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Research Article

Living The Experience Of Breast Cancer: Gaza Women's & Their Living Story

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ABSTRACT

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Objective: To explore the experience of Gaza women with breast cancer and describe their personal life experience with disease process.

Design: An descriptive- interpretive qualitative approach was used to explore the living experience of Gaza women with breast cancer. The advantage of using the interpretive design as this type of research design view social reality of research participants as they "interpret" the reality though a "sense-making" process rather than a hypothesis testing process.

A purposive sample of eighteen women completed in-depth interviews. A thematic analysis of the transcripts generated several themes relating to their personal journey through breast cancer period.

Setting: The setting for this study was at women health center at Al -Buriej Camp in Gaza Strip, Palestine.

Subjects: 18 women aged between 40 and 63 years old with mean age 43years old who has been diagnosed breast cancer in the last 2 years.

Results: Receiving the diagnosis of having breast cancer is hard to accept and consider as traumatic and shocking even for breast cancer women. Four major themes were revealed in present study first them: Being shocked is the first impression; Theme 2: "Losing my female identity"; Theme 3: "Support gives the power" & Theme 4: "Adaptation to treatment is the most difficult".

Conclusions: This study has shown that living with breast cancer is a unique and traumatic experience that affects the entire women's lives . the study concluded that the treatment period is the most difficult and more suffering that need to be highlighted.

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INTRODUCTION:

Breast cancer (BC) is the most common type of all cancer that affect women & the most common cause of cancer mortality among women worldwide (Coyne and Borbasi 2008; Kariri et al. 2017). According to statistics it was reported that in 2015, cancer caused over 8.7 million deaths globally and was the second leading cause of death after cardiovascular diseases (Fitzmaurice et al. 2017). In 2014 it was reported that breast cancer among Palestinian women, was 30.6 % of women's cancer with incident rate is 78.9 per 100,000 and increased to 83.9 per 100,000 in 2015 (Kariri et al. 2017). The problem of BC is noticeably growing in developed and developing countries. In various regions, BC is the most frequently occurring malignant disease among women and comprises 18% of all female cancer (Meshram et al.2009). The proportion of BC in Palestine is similar to that percents in the neighbouring countries such as Eygept, Jordan Except Lebanon, as BC accounts for nearly half of all cancers among Lebanese women (Kariri et al. 2017). However, reports from MOH and other studies concerning the Palestinian community have shown an increase incidence of BC (MOH, 2014). Cancer is a critical event that affect both patient& his family who live with him. Women are more sensitive person that keep her through a period of questioning and revision about how she has lived her life so far, with a reevaluation of beliefs and values(Vieira et al. 2014). The treatment of breast cancer including all the types of treatment starting from breast surgery ended by radiation & chemotherapy consider an aggressive and invasive therapeutic measures, with serious bodily consequences that affect different aspects of women life. In addition the long period of treatment lead to certain changes in reproductive function such as premature menopause, loss of fertility affect the quality of women life and their perspective view (Del Mastro et al. 2006; Vieira et al. 2014; Coyne and Borbasi 2009).

Cancer resemble the chronic disease from the site of long period of treatment. In term, the illness experiences of people, who live several decades are shaped by the social and cultural contexts in which people live this includes how women's perceive, cope with, understand and experience their disease

(Terzioğlu and Hammoudeh 2017).Literature on the lived experiences of cancer patients, and particularly of women with breast cancer, is limited in middle east & Arab countries. As most of the literature focuses on disease risk factors, diagnosis and aspects of medical care (Terzioğlu and Hammoudeh 2017 ; Zohny, 2013). People who live in Gaza which has difficult political, economic situation will have a different experience and different perspective.

In this study, we explore the experience of breast cancer Gaza women and describe their personal experience of coping & surviving with breast cancer in its different stages.

METHODS

A qualitative phenomenology design, was employed in this study. A phenomenological approach was selected because it defines living experiences, tries to interpret the meaning of phenomena, and enhances the researcher perception of human experiences (**Speziale et al. 2011**). Participants were purposely selected. Inclusion criteria included the following: women who are diagnosed with breast cancer since one year, willing to talk and tell her experience freely& mentally fit with no other chronic physical or mental disorders that would impair their communication abilities. Data saturation was used to determine the number of study participants, which was achieved with 18 interviews. The study was approved by the Research Ethics Committee at the Palestinian Ministry of Health and the Director of Women health center for women services in Gaza. To guarantee participant' anonymity and confidentiality, the names used in the present report are fictional and the interviews occurred after the participants provided written consents.

