

Experiences of the Families of Cancer Patients Receiving Chemotherapy

Zoraida Clavijo Chamorro¹, Martina Sastre Torrens², Sebastian Sanz Martos³, Argeme Serradilla Fernández⁴, Adela Gómez Luque⁵

¹Department of Nursing, School of Nursing and Occupational Therapy Cáceres, University of Extremadura, Spain.

²Nurse reference in Ulcers and Chronic Wounds, Regional Hospital of Inca, Mallorca, Balearic Islands. Spain.

³Department of Psychology, University of Jaen, Andalusia, Spain.

⁴Department of Nursing, School of Nursing and Occupational Therapy Cáceres, University of Extremadura. Spain.

⁵Department of Nursing, School of Nursing and Occupational Therapy Cáceres, University of Extremadura. Spain.

Corresponding Author: Zoraida Clavijo Chamorro, Department of Nursing, School of Nursing and Occupational Therapy Cáceres, University of Extremadura, Spain, **Email:** zoraidacc@unex.es

Received Date: 20 Jan 2018

Accepted Date: 17 Feb 2018

Published Date: 19 Feb 2018

Copyright © 2018 Chamorro ZC

Citation: Chamorro ZC, Torrens MS, Martos SS, Fernández, et al. (2018). Experiences of the Families of Cancer Patients Receiving Chemotherapy. *M J Nurs.* 1(1): 003.

PROBLEM STATEMENT

The cancer is the second cause of death in the world; in 2015, almost one of the six deaths stemmed from this illness, also it is foreseen that the number of new cases increases 70 % in the next 20 years [1].

Chemotherapy is one of the treatments used to fight cancer disease. This treatment causes numerous side effects that most patients experience once arrived at his home and that are shared with relatives who suffer indirectly, especially those who have assumed the role of primary caregivers. Some common side effects from chemotherapy are fatigue, nausea, vomiting, hair loss, pain etc. There have been numerous studies on the experiences of cancer patients in chemotherapy treatment although there are few who analyze this situation and face closest to sick relatives.

Cancer is a chronic disease that involves many changes in the life of the individual and has an impact not only for the affected, but also for your environment. Often throughout the process a whole problems associated with the disease develop anxiety disorders or depression, high levels of suffering, somatic discomfort and even psychosocial impairment. Even when the patient who receives the physical consequences of this disease and its treatment, psychosocial consequences affect the entire family [2].

Programs of palliative care are started that whose target is to provide quality of life to the patient with an illness potentially mortal as it is the cancer and the family that takes care of it; as he recognizes the WHO in the 67th World Assembly of the Health in 2014 “the palliative care constitutes an experi-

tion that allows to improve the quality of life of the patients (adults and children) and its relatives when they confront the problems inherent in a potentially mortal illness, exposition that materializes in the prevention and the mitigation of the suffering by means of the precocious detection and the correct evaluation and therapy of the pain and other problems, be already this of physical, psychosocial order or spiritual [3].

The family usually provides the patient the main support, but at the same time supports a high level of physical and especially emotional overload. Some studies show that the prevalence of emotional disorders (mainly anxiety and depression) is practically the same in relatives of patients than in those affected, reaching patients considered “second order”. Not all are suitable coping mechanisms so emotional disturbances are frequent and adopting health habits sometimes harmful to combat stress [4].

It is more probable than the anxiety, instead of the depression, be a problem in the survivors of long-term cancer and in the spouses compared to the healthy control panel. Efforts must be done to improve the recognition and the treatment of the anxiety in the survivors of long-term cancer and its spouses [5].

RESEARCH OBJECTIVES

General purpose

Analyze the experiences of relatives living with sick suffering consequences from their point of view.

Specific objectives

It aims to meet the phenomenon from an integrated and comprehensive perspective in order to identify their needs for help and to find behavioral guidelines that can serve as a guide for coping care and support of the patient, in order to improve their quality of life and help to restore the lost balance.

