs Krishnamma.	8971024024	
5	Mrs. Nagamani	7899522114	ನಾಗಮಣಿ
6	Mrs Varalakshmi	9580010092	
7	Mrs Gowramma.	9632412644	
8	Mrs Parvathamma	9145119355	
9	Mrs Gangajamma	. 6386204156	[illegible]
10	Mrs. Veena	8088346621	Veena.K
11	Mrs. Rathnamma	8472847260	[illegible]
12	Mrs. Saroja	9742762272.	[illegible]

ANNAXURE-D

ENGLISH EDITING CERTIFICATE

I hereby certify that I have edited the content of dissertation of Mrs. Rubin George , 2nd year M.Sc. (N) student of Sri Devaraj Urs College of nursing, Tamaka, kolar. For the study title as **"A phenomenological study on lived in experience with cancer among patients admitted at R.L.Jalappa Hospital and research center"**

Date: signature:

Place: Name and Designation

:

ANNAXURE-E

KANNADA EDITING CERTIFICATE

I hereby certify that I have edited the content of dissertation of Mrs. Rubin George , 2nd year M.Sc. (N) student of Sri Devaraj Urs College of nursing, Tamaka, kolar. For the study title as **"A phenomenological study on lived in experience with cancer among patients admitted at R.L.Jalappa Hospital and research center"**

Date: signature:

Place: Name and Designation :

ANNAXURE-F

OPEN ENDED QUESTIONNAIRE ON LIVED IN EXPERIENCE WITH CANCER

Instruction: Please answer to the following questions which you feel appropriate. The information provided by you will be kept confidential.

Section A
Socio-demographic data

1. Age in years

a. 31-40
b. 41-50
c. 51 -60
d. 61-70
e. 70-80

2. Gender

a. male
b Female

3. Educational status

a. .No formal education
b ..Primary
c .Middle school
d .PUC

4. Occupation

a .Home maker
b. Self -employee

5. Marital status

a. Married
b. unmarried

6.Family history of cancer

a. Grandparents

b. any other

7. Residential area

a. Urban

b. Rural

8. Duration of cancer

a. From 6 month

b. From 1 year

c. From 2 year

9. Location of Cancer

a. Cervical

b. Gastrointestinal

c. Breast

10. Stage of cancer

a. Stage- 4

11. Type of treatment

a .Chemotherapy
b. Surgery
c. companied with chemo-

Section B

QUESTIONNAIRE ON LIVED IN EXPERIENCE WITH CANCER

1. How are you and how you are feeling about your health?
2. What was your first reaction when you are informed about having cancer?
3. What was your family (husband/wife/children) response to your diagnosis?
4. What was your and family attempt to treat this disease?
5. Have you faced any stigma or discrimination due to your disease condition?
6. What steps you have taken to overcome with stressful situation soon after Diagnosis?
7. Have you faced any problem in treating the disease?
8. Overall what is your experience living with cancer?

ANNAXURE-G

ತೆರೆದ ಪ್ರಶ್ನೆಪತ್ರಿಕೆಯು ಕ್ಯಾನ್ಸರ್ಗೊಂದಿಗೆ ಅನುಭವದಲ್ಲಿ ವಾಸಿಸುತ್ತಿದೆ

ಸೂಚನೆ: ದಯವಿಟ್ಟು ನೀವು ಸೂಕ್ತವೆಂದು ಭಾವಿಸುವ ಕೆಳಗಿನ ಪ್ರಶ್ನೆಗಳಿಗೆ ಉತ್ತರಿಸಿ. ನೀವು ನೀಡಿದ ಮಾಹಿತಿಯನ್ನು ಗೌಪ್ಯವಾಗಿ ಇರಿಸಲಾಗುತ್ತದೆ.

