

Original Article

Experiences of Cancer Patients: A Qualitative Study

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Abstract

Aim: This study was conducted to determine the experiences of cancer patients to manage and cope with the disease during course of the disease.

Methods: The study was conducted with 19 volunteer patients who were diagnosed with cancer at the Radiation Oncology Service of a hospital between September 2015 and December 2015 and who met the research criteria. The data were collected through face-to-face interviews using the "Patient Information Form" and semi-structured in-depth interview form. At the end of the interviews, the data obtained were analyzed using the content analysis method. To assess the descriptive data, numbers, percentages and mean values were used.

Results: As a result of the content analysis of the data, the following two themes were obtained: "disease perception" and "coping with the disease". The subcategories of themes were as follows: "questioning the reasons for having cancer", "acceptance", "awareness", "future anxiety", "hope", "spirituality" and "social support". In the interviews, the patients stated that after they had cancer, their emotional structures were influenced very much, and that in coping with the illness, support from the family and friends was as effective as their personal values and beliefs.

Conclusion: The results of the study indicate that patients thought that they had cancer for one reason or another, which affected the way they managed the disease, that time was of great value in their lives, that their awareness increased and that their priorities changed. Among the most frequently used values to cope with illness were the family support and spiritual strength.

Keywords: Perception of Disease; Disease Management, Nursing; Cancer; Coping Style.

Introduction

Cancer whose economic burden is steadily on the increase due to its incidence, mortality rate, and diagnosis and treatment costs is a leading health problem of the present age both in the world and in Turkey (Gemalmaz and Avsar, 2015; Bag, 2013). Despite significant advances in science and medicine, cancer is the second leading cause of death following cardiovascular disease both in the world and in Turkey (Moeini et al., 2014;

World Cancer Report 2014; Turkey Cancer Statistics). With its increased incidence, cancer affects one's economic, social and psychological life adversely. Cancer is an existential crisis evoking confusion, anxiety, concern for future, pain, fear, and darkness between life and death (Bag, 2013; Kavradim and Ozer, 2014; Gonzalez et al., 2014). Because cancer not only is a serious and chronic disease, but also is directly related to death, it causes psychological trauma in patients.

Experiences, feelings and thoughts patients have during the course of the disease after they have been diagnosed with cancer and the reactions and supports they receive from people around them are the determining factors of the disease management. (Gemalmaz and Avsar, 2015)

Because perception of disease includes subjective dimensions, the perception of disease varies from one person to another diagnosed with cancer due to effects of one's beliefs, values, culture, and past experiences (Karabulutlu and Karaman, 2015). By considering the individual differences, nurses' providing healthcare with a holistic care understanding including psychosocial, cultural and spiritual approaches plays an important role in cancer patients' coping with the disease (Kurdak, 2014).

The patient's psychological state during the treatment and course of the disease affects the patient's compliance with the treatment and reflects directly on the success of the treatment. Being aware of the psychosocial needs of patients, meeting these needs with the appropriate nursing interventions, and supporting the patient and the family in this regard are as important as the improvement of the disease-related medical problems (Kavradim and Ozer, 2014; Ergul and Temel, 2007; Hatamipour, 2015).

In Turkey, there are a few qualitative studies reflecting the views of patients to better understand cancer patients' attitudes towards cancer and their disease-related experiences (Gemalmaz and Avsar, 2015).

Therefore, there is a need for qualitatively designed studies that enables cancer patients to share their experiences and to explain their thoughts and expectations in a unique way. This study was conducted to determine the experiences of cancer patients to manage the disease and cope with the disease during the course of the illness.

Methodology

Study Type

This qualitative study was conducted with patients with a diagnosis of cancer who were treated at the Radiation Oncology service of a hospital between September 15, 2015 and December 15, 2015.

Study Population

Qualitative studies allow participants to individually/ specifically express their attitudes, knowledge, thoughts and expectations related to the topic being investigated (Erdogan, 2014).