Furthermore, knowledge of the stress factors that characterize the experience of cancer in the family of the patient, and demands care, psychological or information helps arising in primary caregivers, can soften the impact of the cancer process and of treatment in the family, improving conditions surrounding the patient and therefore their disease.

This integrative perspective of the process can be made to improve the clinical care of the patient if designed by oncological teams, coping strategies that include targeted attention to the family environment.

APPROACH OR METHODOLOGICAL PERSPECTIVE

The methodological approach theoretical determines important aspects such sampling techniques, collection and analysis of data and interpretation thereof. This protocol aims based on grounded theory qualitative research used to build and test the theory. Methodological strategies will be specific to this approach. the sample size based on the information needs will be established following the principle of saturation data. The characteristics of fitness and propriety must be met.

The selection of participants will be intentional, and once started the analysis, by the theoretical sampling. For data collection semi-structured interviews will be conducted to family caregivers of cancer patients. Data analysis will be structured from coding, through categorization, writing memos and constant comparison to generate theory. a computer program will be used for management.

SELECTION OF PARTICIPANTS

Site

The study will be conducted in a day unit, in which patients come programmatically to the administration of chemotherapy.

Inclusion and exclusion criteria

Relatives of patients in chemotherapy and chaperones attending the various sessions of treatment.

Inclusion criteria

- Immediate family (spouse).
- Being the primary caregiver.
- regular accompanist patient undergoing chemotherapy.

- The current session of the patient must be at least the third or later.

- Informed consent to participate in the study that finds expressly authorized the recording of the interview, ensuring confidentiality, the person can decide at any time to leave the study.

Exclusion criteria

- Not be spouse.
- Not be the primary caregiver.
- Not habitual companion of patient treatment sessions.
- Being first or second session.
- Not accept informed consent or request of the person being excluded from the study.

Method of selecting subjects

The type of sampling is intentional, patients direct family members that accompany them with treatment with cancer who come to the Virgin Hospital of the Mountain of Caceres, Extremadura, Spain for approximately 1 month chosen at random during the year 2018; with a size muestral up to obtaining the saturation point and the possibility of modification during the study (theoretical sampling).

STRATEGIES FOR COLLECTING INFORMATION

Biographical narrative technique will be used by depth semi-structured interview. By the nurse, using a script, which will be recorded and transcribed verbatim for analysis. This type of design of collection of information, he adopts a proper structure, more according to the expected in a biographical design of descriptive domination, where the speech of the informant occupies a preeminent place. There is used to describe exhaustively the experience lived by only one person or a limited group of persons. Our target, when we resort to its use, it is to extend our grade of comprehension of the reality, basing on the perceptions, expectations, emotions and opinions of all the actors who are involved in the health - illness processes. We depart from the beginning of which there are so many lives as points of view [6].

The interview will take place in a duly authorized without the presence of the patient, so that the family can express their experiences and feelings, without feeling coerced by the patient office.

It will take place during the period in which the patient is administered the treatment to also avoid possible negative feelings the patient to his family.

After the literal transcription, computer coding methods

(NUD-IST) will be used. A program is a software based on indexes, the content of the indexes is stored in knots and these, they can be structured in hierarchies or trees, allowing the making of categories of information [7].

All these methods are valid because they fulfill the intention of collection of information, record and categorization in accordance with its methodological design.

ANALYSIS PROCEDURE INFORMATION

The analysis aims to interpret the information, we use our Grounded Theory to know the reality experienced by the study participants:

- Sampling is intentional or theoretical, based on the first results, we will observe if we need new cases or the opposite, ending our collection of information.
- Using the constant comparative method collect data gathering and coding them going and go comparing data one to one giving meaning and order.

To do so, follow these steps

1. Transcribing the empirical material available in our case interviews.

2. arrested and deep reading of the information collected from reality (interviews).

The objective of this mental immersion in the material collected is to reach an overall vision that allows for a good categorization.

3. Recognize emerging issues by identifying units of meaning of the text to be discussed. By putting labels and categories to all units of meaning that we find in our information base.

