

ORIGINAL ARTICLE

Surviving the Illness: A Phenomenological Study of Women Diagnosed With Cancer

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ABSTRACT

Introduction: This study aims to understand female cancer sufferers' coping mechanism after they resume work but continue to receive cancer treatment. **Methods:** A phenomenological approach was used for exploring how these women cope with cancer and their work and family responsibilities. Hence, the living experiences of cancer surviving women were gathered to provide an in-depth understanding of the issue. A total of 10 participants suffering from different types of cancer were selected for the interviews. Data were collected through interview sessions aided by social media. Daily activities were monitored from diagnosis until the subjects returned to work (12 months of monitoring). **Results:** Seven themes emerged: (1) lowering expectation, (2) ask help from others, (3) take charge and responsibilities, (4) engage in problem-solving, (5) letting go, (6) contribute back to society, (7) spiritual strengthening. The study provides an insight into these women's coping abilities when maintaining their resilience on the journey to being proclaimed as survivors. **Conclusion:** The findings create awareness about how employed women manage to have work-life balance despite continuous cancer treatment. Family practitioners can use the study results as a guideline for helping women cope with the different tasks at home and office.

Keywords: Cancer, Coping, Phenomenology, Resilience surviving

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INTRODUCTION

Cancer has long caused fear and has great emotional and physical consequences (1). Some concerns are based on stories and false information (2). However, a study conducted by Molina et al. (3) stated that illness cancer surviving individuals struggled to maintain a conclusive outlook in finding meaning at the end of their life due to illness. Similarly, Chan, Wan Ahmad, MD Yusuf, Ho, and Krupat (4) argued that many cancer patients reported minor or major depression and adjustment disorder in the 24 months of follow up sessions and that they needed an effective coping mechanism (3). Research on women diagnosed with cancer shows that regardless of the prognosis, the women reported elevated psychological afflictions such as panic, anxiety, hopelessness, depression, fear of cancer recurrence, and the challenge of changing plans in life (5-7).

Coping is defined as the behaviour and attitudes individuals use to maintain emotional well-being, manage specific external events or strains resulting from

stressful events, and is a resource that alters cognitive and behavioural function (3). It is the act of directing a solution to mitigate a problematic situation (8) where the response is governed by personality, habitual traits, and social context /environment (9). It is known as a coping mechanism in psychological terms. A coping mechanism is an essential factor that contributes to a person's resilience. Dias et al. (10) reported an association between psychological factors, such as coping mechanism and an individual's resilience level by improving one's ability to bounce back after adversity. There are two general coping mechanisms, namely reactive and proactive coping strategies. Reactive individuals normally perform better in diverse environments as they follow the stressors. Meanwhile proactive individuals are good in stable environment as they are more rigid and like routine (11). Hence, resilience influences the power of an individual to employ effective coping mechanisms.

The treatment outcome and survivor rate of breast cancer are proven to be influenced by the coping mechanism applied (12). Past studies showed that different coping mechanisms significantly affect cancer patients regarding emotional state and psychological adjustments. This was mentioned in a study conducted by Southwick and Charney (13) showing that coping

and optimism are essential elements in bouncing back. Coping is also manifested through social support and social interaction, which can be done through physical interaction amongst individuals, public health services from the authorities, and the educational system (14) (15).

Resilience is defined as the ability of a person to adapt positively following difficulty (15), frustration, misfortune, hardship and trauma (14), with restoration of positive functioning and inner strength (16). Resilience originates from the Latin word *resilience*, which refers to the flexibility of elements, the capability to recuperate from the adverse effects of a natural or man-made risk. Resilience influences the power of an individual to employ effective coping mechanisms.

Physical stress and emotional disturbances are prevalent in cancer treatment among women, yet the treatment associated with cancer may reflect positive life changes. For instance, significant improvement of physical and emotional domains of cancer patients can be seen when medical treatment is combined with psychological intervention, (16). Hence, post treatment's physical stress gradually decreased once the treatment procedure ended as reported by women with cancer. They could do physical activities like before but with certain limitations. Emotional disturbances such as emotional numbness and feeling useless have gradually diminished once these women bounced back. They reported of becoming more optimistic about having a normal life like before. Numerous emotional and physical challenges are encountered by women with cancer during treatment. Even though many international studies focused on effective coping mechanisms among cancer patients, this area of study is still limited and needs further attention. Little is known, for example, about how employed women in Malaysia cope with their illness. Therefore, this paper discusses the coping mechanisms used by Malaysian women with cancer, from diagnosis until prognosis and throughout the treatment stages, because cancer individuals experience different anxiety and development levels (17).