The study was conducted with 19 patients aged 18 years and above, diagnosed with cancer, not having a hearing impairment or a severe psychological disorder and volunteering to participate in the study between the aforementioned dates. Individuals receiving palliative care were excluded from the sample. The participants were selected using the purposive sampling method (Erdogan, 2014).

In qualitative studies, although the sample is designed previously, it evolves and becomes clear as the study progresses. Sampling continues until the data saturation is reached in all the categories. When the data is repeated, the data collection is terminated (Erdogan, 2014; Streubert and Carpenter, 2010; Dastan and Buzlu, 2010).

Study Ethics

This study was initiated after the ethics committee consent (protocol dated 04.06.2015 and numbered 291-9) was received; permission for conducting the study in the institution (dated 01.08.2016 and numbered 85163007/799) was obtained from local ethical committee and the Union of Public Hospitals, respectively. The researchers obtained a written consent from volunteer patients who met study inclusion criteria.

Data Collection

After the individuals who agreed to participate in the study were given oral and written explanations about the purpose of the study, their written informed consent was obtained. To determine the participants' cancer-related experiences and expectations, each of them was interviewed face-to-face using the in-depth interview method with the patient. An in-depth interview is an effective method that allows individuals to express their experiences, thoughts and attitudes related to a touchy topic, without group influence (Erdogan, 2014). The interviews were held in the patient training room of the radiotherapy nurse because it provided a quiet environment.

In order to minimize the participants' likelihood to be affected, the researchers who interviewed them avoided from using or displaying judgmental, confirmatory or refusing mimics, attitudes or expressions. Each interview lasted for an average of 30 minutes (min. 20, max. 40 minutes).

The interviews held with a researcher and an observer were recorded using a voice recorder.

Data collection Tools

Patient Information Form: Data on some of the sociodemographic characteristics of the participants (age, gender, education status and employment status) and on the illness (diagnosis, phase, duration, treatment, number of the sessions) were collected with this form.

The accuracy of the information given by the participants about their illnesses (the diagnosis, stage and duration of the disease, treatment they receive, the number of treatment sessions) was confirmed by comparing it with the data on patient files.

The Semi-Structured In-Depth Interview Form: The form developed by the researchers through the review of the pertinent literature facilitates the collection of in-depth knowledge obtained from the statements of the participants on their experiences focusing on the topic being investigated (Gemalmaz and Avsar, 2015; Bag, 2013; Kavradim ST, Ozer, 2014; Erdogan, 2014; Dastan and Buzlu, 2010). The form consists of the following open-ended questions:

- Would you share your experiences regarding the psychological and social aspects of the management of your illness?
- What did you experience during the course of the disease?

The contents of the questions in the semi-structured interview form were examined by two nurses experienced on oncology nursing independently of the researchers. Whether the questions in the semi-structured interview form complied with the purpose of the study and the analysis method used in the study was investigated and then it was approved that they did.

Statistical analysis

While numbers (n) and percentages (%) were calculated for the categorical variables of the sociodemographic characteristics of the participants such as gender, education status, and diagnosis and stage of the disease, mean values were calculated for the continuous variables such as age and duration of the illness.

For the analysis of the records of the interviews conducted to determine the experiences of cancer patients, the content analysis method enabling inductive analysis interpretation was used (Erdogan, 2014). The steps of the content analysis process of the data are shown in Fig. 1.

Content analysis

After analyzing the voice recordings kept using the in-depth interview method in which the semi-structured interview form was used, statements matching the conceptual framework of the study were determined. After the content analysis of the patient statements, two themes "disease perception" and "coping with the disease" and categories belonging to each theme were determined. The categories were as follows "questioning the reasons for having cancer ", "acceptance", "awareness", "future anxiety", "hope", "spirituality" and "social support" (Fig. 2).

Results

Descriptive analysis

The mean age of the patients included in the study was 57.05 ranging between 42 and 75. Of them, 52.6% were male. The disease duration varied between 6 and 12 months in 42.1% of them and 42.1% had stage III cancer. While 36.8% the participants had breast cancer, 31.5% had lung cancer. All the participants underwent chemotherapy (Table 1).

