

THE JOURNEY OF SALUBRIOUS WOMEN WITH CANCER: A PHENOMENOLOGICAL STUDY

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ABSTRACT

Cancer is a deadly disease that affects many people, particularly people exercising unhealthy lifestyle. But there are people who practice a healthy lifestyle and yet stricken with cancer. One of them is the salubrious women who exercise, healthy living and are not involved in any forms of bad habits such as smoking and drinking. The researcher explored the lived experiences of these cancer patients utilizing a qualitative descriptive phenomenological study design. Colaizzi's seven-step method of data analysis was used. The results revealed three emerging themes emanated from the lived experiences of salubrious women diagnosed with cancer. The first theme was the innocence experience which emanates from the passive, denial, and destitute experiences. The second theme is the ignorance experience which was derived from apathetic, chiding, and accepting experiences. And the third theme is the advancing experience, which arouse from the past, extant, and hoping experiences. Their experiences showed how they coped up with cancer and how they hope that they will recover from the physical and emotional distress affecting their lives. Their journey encompassed their worries and norms on their diagnosis through resisting what can hinder their wellness and spring back to living.

Keywords: *Cancer, Salubrious women, Innocence, Ignorance, Advancing*

INTRODUCTIO

Background and Rationale of the Study

Cancer is a malignant disease wherein it can progress and become terminal. Many clients diagnosed with cancer may experience physiological, psychological, emotional and sexual changes. They go through a lot of distressing emotions that may alter their ability to work and function normally as a human being. Although it's normal for human beings to react negatively to the bodily changes, but there are several ways to cope. For some victims of cancer, they are still able to continue on with working but they still need support as well as emotional and physical strengths to move on (American Cancer Society, 2013). As it is known that cancer is a disease that is usually triggered by many factors such as smoking, eating cancer inducing substances and unhealthy lifestyle and these can affect women who are exposed to these practices .

There are also women who exercise healthy living, who are not involved in any forms of bad habits and who are conscious to practice natural healthy lifestyles and are identified as salubrious women. These salubrious women do not engage in unwholesome lifestyles and

practice healthy living and they strongly believe that engaging in healthy practices will prevent them from having diseases. But when these salubrious women are stricken with a disease such as cancer, their responses are likely distressing and disruptive to their mental image. When this type of patient suffering from cancer experience emotional and mental distress that may prevent them from doing their activities of daily living, they will be ultimately helpless to control everything that might happen. With the unfamiliar phenomenon where the salubrious women suffer cancer, the researcher explored the lived experiences of these cancer patients. The responses that were eidetic in nature will assist the nurses to have a profound understanding on this phenomenon and create a new model of nursing care that promote the quality of life among cancer patients.

RESEARCH METHODOLOGY

Research Design

The study utilized a qualitative phenomenological study design. Qualitative research was used to emphasize the potentials of entities, processes and connotations that are not experimentally examined. It

refers to a thing's essence and ambience - the what, how, when and where of it, thus, taking a holistic approach (American University Centre Teaching, Research and Learning, 2009). The phenomenological research design is concerned with elucidating first-person experiences of phenomena. It uses an emergent design which develops as researchers make continuing choices reflecting what has already been educated. It is a replication of their desire to have the analysis based on the realisms and lookouts of those under study that are not known or understood at the beginning (Polit & Beck, 2010). The phenomenological method, specifically hermeneutic phenomenology, was considered desirable for this can reveal how key informants went through their lives focusing on the subjective side. This type of phenomenology puts an effort to find the authentic objective nature of the things as realized by an individual (Kafle, 2011). Furthermore, the research focused on broadening people's understanding thus, utilizing this design to generate rich descriptions that render deep understanding and arouse in the reader the near real impressions' of a phenomenon (Pringle *et al.*, Drummond, McLafferty & Henry, 2011).

Research Locale

The study was conducted in the selected communities of Cebu City particularly in Barangay Guadalupe, Barangay Punta Princesa and Barangay Mabolo. Cebu City is positioned on the central eastern part of Cebu Province and its capital is Cebu City which is the oldest city and first capital of the Philippines and is politically independent (City of Cebu, 2010).