A permission from each participant was obtained to tape-record the interview. Participants were recruited from Al Buriy women health center at Gaza Strip. semi-structured interview guide was developed by the researcher to direct the interviews. The interview guide was based on literature review and the scope of the research objectives.

Data collection was achieved through private, face-to-face interviews that were held at the women health center. All interviews were tape-recorded in their original language and transcribed verbatim from

Arabic to English by the researcher. In order to achieve accurate translation of the data, two bilingual experts in Arabic and English were sought to reviewing the original data and translate them from Arabic to English and back translate them from English to Arabic. For better organization of the raw data, NVIVO software version 9 was used. Open coding was applied to identify ideas and construct higher order themes at further analysis. Thematic analysis was used to explore salient topics that emerged from the interviews. The codes were then clustered and used to form themes that integrated from the raw data. Further analyses led to the emergence of four overarching themes that illustrated the most significant point view experiences among women of breast cancer.

RESULT

The sample consisted of 18 women who previously diagnosed with breast cancer from six months to one year ago living in Gaza Strip. The mean of participants' age was 50 (± 6.3) years, The majority of participants had completed were educated . 15 women were married 2 divorce one was single. All of participants have the breast cancer as the first time. To protect the confidentiality of the participants, the researcher used pseudonyms to identify their quotes. Four main themes had emerged in this study. These themes were: Being shocked is the first impression, , Losing my female identity, Support give me the power, Adaptation to treatment need struggle

Theme 1: "Being shocked is the first impression"

The current research revealed that Gaza women living in Gaza Strip who were diagnosed with breast cancer were first shocked when they have been told about the final diagnosed.

The majority of participants mention that they we shocked and feel grief and sadness about the diagnosis, their denial stay for the first few days or weeks before accepting the reality and go through the treatment. This theme represents the initial state of unconsciousness and denial of the diagnosis.

For example, one woman expressed about the moment when she was told by her health care provider about having breast cancer by

"the word of cancer is difficult word to hear for all people it cause depression for the people . so when I

have been told by doctor, I started to collapse, shocked my tears started to drop. I knew that when the life ended no one can return it back .

Theme 2: "Losing my female identity"

Most women feel sad that she miss her feminist and they feel that they loss their identity as female especially when some of these women remove their breast and their hair fall down.

They describe this feeling as painful and dramatic to them.

Some participants try to describe their feeling by the following statements.

"too many changes happen to my personality , so I became suspicious person, I cannot be as before When I look at myself in the mirror, I just want to cry. I feel it

is not the same person, for this reason I have been divorced?

Another participant mentioned that,

" I feel shameful and shy after the surgery , I was afraid that my husband will not accept the matter even he seem supportive to me."

"at the beginning , I felt shameful ,I missed my breast and now I has no hair I always need support , I feel so weak person in front of my children and family.

Theme 3: "Support gives the power"

In the present study, most of the participants were looking for emotional support especially from close person . Some talked about their internal support that comes from Allah (spiritual support). Others talk about the need for external support from doctors, health care staff, families, peers. Emotional changes means that the participants expressed different emotions when they were first informed about breast cancer. These emotional changes varied from one participant to another. The most common emotional feelings reported by participants were feeling sad, worry, grief, anxious, depressed, isolated and frustrated. This was well reflected in the transcript of fifteen participants. Majority of the participants felt that they reacted negatively toward the illness condition at the beginning by expressing refusal, denial sadness and depression. Most of participants mentioned that support by close people especially husband gives them the power to accept, tolerate, and continue with disease process & treatment.

The participants described the need for support through the following statements:

“I felt that I need much support. My husband stood beside me during the entire period of disease and gave me a lot of support. I think without my husband, I couldn't tolerate the situation ...”.

“my family supported me , and didn't worry , they all with me , myself confidence was high with their continuous support , I feel strong, Really I need that support.

Theme 4: “Adaptation to treatment is the most difficult”

The theme ‘adaptation to treatment need struggle’ depicted cutting point or turning point that the breast cancer women faced before adapting to long term treatment. The participants described ability to overcome all the obstacles and barriers that interfere with treatment need challenges and struggles. Majority of present study participants reported that the first challenge for them was financial, economic, travelling and referral to outside Gaza hospitals.