Theme 1: Disease Perception

The patients included in the study reported that cancer evoked the feelings of uncertainty, anxiety, death, complexity and helplessness, that they questioned the cause of cancer and tried to find out why they had cancer, that they accepted the disease during this process and that death anxiety increased their awareness of life.

Category 1: Questioning the reasons for having cancer

The participants stated that when they first heard of the disease, the word cancer meant something bad to them, they questioned why they got cancer and why not others but they had cancer.

"... I did not believe that such a disease could happen to me, I said to myself. I did not believe when I found out that something like that hit me. Because I was a person who paid attention to what he eats, to what he drinks, to personal hygiene. "Why me?" I said ... "(Mr. K, age 55, Stomach Cancer).

"... I cannot tell how my psychology was when I learned I had cancer. I said "why me?" I knew there were others younger than I was, but at that moment I felt like I was young, I was only 39 years old ... "(Ms. C, 45 years old, Breast Cancer).

In the study, some participants tried to find out why they had cancer, but some did not.

"... there used to be tuberculosis, everyone got tuberculosis. I keep up with the times and I got cancer. My mom had cancer, my dad died from cancer. "We must have committed great sins" I said ... "(Mr. S, 57, Lung Cancer).

"...cancer does not evoke anything in me. I think It is like flu, I have to be treated,... "(Ms. E, 50 years old, Breast Cancer).

"... the cause of every illness is stress. I have become more and more obsessed with negative things, that laid me low, now, I am trying not to be obsessed but I can't! "(Mr. Ü, 65 years old, Lung Cancer, brain metastasis).

The vast majority of the patients were in search of the meaning of life and were trying to make sense of the process they live in.

"... I experienced negativities. Because life goes on, we have a little child. My husband's working life is stressful and intense. Sometimes they forgot I was sick. Then, I felt very sad. OK, I agree, I said "I'm not sick", but you anyway experience something burdensome. Because its name is bad. There were times when I cried, when I became so distressed ... "(Ms. T, age 47, Breast Cancer).

"... This is as if I were born again. I think it is by the grace of God for me. Because I have met this many good people... "(Ms. C, 42 years old, Breast Cancer).

Figure 1. Stages Of Content Analysis Process Of Data

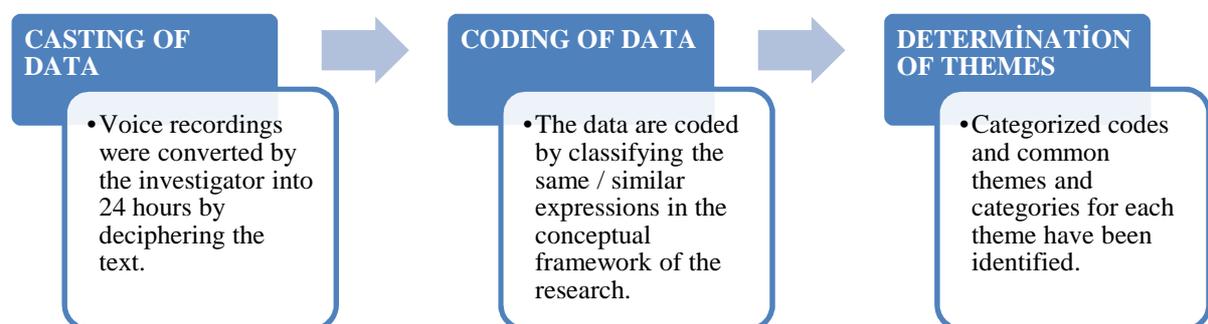


Table 1. Patient's Descriptive Characteristics and Disease Information (n = 19)

The characteristics of the participants	Avarage	Min-Max*
Age	57.05	42-75
	n	%
Gender		
Women	9	43.37
Men	10	52.63
Educational status		
Primary education	10	52.6
High school	7	36.8
License	2	10.5
Working status		
Working	3	15.7
Retired	9	47.3
Not working	2	10.5
Housewife	5	26.3
Diagnosed with cancer		
Breast cancer	7	36.8
Lung cancer	6	31.5
Bladder cancer	2	10.5
Other cancers	4	21.2
Phase		
Phase I	3	15.8
Phase II	5	26.3
Phase III	8	42.1
Phase IV	3	15.8
Treatment Modality		
Chemotherapy	17	**
Radiotherapy	15	
Surgical treatment	16	
Disease duration		
1-6 months	5	26.3
6-12 months	8	42.1
12 months and over	6	31.5

*Min-max: Minimum, maximum.