Research Key Informants

The key informants of the study were salubrious Filipino women. The inclusion criteria included those salubrious women whose age range from 20 years old and above diagnosed with cancer of any type (Cancer Research UK., 2016). These key informants have no history of smoking and alcoholism and never use illegal drugs and/or chemicals or implants in the body and are practicing healthy lifestyles (Swan & Ang, 2014). The exclusion criteria included the key informants who are mentally incapacitated. Any key informant that was excluded from the study was unable to communicate verbally in an understandable manner and some also voluntarily chose to drop out due to personal reasons.

Sampling Technique

The sampling used in the study is the purposive snowball sampling technique. Purposive sampling is a sampling technique in which the researcher relies on his or her own judgment when choosing similar members of the population to voluntarily partake in the study. Snowball sampling is defined as there commendation of a subject of people who have similar characters (Polit & Beck, 2008). With this approach, the first key informants were asked to refer other people who meet the same criteria as them. This is most often used when the populace are persons with characteristics who might be tough to categorize (Polit & Beck, 2010).

Data Gathering Procedure

Prior to the data gathering procedure, the Dean's approval was obtained together the data on the respective chosen barangays and pilot testing was also done through interviewing two individuals in order to correct flaws, limitations, or other weaknesses so as to ensure refinement of the interview guide prior to the implementation of the study.

In the gathering of data, the researcher found the key informants in their respective communities in Cebu namely, Barangay Mabolo, Barangay Punta Princesa and Barangay Guadalupe. Transmittal letters were secured in the local government of the identified barangays to seek permission where the data gathering will take place in order to make sure that the presence of the researcher will be acknowledge and recognized by the barangay officials. Once they were approved, the researcher proceeded to the barangay women's organizations and requested assistance from the barangay health workers in providing information about the existence of potential informants for the study. After identifying the key informants, the researchers introduced themselves, described the contents of the study and were asked to sign the consent in the presence of a witness.

During the gathering of data, the researcher and the key informant underwent the three qualitative interviewing processes which started with the greeting and the establishment of rapport through warm-up questions followed by the actual questions that the researcher formulated to satisfy the statement of the problem. The semi-structured interview, considered as the main

source of data collection, was facilitated to help the informants reveal their lived experiences with respect to the frame of thoughts and structure of their responses. It developed a friendly rapport between the researcher and the key informants, eluding strange feelings of hesitation. Throughout the interview, the key informants were able to easily express their inner thoughts of their real-life experiences. The responses were recorded using audio recording device in the entire interview which ran for about 20 to 30 minutes per informant. The recordings were placed into writing to be stored in a flash drive for analysis.

Selection of new informants was done in case of informant dropouts. The interview with each informant was terminated whenever the informant has comprehensively narrated or in situations where the informant refuse to continue with the study. The data gathering was placed on hold when the researcher felt that the responses of the informants have patterns of commonalities and this means saturation was reached.

Mode of Analysis

This is a phenomenological study that requires a thorough and in-depth analysis of the data gathered. The researcher utilized the Colaizzi's method of data analysis to interpret qualitative data, understand, and explore the salubrious women with cancers everyday lived experiences and organize them into themes or categories through the 7 step Data Analysis (Shosha Ghada Abu., 2012).

To obtain an overall view on the responses and experiences of these salubrious women with cancer, the transcript was read and re-read. During the said stage, any emotion, thought and ideas that come from the responses were added to the bracketing diary. Second, important statement that pertained to the topic under study was taken out from each transcript. In this phase, significant statements and phrases specifically pointing out to body image changes and coping strategies were generated from each transcript and were framed and coded in one category as each will reflect an exhaustive description on the next step.

On the fourth step, the formulated meanings were sorted into categories, clusters of themes, and sub-themes and were sorted into categories that reflected unique structure of clusters of themes after having an agreement toward all formulated meanings. Each

cluster of theme was coded which included all formulated meanings related to that group of meanings. Groups of clusters of themes that reflected a particular idea were then incorporated together to form distinguishing theme. All formulated meanings from the grouped statements were placed under one cluster that is distinguished in meaning from other structures.