These are some example of participants narrative statement.

“Chemical doses were a journey of death and torment, May Allah be merciful and relieving us. Travelling abroad was impossible because closure, and in many times I was travelling” .

The most hard thing is chemotherapy, all the pain was nothing compared to it, it's hurt, I used to still a week after it, not able to walk or to eat. The financial status affected me, Since I had to eat special food salad, but I did not have buy it .

DISCUSSION

The participants of this study talked about their feeling& living experience with breast cancer which showed some positive and negative feelings regarding their journey with the disease.

The findings of this study have revealed four themes described by women who lived the breast cancer diagnosis & treatment experience. The first theme **“Being shocked is the first impression”**. This mean that diagnosis of breast cancer was not accepted by all the cases as it was described as disaster, and unbelievable news. Other researchers described the diagnosis of breast cancer for most women is unbelievable condition that creating a sense of

disbelief or a period of ‘why me?’ during that participants lived part of their time in grieving process (Coyne and Borbasi 2009). The second theme of this study was **“Losing my female identity”** the majority of present study participants felt that they loss their identity as female especially when some of these women lost their breasts and their hair fall down. Being not attractive or accepted by their husbands was the worse feeling for theses participants even their husbands showed their support & empathy. The participants described this feeling as painful and dramatic to them. The literature also highlights concerns related to the women body image and to the relationship with the husband and apprehension about sexuality and the sexual life. The normal partner and interesting personal live relationship integrates the personal identity and contributes to human reproduction(Vieira et al. 2014). One study also demonstrated that, BC women reported a decrease in sexual function and enjoyment. Previous breast shape, type of surgery and outcome can significantly affect the body image that each woman has of herself. Female breasts are considered symbols of inherent femininity, sexual desire and maternal comfort and relief. Whether the breasts are presented in a delicate and evocative way, they are central to the opinions of what many people consider “being a woman” (Villar et al.2017). The present study revealed a third theme in titled **“Support gives the power”** . Previous studies demonstrated that, women need support to be strong as in support of the family help to maintain a sense of normality and calm (Coyne and Borbasi 2009). Mellon and Northouse (2001) discuss similar factors in their research exploring family survivorship following cancer diagnosis. The stress of needing to be supportive of others, at a time of needing support oneself, is heightened for BC younger women.

In similar study conducted by group of Iranian researchers work as a team with breast cancer patients in a non-government organization for supporting Iranian breast cancer women, to empower them for self-care and a high-level quality of life after breast cancer diagnosis. During their work with these patients they found that, Iranian women’s express their fears and worries of losing their feminine appearance and attraction particularly for their spouse,

and subsequently losing their marriage bounds (Joolae et al,2012).

Talking about adaption, challenges and moving forward was another theme captured from the participants' narratives. They explained how they gradually faced the obstacles and challenges to cope & move forward with their cancer, this narrative explanation was concluded by the final theme "**Adaptation to treatment is the most difficult**". However, it was reported that the breast cancer treatment period and initial recovery period are particularly stressful time for most breast cancer women (Drageset et al 2015). Breast cancer treatment combined by group of changes and problems such as fatigue after chemical doses, pain, changed body appearance, distress & depression (Drageset et al 2012). The women stated that they have less explanation by health care providers about the require treatment, process, needed time for medication, treatment side effective & percentage of prognosis. This mean that these women may face the treatment periods changes and challenges alone. Moreover, the present study showed that Majority of participants reported that financial & economic condition was first obstacles they face while the second obstacle especially for Gaza women was the political condition as part of treatment need travelling and referral to outside Gaza hospitals that met by rejection and closing border. Similar to a previous studies (Drageset et al 2015; Landmark et al. 2008) found that women wanted not only medical information & social support but also information regarding financial and social security rights information.

Limitations

Even though the participant showed their willing to talk in depth about their experience in this study, selecting the participants from one center as a private health care center may be considered as a further limitation.

CONCLUSION

This study has shown that living with breast cancer is a unique and traumatic experience that affects the women's lives and makes them look for support in all stages, treatment of disease process. The results of this qualitative research give clear idea regarding Gaza women feeling, suffering and their help

requirement. The results also could help family, doctors & nurses to be able to help these women by being aware of their feeling and experiences.

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