ವಿಭಾಗ ಎ

ಸಾಮಾಜಿಕ-ಜನಸಂಖ್ಯಾ ಡೇಟಾ

1. ವರ್ಷಗಳಲ್ಲಿ ವಯಸ್ಸು

ಎ. 31-40

ಬಿ. 41-50

ಸಿ. 51 -60

ಡಿ. 61-70

ಇ. 70-80

2. ಲಿಂಗ

ಎ. ಪುರುಷ

ಬಿ ಹೆಣ್ಣು

3. ಶೈಕ್ಷಣಿಕ ಸ್ಥಿತಿ

ಎ. .ಔಪಚಾರಿಕ ಶಿಕ್ಷಣವಿಲ್ಲ

ಬಿ ..ಪ್ರಾಥಮಿಕ

ಸಿ .ಮಧ್ಯಮ ಶಾಲೆ

ಡಿ .ಪಿಯುಸಿ

4. ಉದ್ಯೋಗ

ಎ .ಹೋಮ್ ಮೇಕರ್

ಬಿ. ಸ್ವಯಂ ಉದ್ಯೋಗಿ

5. ವೈವಾಹಿಕ ಸ್ಥಿತಿ

ಎ. ಮದುವೆಯಾದ

ಬಿ. ಅವಿವಾಹಿತ

6.ಕ್ಯಾನ್ಸರ್ ಕುಟುಂಬದ ಇತಿಹಾಸ

ಎ. ಅಜ್ಜಿಯರು

ಬಿ. ಮತ್ತೇನಾದರೂ

7. ವಸತಿ ಪ್ರದೇಶ

ಎ. ನಗರ

ಬಿ. ಗ್ರಾಮೀಣ

8. ಕ್ಯಾನ್ಸರ್ ಅವಧಿ

ಎ. 6 ತಿಂಗಳಿಂದ

ಬಿ. 1 ವರ್ಷದಿಂದ

ಸಿ. 2 ವರ್ಷದಿಂದ

9. ಕ್ಯಾನ್ಸರ್ನ ಸ್ಥಳ

ಎ. ಗರ್ಭಕಂಠದ

ಬಿ. ಜೀರ್ಣಾಂಗವ್ಯೂಹದ

ಸಿ. ಸ್ತನ

10. ಕ್ಯಾನ್ಸರ್ನ ಹಂತ

ಎ. ಹಂತ - 4

11. ಚಿಕಿತ್ಸೆಯ ಪ್ರಕಾರ

ಎ .ಕೀಮೋಥೆರಪಿ

ಬಿ. ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ

ಸಿ. ಕೀಮೋ ಜೊತೆಗೂಡಿ-

ವಿಭಾಗ ಬಿ

ಪ್ರಶ್ನಾವಳಿಯು ಕ್ಯಾನ್ಸರ್ನೊಂದಿಗೆ ಅನುಭವದಲ್ಲಿ ವಾಸಿಸುತ್ತಿದೆ

1. ನೀವು ಹೇಗಿದ್ದೀರಿ ಮತ್ತು ನಿಮ್ಮ ಆರೋಗ್ಯದ ಬಗ್ಗೆ ನೀವು ಹೇಗೆ ಭಾವಿಸುತ್ತೀರಿ?
2. ಕ್ಯಾನ್ಸರ್ ಇರುವ ಬಗ್ಗೆ ನಿಮಗೆ ತಿಳಿಸಿದಾಗ ನಿಮ್ಮ ಮೊದಲ ಪ್ರತಿಕ್ರಿಯೆ ಏನು?
3. ನಿಮ್ಮ ರೋಗನಿರ್ಣಯಕ್ಕೆ ನಿಮ್ಮ ಕುಟುಂಬ (ಗಂಡ/ಹೆಂಡತಿ/ಮಕ್ಕಳು) ಪ್ರತಿಕ್ರಿಯೆ ಏನು?
4. ಈ ಕಾಯಿಲೆಗೆ ಚಿಕಿತ್ಸೆ ನೀಡಲು ನಿಮ್ಮ ಮತ್ತು ಕುಟುಂಬದ ಪ್ರಯತ್ನವೇನು?
5. ನಿಮ್ಮ ಕಾಯಿಲೆಯ ಸ್ಥಿತಿಯಿಂದಾಗಿ ನೀವು ಯಾವುದೇ ಕಳಂಕ ಅಥವಾ ತಾರತಮ್ಯವನ್ನು ಎದುರಿಸಿದ್ದೀರಾ?
6. ಶೀಘ್ರದಲ್ಲೇ ಒತ್ತಡದ ಪರಿಸ್ಥಿತಿಯನ್ನು ಜಯಿಸಲು ನೀವು ಯಾವ ಕ್ರಮಗಳನ್ನು ತೆಗೆದುಕೊಂಡಿದ್ದೀರಿ ರೋಗನಿರ್ಣಯ?
7. ರೋಗದ ಚಿಕಿತ್ಸೆಯಲ್ಲಿ ನೀವು ಯಾವುದೇ ಸಮಸ್ಯೆಯನ್ನು ಎದುರಿಸಿದ್ದೀರಾ?
8. ಒಟ್ಟಾರೆಯಾಗಿ ಕ್ಯಾನ್ಸರ್ನೊಂದಿಗೆ ಜೀವಿಸುತ್ತಿರುವ ನಿಮ್ಮ ಅನುಭವವೇನು?

ANNAXURE-H

DATA SHEET

Sample	Age	Gender	Educational status	Occupation	Marital status	Family history of cancer	Residential area	Duration of cancer	Location of cancer	Stage of cancer	type of treatment
1	a	b	a	a	a	a	a	a	a	a	a
2	a	b	a	a	a	a	a	a	a	a	a
3	b	b	a	a	a	b	b	a	a	a	a
4	b	b	a	a	a	b	b	a	a	a	a
5	c	b	a	a	a	b	b	a	a	a	a
6	c	b	a	a	a	b	b	a	a	a	a
7	c	b	a	a	a	b	b	b	a	a	a
8	c	b	b	a	a	b	b	b	a	b	a
9	d	b	c	a	a	b	b	b	b	b	a
10	d	b	c	b	a	b	b	c	c	c	a
11	d	b	c	b	a	b	b	c	c	c	a
12	e	b	d	b	a	b	b	c	c	c	a

ANNAXURE-I

PHOTO GALLERY


GPS Map Camera
Tamaka, Karnataka, India
45JC+FXV, NH75, Tamaka, Karnataka 563101, India
Lat 13.131544°
Long 78.172528°
20/07/23 05:04 PM GMT +05:30
Google


GPS Map Camera
Tamaka, Karnataka, India
45JC+FXV, NH75, Tamaka, Karnataka 563101, India
Lat 13.131544°
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Google


GPS Map Camera
Tamaka, Karnataka, India
45MC+PWG, Tamaka, Karnataka 563103, India
Lat 13.134017°
Long 78.172297°
20/07/23 05:01 PM GMT +05:30
Google