On step five, the findings of the study were derived into an exhaustive description of the phenomenon under study. After the integration of all themes, the whole structure of the phenomenon, "What were they lived experiences of these salubrious women diagnosed with cancer?" have been extracted. After that, the researcher consulted the research adviser who went over the findings in terms of fullness and extensiveness and provided adequate explanation. When the validation to this exhaustive description have been confirmed with the panel of experts, reduction of findings was performed in which repetitive, changed or overvalued descriptions were eliminated from the general structure. Adjustments were applied to instil clear relationships between clusters of theme and sub-themes, which included disregarding some vague structures.

Lastly, step seven was the validation of findings through the "member checking" technique. It was done through deliberating the results with the key informants until they showed their satisfaction toward these results which reflected the interpretation of their feelings and experiences. This step was allowed by getting the approval beforehand during their first meeting as she took the approval from the key informants in advance during the first interview.

Ethical Considerations

In the conduct of the study, the researcher gave a thorough orientation to the identified participants outlining the purposes, welfares and possible risks of the study as part of the ethical considerations. The researcher's contact details were also given for the key informants to reach out for any concern. The key informants' consent forms included clarifications of the interview process, the potential topics to be explored and the pledge of confidentiality where they affixed their signature in the presence of a witness. Moreover, it was also presented how the data will be coded and stored for confidentiality purposes and will use audio

recording device in the entire interview. Every effort was made to ensure that the informants were not put at risk of emotional harm and was guaranteed that they could cease the interview at any time. It was also reassured that confidentiality was maintained all throughout the study through using aliases/code names when the results are presented.

Rigor in the Study

The rigor was established in the study. This included triangulation wherein the use of contradictory evidence, informant validation, and constant comparison were done. To ensure that the researcher has eliminated any biases so as not to interfere with the results, contradictory evidence was sought out. To further identify the themes that emerged, constant comparison was enabled within the research (Anderson, 2010).

RESULTS AND DISCUSSION

This phenomenological study pronounces the single and shared experiences of a selected group of salubrious women with cancer. It addresses the central question: "What are they lived experiences of salubrious women diagnosed with cancer?" Fascinatingly, the perceptions of salubrious women with cancer showed, interesting events which are categorized into three themes as they journeyed through their diagnosis. First was Innocence Experience which is emanated from the Passive, Denial, and Destitute experiences; second is Ignorance Experience which was derived from Apathetic, Chiding, and Accepting experiences; and lastly, the Advancing Experience, which aroused from the Boost, Extant, and Hoping experiences.

Thematic Analysis

Theme 1: Innocence

The lack of experience of being diagnosed of cancer was revealed in the context of individuals undergoing sudden major changes in their lives since they were living their lives healthily and were not engaged of vices such as smoking, alcoholism and illegal drugs (Simon, 2016). These major changes included the distress or difficulties living with cancer as they first experienced it. These salubrious women experienced the negative thoughts, feelings, beliefs, and values of cancer affecting them. They did not know what was

needed to be done to comfort their distress and insecurity.

Sub-theme I: Passive Experience

All of the informants have identified themselves without any vices throughout their lives and did not expect any sickness or illness. When they were diagnosed with cancer, they seemed to accept what happened without even trying to control or to change the condition that would treat the disease. During the course of the interview, the informants shared their experiences on their first encounter with cancer.

K11: 'I did not feel anything. I was so active when I was in college. I even joined the cheer dance contest and the training was intense when you are in college.'

K12: 'I did not feel anything and was told that cancer has always been that way.'

K13: 'I just had a wound on my breast and treated it with alternative medicine.'

K14: 'I just had lump on my breast and then I went to have it checked.'

K15: 'I just said that I did not feel anything. It was just my CBC results that made me frantic.'

Sub-theme II: Denial Experience

Reactions to illness, death, and loss vary per person experiencing it. It is natural that we encounter denial when we hear bad news especially when it is unexpected. This stage is usually brief and soon after learning about it, most people start to accept their situation as reality (Kübler-Ross, Kessler & Shriver, 2014). During the interview, the informants' responses varied.

Ki1: 'When I found out, it did not sink in directly. My mom was emotional and it made me sad as well but I did not cry that time.'

Ki2: 'I waited for the result and was advised to undergo DNC. After that, my doctor said that we needed to talk on December 28. When the 28th arrived, I did not want to go back to the clinic. I was thinking that knowing that I have Cancer would not be nice to welcome the New Year so I went back on January 6.'