4. Discover categories or groups of categories that are repeated more often.

After these recurring themes ficharan, and select one of the categories that have appeared more frequently, and is used as the title of the tab.

all incidents that have been previously categorized with that name in each field materials collected are then transcribed.

5. We compare the information contained on the tabs to find common attributes and / or different, which are grouped into new concepts (properties category).

There are also categories that can be grouped into more comprehensive "axial coding".

6. Writing memorandums (theoretical memories), where the advances that are obtained in theorizing recorded.

This process will be completed when it reaches the theoretical

saturation of the categories when the analyzed data no longer produce additional information.

7. theoretical comparisons: Used when a phenomenon difficult to classify or label arises. This is to find out the context in other dimensions and clarify, we will use the systematic comparison (comparison with any phenomenon based on literature or experience).

8. Making provisional hypothesis [8].

ETHICAL CONSIDERATIONS

Participants will have to sign the informed consent to participate in the study consent, which expressly finds the authorization to the recording of the interview, ensuring the confidentiality, explaining the reasons for recording interviews, ensuring that anonymity will be saved and which can decide at any time be excluded.

In the consent warns of possible mental distress they may experience the person to talk openly about this issue that concerns them.

This discomfort is not intended to produce the study, but it is taken into account to be voluntarily authorized by the participants.

They will be explained to participants the importance of the study to detect needs help in relatives who live with these patients, so that the intervention aimed at them will improve in the future.

LIMITATIONS OF THE RESEARCH PROJECT PROPOSED

Regarding potential research problems, we can have the following possible problems:

- The complexity of the phenomenon of study has many aspects and diversity of approaches, which poses a problem reaching the saturation of information, as the experiences and coping of respondents can be in very different ways.

- It can also be difficult access to participants, especially if your family is currently undergoing treatment, resulting in overload.

- A described above, we can add to the difficulty that participants give their consent to be recorded, which is why people are reluctant to participate. That is why we will make clear, that anonymity is maintained and that there is only a scientific interest, so this format for subsequent transcription of information and analysis of data necessary.

- Difficulty in carrying out the narrative, as the expression of feelings and gestures becomes difficult, and can lead to mis-

interpretation by researchers, expressions or skills of the participants.

REFERENCES

1. (2017). World Health Organization. *Cáncer*. WHO. World Health Organization.
2. Mu P-F, Lee M-Y, Sheng C-C, Tung P-C, et al. (2015). The experiences of family members in the year following the diagnosis of a child or adolescent with cancer: a qualitative systematic review. *JBI Database Syst Rev Implement Reports*. 13(5): 293-329.
3. (2014). Organización Mundial de la Salud. 67a. Asamblea Mundial de la Salud. In: *WHA67/2014/REC/1*. Ginebra.
4. Park B, Kim SY, Shin J-Y, Sanson-Fisher RW, et al. (2013). Prevalence and predictors of anxiety and depression among family caregivers of cancer patients: a nationwide survey of patient–family caregiver dyads in Korea. *Support Care Cancer*. 21(10): 2799-807.
5. Mitchell AJ, Ferguson DW, Gill J, Paul J, et al. (2013). Depression and anxiety in long-term cancer survivors compared with spouses and healthy controls: a systematic review and meta-analysis. *Lancet Oncol*. 14(8): 721-732.
6. Begoña MM, María GG and Manuel A. (2018). How to structure and write a Biographical Report for publication. *Index Enferm [Internet]*. 2013 Jun [citado. 22(1-2): 83-88].
7. Lluís B, Carmen O and Lluís OJ, (2003). ANÁLISIS CUALITATIVO DE ENTREVISTAS. *Nómadas (Col)* [en línea]. (Mayo-Sin mes): [Fecha de consulta: 13 de febrero de 2018] Disponible en.
8. Anselm Strauss y Juliet Corbin. (2002). *Bases de la investigación cualitativa. Técnicas y procedimientos para desarrollar la teoría fundamentada*, Editorial Universitaria de Antioquia, Medellín.