**Multiple options are marked.

Figure 2. Qualitative Content Analysis The Themes and Categories Determined by Process

Category 2: Acceptance

Nearly all of the patients participating in the study stated that they accepted what they lived through after being diagnosed with cancer.

"... I also accepted my illness thinking that every living creature would one day die, whether sick or not. Therefore, I myself accepted my illness. Somehow or other, everyone will die. You will live as long as God allows you to live ... "(Mr. O, 59 years old, Prostate Cancer).

"... once the therapy started, everything was erased from my memory, as if I were not sick at all. The therapy was very intense, chemotherapy was very massive. I completely concentrated on the therapy. I thought as if everything would improve when it was over. Thank goodness it is so ... "(Ms. T, 47 years old, Breast Cancer).

"... there was a lot of time to be in my seventies. I said "it is too early", but then I accepted my illness, I accepted to

cope with it. After that I went on, there was nothing else to do. No return, no chance to return to healthy life ... "(Ms. C, 45 years old, Breast Cancer).

"... you say "everything happens for a reason", and when you question a little, you understand it. My wife and my mother were offended, I prayed a lot for their peace. They made a peace after I had cancer. I have never rebelled against God; we will live as long as God wishes. The cause might be cancer or a traffic accident. It does not matter... "(Ms. Ö, 42, Breast Cancer).

Category 3: Awareness

The vast majority of participants reported that they realized how valuable their bodies and souls were after they got cancer, and that they had to enjoy life.

"... You understand how valuable time is. You realize the importance of what you experience. I really did not use to value

myself before cancer. I never used to think ahead, but now I think twice before I do anything, whether my decision would cause harm to me? ... I realized myself. I used to abuse my own body, I did not mind anything. I used to smoke before, now I quit it. I learned to enjoy the moment I am in. You hold to the life more, not as if you are going to die... "(Ms. C, 42 years old, Breast Cancer).

"... I used to have panic attacks; I used to think over and over. After the illness I did not care much. Everyone lives his/her own life ... "(Ms. G, age 50, Breast Cancer).

Category 4: Anxiety related future

The participants reported that cancer affected emotional aspects of their lives very much, and that anxiety about death undermined their expectations of the future and life.

"... I did not feel sorry for myself, I felt sorry for my daughter. Because when I went to the doctor, she was with me and became very sad. I felt sorry because she would be alone. She had neither a father nor a sister or a brother ... "(Ms. E, 50 years old, Breast Cancer).

"... I have a daughter, but I felt so sorry because I felt that I would not witness her future. I said, "Oh my God, I want nothing but to see my daughter to earn her living and to get married ..." (Ms. G, 50 years old, Breast Cancer).

"... I feel sorry for I am like this. If it were not for my wife, I would be dead now, I would have committed suicide. I said to myself "such life is not good". I thought. I wouldn't live, I wouldn't walk, I would live a life of great misery. I said "I'd rather die than live a life of great misery" "I would die before having a long life." I felt so sorry for my wife. I felt pity for her. I do not want to leave her, let's both die. I do not want to leave her behind; nobody would look after her ... "(Mr. Ü, 65 years old, Lung Cancer, Brain Metastasis).

"... I said "Oh my God, please do not leave my children destitute. Well, my son

was grown up, he was a university student. But my daughter was younger. I thought about my daughter and my son. My daughter was going to high school; I thought she wouldn't do without me. I always tried to think positively. So I prayed to God, "God, please give me, give me time..." (Ms. C, 45 years old, Breast Cancer).