Ki3: 'I asked if I had Cancer and she said yes. My first reaction was 'How many months do I have left?' She

also asked if I had others that we can talk to about her diagnosis and I said that there were none since I was single and we both laughed.'

KI4: 'I did not understand what I felt. When the doctor told me that I was onstage 4, I just asked if I was dying.'

Sub-theme III: Destitute Experience

The salubrious women felt destitute at the first instance. They thought that they needed a lot of financial support but they knew that there is a lack of that desirable provision. Money is known to be one of the factors that greatly affect health. It is known that for one to survive cancer, one must have the means. They verbalized this experience as:

KI1: 'It was not easy on the financial aspect. P200,000? Where would you get that much money? There were still medications. Where will I get that much money?'

KI2: 'I also asked if it can be covered by insurance and it was but I still had to pay other fees.'

KI3: 'I was not able to force him (brother-in-law) since he was the one who supports me financially and I cannot afford the operation (P150,000) and it even reached P200,000 since I had four blood transfusions.'

Theme 2: Ignorance

The ignorance experience emanated from the salubrious women diagnosed with cancer. They simply do not understand what cancer really was and how it will affect them. They realized that many things have to be learned about their condition. It's a new cognitive challenge that would allow them to understand the whole new situation that is happening to them.

Sub-theme I: Apathetic Experience

Some of these salubrious women with cancer felt unresponsive after knowing they have the said condition. They somehow lost interest in dealing with their lives. Staying healthy has always been the practice of these salubrious women and when they found out that they had cancer, they reacted differently.

They said:

KI1: 'There are already limitations as to when I was previously very active. I was running for experience and my long-term goals were gone.'

KI2: 'After I was diagnosed, I started being good. I lived simply.'

KI3: 'I just stayed put at home. Sometimes, I go out with my family. I watch TV, movies, drama, etc. I play with my tablet and cards.'

KI4: 'I still went to work but my boss would let me go early and not put me to stress too much but I cannot say that a drastic change has happened in my life.'

Sub-theme II: Chiding Experience

Emotional turmoil is also common among newly diagnosed patients. The salubrious women expressed their anger and frustrations to those people who are closely related to them. They expressed it as:

KI1: 'I am super frustrated because among my siblings, I am the only one who finished college. Then our house is a rent to own so we are to continue paying until it is paid off. Among my siblings, I am the one who has the highest salary.'

KI5: 'I resented my brother-in-law since I was already advised for operation on my previous admission but he hesitated since I was on the menopausal age and he said that it would just go away. Then, due to the delay, I was then diagnosed with Endometrial Cancer. I was able to say that why did they delay the operation when it would still be the best option?'

Sub-theme III: Accepting Experience

The salubrious women with cancer also felt the need to consent the acceptance of their conditions. They felt that being depressed will not help them and took in their diagnosis calmly as they can and believed that with that, they can be well. They said:

Ki1: 'I was sad but I did not cry. If I cried and cried, what will I be able to do? Nothing, I'll just add up to my mother's sadness. It would just depend on the person and that if I kept on crying, my family would feel more burdened.'

KI2: 'I was never depressed. I just said to myself that I needed to pray instead of crying since the more you cry, the more you'll get sick.'

KI3: 'I've never had regrets. I wanted to bear a child but I was not able to, even then that I was given an illness, I still did not have regrets.'

K14: 'I am avoiding the resentment to aid in my healing. I just acknowledged my illness and offered it to the Lord and I should trust the doctors and medications as well. I am avoiding the negative side and I am thinking positively.'

Theme 3: Advancing Experience

Moving forward with their lives are the thoughts of these salubrious women as their way of coping. They now understand that being diagnosed with cancer is known to affect their entirety as a person but this did not hinder the informants to continue with their lives.

Sub-theme I: Boost Experience

Knowing with the severity of cancer, these salubrious women sought out sources of assistance and encouragement that may help them improve their feelings on cancer. They said that:

K11: 'I was not supposed to be allowed to go to school but then I thought, what would I do for 6 months? I asked my mother and made a deal that I would not get sick since my immune system will get weak once I'll get sick so she allowed me. When it's raining, I keep myself dry as I can.'

K13: 'What can I do? Life went on as usual.'

K14: 'I was very active at the church and I go to mass whenever I can and then I also started the Divine Mercy chaplet.'

K15: 'I go to church twice a day as much as possible. Life must go on. I will just follow doctor's advice.'

Sub-theme II: Extant Experience

These salubrious women living with cancer did not see themselves as lost or destroyed but they saw that there were still hope and joy that exists in order to live. They said:

K11: 'When I was being happy, I realized that I have been living a long life already and that is when I started dreaming again and enlisted myself to get an item. I tried again even though my long-term goals were gone but I began to appreciate life more.'

K13: 'Some people get depressed when they'll know they have cancer for their kids are still young. I'd be okay if ever I go since my kids are already good and they already have their own lives. I'm not saying that I do not

have problems. It's just that they are bearable.'

K14: 'One should not think negatively since God has purpose for everything. We can only rely to ourselves in saving our own souls and if you have asked for something, it will be done in time.'

K15: 'When I joined the Divine Mercy, I was inspired with my colleague's that survived cancer without any chemotherapy. I was really inspired. It's their relationship with God and that this illness does not affect one's dignity. Most of those who are sick gets depressed and waits for their death but I did not. Life has to go on. One should just be ready for their time and as much as possible you should need to motivate yourself to live. Some think of ending their lives but I never thought of that. When it's your time, it's your time.'

Sub-theme III: Hoping Experience

This illness/disease did not hinder these salubrious women's faith as well and decided to continue with life, entrusting their lives to God. They said:

K12: 'What I asked the Lord is that he would give me instruments that would guide the doctors on what is needed to know for me to be well. Prayer is my one and only tool. I never regretted coming to Him.'

K13: 'For me, prayer would already suffice as to when you'll go or if your life will be extended.'

K14: 'When I learned that I had Cancer, I just said to myself that I needed to pray instead of crying since God has purpose for everything.'

DISCUSSION

The study sought to answer the question: "What experiences did these salubrious women encounter when they were diagnosed with cancer?" After going through the data, the researcher was able to extract meaningful experiences perceived by the salubrious women diagnosed with cancer. These meaningful experiences emerged into three themes: Innocence, Ignorance and Advancing Experience with their respective sub-themes.

'Innocence' represents the self-domain which comprised the key informants' apprehension on the diagnosis as they first experienced it. Here, the salubrious women were not able to express right away

any feeling of distress as they were caught off-guard by cancer and these feelings were kept wherein it came out differently through their stories. These are represented by three sub-themes through the “Passive Experience.” the key informants indicated their symptoms that led to their diagnosis and their thoughts on having the diagnosis when they did not feel anything. It can be concluded that they did not know how to react to their diagnosis as a feeling of shock and awe toward it. Their symptoms did not let them think that they will have cancer since it was just like a simple bacterial infection, bleeding and wound that can be resolved by simple medications and remedy. Upon knowing their illness, they directly associated it to dying. Another response that was elicited was denial through the “Denial Experience” which presented how the key informants reacted when they confirmed what their illness was. Lastly, the sub-theme, “Destitute Experience”, revealed the key informants' immediate concern on their diagnosis, specifically the treatment cost and how they are able to go through with this obstacle.

These circumstances have contributed to their worries on how it may affect their selves, relationships and way of living and many people react to such situations with a flood of strong emotions and a sense of uncertainty. The impact of a diagnosis of cancer differs from person to person and when the diagnosis sinks in, medically-related choices and decisions take centre stage that can be overwhelming (American Psychological Association, 2016). This is where the attention of the efforts to lend a helping hand to these persons to feel safer and secure in expressing their thoughts and feelings come in. Through their experiences on this phase, nurses can aid in dealing with their secluded emotions and other intimidations to stability that they encounter in their everyday lives (The Tidal Model, 2015).