Theme 2: Coping with the Disease

Almost all of the participants stated that in coping with cancer, spirituality reduced their worries and increased their hopes for life, and that they took solace in spirituality.

Category 1: Hope

The patients who participated in the study set goals for the future, for the rest of their lives, they were decisive to achieve those goals, and they had a positive and optimistic view of life.

"... Your faith in God is becoming even stronger. I say "Well, everyone has cancer, everyone survives", and I say to myself "you will survive too". At the beginning, I was afraid as if I would die. But now, I don't think about it at all. I say "I will live more, I will love my grandkids. I think I will be even better" ... "(Ms. C, 42 years old, Breast Ca).

"... I said "I am going to beat this disease. I am going to beat it for my grandchild and children. I would try hard", I resisted. I trusted myself, for the love, sake of my children ... "(Ms. Ö, 63 years old, Lung Cancer, Brain Metastasis).

"... The disease, I think God wanted to give me a lesson; "life is not like this" He said. A new awakening, a resurrection... "(Ms. C, 45 years old, Breast Cancer).

Category 2: Spirituality

The vast majority of the patients participating in the study stated that they felt more comfortable and stronger thanks to spirituality.

"... Saying prayers was so effective, I prayed whenever I had pain. I had unbearable pains. Then I took 4-5

painkillers. Saying prayers relieved me, that's probably because you are not concentrating on pain. I received bioenergy treatment, 6-7 times, after that I felt much better. The books about positive energy also affected me psychologically. You also think that if it is good for others, then it would be good for me too ... "(Ms. T, age 47, Breast Cancer).

"...I said prayers. But I suffered so much; drugs ruin your health too. I overcame the cancer because I am spiritually strong. I was strong thanks to prayers and my daughter and my son. Perhaps patience is also important. Faith and patience are important to be able to overcome some things. Praying is very important; you feel you are close to God. I don't have fear of death anymore. Praying has a positive effect on your life. When you say prayers, when you are with God, nothing scares you. You have no pain, no fear. You surrender to God. God is the first step, praying is the first step to defeat the disease. The second step is positive thinking. If both are not together, it doesn't work. Now if the disease recurs, we will beat it again and again "(Ms. C, 45 years old, Breast Cancer).

"... spiritually, I still believe in being blessed, so I receive holy waters. First I believe in God then in the doctor ... I ask which prayers I should say to overcome the disease, I sacrifice animals..." (Ms. E, 50 years old, Breast Cancer).

"... I believe in God, but I cannot worship because of urinary incontinence. I've been emotional since I heard I had this disease. You feel good when you cry..." (Mr. O, 59 years old, Prostate Ca).

Category 3: Social Support

Some of the participants stated that they received social support from family and friends, and that support particularly from the spouse was really effective in coping with the illness. Some other participants stated that they did not receive social support as much as they expected, which affected them adversely.

"... My family and my husband were very supportive. If your spouse does not support you, you are demolished. Many of my friends' spouses left them, because they were sick. May God bless my husband; he supported me a lot. He was always there for me and is still there for me. He had his hair shaved to support me when I lost my hair. I did not speak to my children, but my mother, my brothers and my husband were always there for me. They always supported me. Maybe, that's why I'm so well. He did not leave me alone even for a moment. If I am well now that's mostly thanks to him, I'm fine now..." (Ms. C, 42 years old, Breast Cancer).

"... I experienced negativities. Because life goes on, we have a little child. My husband's working life is stressful and intense. Sometimes they forgot I was sick. Then I feel very sad. OK, I agree, I said "I'm not sick", but you anyway experience something burdensome. Because its name is bad. There were times when I cried, when I was sad. But as I said, friends' support; my mother was there for me. My father is very old, but still he tried to do his best to be there for me..." (Ms. T, 47, Breast Ca).

"... My greatest support was my daughter; whenever I saw her I felt sorry for her. There was also a neighbor, a faithful person, always coming in. May God bless her. She was supportive of me as well. She came in every day, I said "you don't have to" but she still came. At that moment, because you are sick you distinguish a fair-weather friend from a foul-weather friend. My friends were also mentally supportive. I never forget, a friend came and vacuum cleaned the house. I was so pleased, because I was not well, I could not do any housework ... "(Ms. C, 45 years old, Breast Ca).