The second clustered theme, 'Ignorance' illustrated how the unfamiliar illness changed their lives as they expressed their thoughts from their self-domain to the world domain. This is where the researcher understands the key informants and their problems of living now that they have cancer where they continued their lives with the unexpected changes. Some of them said that their long-term goals were gone, they just stayed put at home, their workload was lessened and even the treatment of others have changed and were presented

through the sub-theme, 'Apathetic Experience.' Activities of daily living are defined as those physical and cognitive activities that are specific to one's age that persons usually do for themselves as part of their daily self-care. Fatigue, pain and other physical impairments encountered by these patients may contribute to the inability to perform routine activities. This inability may also exacerbate or yield significant societal problems such as relationships with friends and family (Adler & Page, 2008). Emotions can't be helped as well with these changes and feelings of frustration on not being able to do what they want emerged as well as resentment towards their significant others and these responses arose on the sub-theme, 'Chiding Experience.' These are natural responses to a serious health situation.

Despite these, some of the key informants still managed to stay composed and accepted their illness calmly and was depicted through the sub-theme, 'Accepting Experience.' Everyone is different and there are many ways to cope with their feelings and one would need to deal with the diagnosis in their own way. This is where nurses come in to help the person to begin recognizing and solving the difficulties of living on an everyday basis to be able to continue and cope up with their diagnosis.

Lastly, the clustered theme, 'Advancing Experience' composes the key informants' life decisions after knowing that they have Cancer and how they moved from not knowing to being more familiar of their diagnosis, encompassing the self and world domain to the others-domain. This is where they acted out their daily encounter with other people and God wherein they may be influenced by them and helps in developing coping strategies. When they were asked on what they would do to cope up with their diagnosis, the 'Boost Experience' comprises the key informants' will to go on with life and continue with what they want to do even though they have cancer. Some of them decided to pursue their studies, continue working and also increase their spiritual health. 'Extant Experience' on the other hand, covers the key informants' attitude towards their diagnosis and life in general. They began to appreciate life more, take in positivity, established a stronger relationship with God, accepted whatever may come now despite their having the illness and found the

will to survive. All types of care coming from health professionals and support groups are also helpful. This can be the foundation of the person's gratitude on the value of support from other sources that can be applied and used in their day to day lives (The Tidal Model, 2015). Being able to mention their relationship with God, 'Hoping Experience' presented most of the key informants' tool to their positivity and wellness which is prayer. They mentioned that with prayer, everything will be alright and that God has a purpose for everything, even the diagnosis of cancer.

People do not all respond and cope the same way to traumatic and stressful life events and they use varying strategies (American Psychological Association, 2016) and the support that comes from others play a role in the improvement of their conditions. Having cancer can be very hard to cope with and when you are trying to cope with an illness, there is no right or wrong way to feel (Cancer Council Victoria, 2016). In the journey of these salubrious women with cancer, perseverance and trust are the important keys to work one's way around the changes that will come along in their lives for life itself is not static and not fixed. As a person becomes more aware of herself and the circumstances that she encounters, she can develop insight and can understand one's self - and perhaps life - better. Thus, these women showed courage and insight as they went on with their lives by successfully navigating their way to bounce back and live on with their diagnosis.

Conclusion and Recommendation

Conclusion

There were three themes that arose from the analysis of data which served as the phases that the salubrious women went through when they were diagnosed with Cancer namely: *Innocence, Ignorance and Advance*. *Innocence* starts as the first phase wherein the informants shared their experiences in getting the disease that they did not think that they will have. Next, with *Ignorance*, they expressed the physical, emotional, social and spiritual changes that happened in their lives in the course of the disease. Lastly, on the *Advancing Experience* phase, these women were able to make the decision that life must go on and that they would need move to the next level which is acceptance. Their journey encompassed their worries and norms on

their diagnosis through resisting what can hinder their wellness and spring back to living. With these findings, the researcher has come to realize that symptomatic experiences bring similar emotional responses as well as to the treatment and prognosis but despite these drastic changes in their body and their lives in general, positive coping strategies still emerge as long as they deprive themselves of negative feelings.

RECOMMENDATION

It is recommended that this study could also be used as a benchmark for further studies on other medical-surgical cases that covers the nursing field and for the nurses and nursing organizations to delve on developing tailor-fit interventions based on the results so that they can integrate quality and holistic nursing care on these types of cases, especially those in the advanced phases of their disease and can also contribute to the improvement of the nursing practice.

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