Discussion

Cancer, one of the main health problems of the present age, is a serious and chronic illness which adversely affects the quality of life of patients due to difficulties, complications, complexity and

uncertainty of its treatment process (Kavradim ST, Ozer, 2014). Because cancer is a physical disorder, priority is given to the planning of its physiological effects and treatments. In addition, social, cultural and spiritual factors should be taken into account and they should not be ignored (Bag, 2013; Kavradim ST, Ozer, 2014). Cancer, which causes existential worries, can lead to moral distress, which negatively affects the medical outcomes by creating stress in an individual's life. In this challenging process, nurses' aim while providing patient care is to be sensitive to cancer patients' perception of the disease and methods of coping with the disease (Koenig, 2004).

Because the disease perception involves subjective dimensions, emotional and behavioral responses given to a similar disease vary from one person to another. Patients diagnosed with cancer question the disease and try to find out why cancer has hit them after the diagnosis and during the course of the disease (Gemalmaz and Avsar, 2015; Kavradim ST, Ozer, 2014). Patients confront cancer with questions such as "Why me?" "Is God punishing me?", "What sins have I committed?" The patients included in the study perceived cancer as "rebirth", "grace of God", "a divine test" or "a second chance". Statements by the participants revealed that they displayed such attitudes as ignoring the disease, fighting against the disease, or accepting it with a fatalistic approach (Gemalmaz and Avsar, 2015; Kavradim ST, Ozer, 2014; Erdogan, 2014; Dastan and Buzlu, 2010; Koenig, 2004).

In this present study, the patients were shocked and felt sad when they learned they had cancer, then they questioned it, and finally they began to accept the disease. This acceptance, predominantly due to fatalism, hosts such feelings as fear of death, surrender to fate, not questioning, and future anxiety. In their qualitative study on patients' reactions during and after cancer diagnosis, Gemalmaz and Avsar found that patients experienced shock, anger, sadness, fear and anxiety when they first diagnosed with cancer (Gemalmaz and Avsar, 2015). In a descriptive study by Ozdemir et al., 60% of the patients were reported to accept the disease after they overcame the shock they experienced when they learned they had the disease and then to display a social fatalistic way

of thinking. The results of the present study are similar to those of the aforementioned study (Ozdemir et al., 2011).

In studies conducted with long-term cancer patients, their quality of life was determined to be quite high. Individuals adapt the cancer process they experience to their lives as re-association, redefinition of priorities and restructuring. Patients' consideration that life is worth of living and that their bodies, souls and ambitions are important increases their awareness (Bag, 2013).

This transformation leads to changes in their values and priorities, and gains them a new perspective on their lives (Hatamipour et al., 2015). According to the results of the present study, the patients frequently stated that what had priority in their lives and what they regarded as the keystone of their lives (such as professional careers) prior to the diagnosis lost importance after the diagnosis. Instead, they stressed that hiking in the countryside, taking care of the garden, giving more importance to inter-personal relationships than before, and dealing with charities took priority. The results of the present study are consistent with those in the literature.

The participants of the present study reported that their illness reminded them of uncertainty and death, and thus they had a fear of future. The fact that all the participants were married and had children might be the reason for their concerns about the future of their spouses and children. They ranked their expectations for the future as to recover from the disease, to be able to work again and to be together with the family. According to the results of Ozdemir et al.'s study, the participants' expectations were to regain their health, to spare more time to themselves and to their families, and to work (Ozdemir et al., 2011), which are consistent with the results of the present study.

According to the American Psychological Association's statements, the long-term limitation of an individual's life leads to the deterioration of his/her physical health, the long-term effects of the stressors, negligence, loss of faith, spiritual weakness and consequently to despair (Kavradim and Ozer, 2014). In a study by Liu et al., in low-hope cancer patients, the incidence of depression increased and their life expectancy got shortened (Liu et al., 2009). In a study titled "spiritual

experience in hospitalized patients", 93% of the cancer patients believed that spirituality strengthened their hopes (Hatamipour et al., 2015; Wong and Yau, 2010). The majority of the patients included in the present study expressed their determination and motivation and thus they maintained their hopes. On the other hand, some of the participants stated that they even considered committing suicide, that they did not want to speak to anyone other than their family members because they thought they were going to die anyway, and that they experienced despair.

According to the philosophical view, spirituality is defined as the meaning and purpose of life; however, there is no consensus on the definition (Rahnama et al., 2012), because spirituality is highly subjective and multidimensional, so it cannot be defined in a single way (Rahnama et al., 2012; Mahmoodishan et al., 2010). Gemalmaz and Avsar's study showed that cancer patients had more intense experiences of spirituality (Gemalmaz and Avsar, 2015).

In a study involving the analysis of young cancer patients' perception of cancer, cancer increased their anxiety due to its uncertainty, but later they found a way to perceive life in a more meaningful way by exploring the source of power in their inner world (Tuncay, 2009).

In Daştan and Buzlu's study, of the breast cancer patients who utilized spirituality to cope with cancer, 91% succeeded it thanks to emotional support, 70% thanks to social support and 64% thanks to the way through which they had better perception of cancer (Kurdak, 2014).

In the present study, similar results were obtained: the participants experienced intense spiritual emotions, said prayers, received bioenergy treatment, sacrificed animals to God, promised to give away things to the poor, drank holy water, turned to God, displayed submissive and fatalistic approaches and used family support. As a result, spiritual well-being can be said to have enhanced their welfare, hope levels and quality of life. Several studies conducted on the issue report that psychological and spiritual coping methods are preferred mostly by women, the elderly and those with low socioeconomic level (Dastan and Buzlu, 2010). During the interviews held in the present study, it was observed that the female patients expressed their

inner world more comfortably, and talked about their spiritual experiences more openly. On the other hand, the majority of the male patients avoided talking about these issues, and if they had to, they talked about them rather superficially, which was probably due to the social structure of Turkish people: because it as an indication of weakness, males should avoid sharing their emotions, and they should fulfil traditional gender roles expected from males.

Social support plays an important role in cancer patients' sharing the challenges they experience, holding on to their lives and being hopeful for the future (Kavradim and Ozer, 2014). In studies conducted on the issue, social support was found to be effective in patients' accepting the illness (Gemalmaz and Avsar, 2015; Dastan and Buzlu, 2010). If patients do not receive adequate social support, their level of despair and loneliness increases (Kavradim and Ozer, 2014). Almost all the patients in the present study stated that they received support from their families and friends. They frequently emphasized that social support they received was the main source of fighting the disease, coping with the disease and being hopeful. Some of the patients stated that they preferred not to tell their children about their illness and that they would not want their children to witness the side effects of cancer treatment like hair loss. Some of the patients participating in the study indicated that they were adversely affected by excessive interest and visits of their friends. Therefore, they stated that they did not want to be visited and thus tried to reduce communication with them. They reported that their friends' frequent visits reminded them of their illness, and that they felt they were pitied, thus their psychology was adversely affected.

Conclusion

At the end of the study, it was determined that patients thought that they had cancer for one reason or another, that time was precious in their lives, that their awareness increased and that their priorities changed. Family support and spiritual strength were the most frequently utilized values in coping with the illness.

Being aware of the experiences of cancer patients in their perception of illness and coping with the illness helps them adapt to the treatment and illness. By establishing good communication

between patients and nurses, the patients' responses and attitudes towards and expectations of the illness can be learned and thus appropriate nursing interventions can be included in the care process. Nurses should provide psychosocial care to cancer patients from the moment they are diagnosed with cancer and during the course of cancer and offer supportive care to the patient and his / her family in dealing with this difficult process. To discover the reflections of the cancer in different individuals, it is recommended that qualitative studies which allow patients to express themselves openly should be conducted.

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