Researchers have a significant concern interest in finding out responses of women to cancer and the coping mechanism. However, most previous research focused on western countries. For example, Cipriano-Stefans et al. (18) found issues on religious coping of cancer among different skin colour, Allen, Savadatti, and Levy (19) examined positive life changes among western cancer women, while Helgeson (20) looked at breast cancer and well-being among women in the west. When dealing with terminally ill individuals, it is significant to discuss the stages of grief as pioneered by Elizabeth Kubler Ross (21). Using her framework, cancer women experience grief postulated in five emotions: denial, anger, bargaining, depression, and acceptance (Ross, 1969). Individuals who are terminally ill do not

necessarily experience each phase of the grief, and it is not linear in sequence. In relation to this research, the significant phase experiences by the participants are the denial and anger stages. Later it is followed by bargaining, depression and lastly the acceptance phase. For the previous five years (2015-2020), limited studies were conducted in Malaysia regarding cancer survival coping mechanisms among employed women. Recent cancer treatment focuses on the general well-being of the patients together with the control of the illness. For example, a study conducted by Ng et al. (17) showed that Malaysian women's anxiety and depression level reduced significantly at 6 and 12 months. In other findings, Sharif, Ahadzadeh, and Perdamen (12), Sharif and Khanekharab (22) delineated that among Malaysian breast cancer women, understanding and supporting them to handle the stress with coping mechanism is very beneficial. Malaysian cancer women have a good quality of life in 12 months and negatively correlate with anxiety and depression due to the coping mechanism (17).

This study highlighted diversified coping mechanism, which carried a significant response in helping with the different stressful aspects of dealing with cancer. Coping mechanisms were highlighted in terms of emotional and psychological adjustment. Das et al. (23) studied haematology cancer patients in Malaysia and reported 14 coping mechanisms were used by patients. These included disengagement of behaviour, active coping, denial, venting, self-distraction, substance abuse, acceptance, humour, emotional support, instrumental support, spiritual and religious approach, positive reframing, planning, and self-blame. Schroevers and Teo (24) mentioned that positive psychological effects arise from cancer individuals who use more coping mechanisms, positive reframing, and humour.

Carver, Scheir, and Weintraub (25) mentioned two dominant coping mechanisms: problem-focused coping mechanisms and emotion-focused coping mechanisms. Adaptive coping mechanisms, such as structuring a specific behaviour in controlling the problem, are considered problem-focused coping mechanisms (26). Meanwhile, Hoolahan and Moos (27) defined emotion-focused coping mechanisms as an effort to adjust an individual's emotions, including avoidant and active aspects of coping. Malaysian cancer women do not commonly use emotional coping mechanisms such as venting for improving their well-being (22) (12), and they need some psychological intervention to shift from avoidant coping to active emotional coping (12).

For a wider perspective, other coping mechanisms of female cancer victims worldwide need to be compared. Women from different continents adapt to their illness differently. For instance, Iranian women use a religious approach involving positive suggestions, intentional forgetfulness, and hope as their coping mechanisms

(28). African American women cope by engaging themselves in spiritual practices, avoiding negative people, establishing a positive attitude, possessing strong determination to live, and receiving supports from family, friends, and support groups (29).

Li and Lambert (30) mentioned that the most common coping used among cancer women are planning, positive reframing, and self-distraction. Although many studies have indicated the coping mechanisms adapted significantly impacts a women's adaptation and response towards the different phases of life related to cancer, nothing is known about how employed cancer surviving women in Malaysia cope following the illness. In Malaysia, research conducted by Su, Azzani, Tan, and Loh (31) show that 40.6% of breast cancer women have to return to work after diagnosis for several reasons. The main is the financial issue as women in Malaysia have many different responsibilities. They have been reported to have multiple roles as family earners and carers. Statistics of Employment and Labour Force Malaysia indicated that out of the 15.60 million people in the labour force, 6.11 million are women. The number shows that Malaysia's government is committed to ensuring women are competitive in the job market.

This study provides an in-depth understanding of how employed women in Malaysia survive their illness. Besides, these coping mechanisms may be relevant to Malaysian women who form part of a collective society that abides by the native culture and stringent religious practices. The study might help policymakers handle cancer surviving individuals, especially women, as Malaysia's cancer rates continue to increase (32). The current programs and modules are significant only for cancer surviving at the late stage, for instance, in palliative. It is necessary to develop specific programs designed for cancer support groups that start from the first diagnosis until their return to work and the subsequent check-ups.

MATERIALS AND METHODS

Research Design

This study explores the lived experiences of the coping mechanisms used by employed female cancer survivors. The data were acquired through in-depth interviews and triangulation, which involved interview sessions and data analysis. It is understood that the most rational approach in reflecting the living experience of the participants is through a phenomenological approach. Groenewald (33) described the phenomenological method to deal with rich information in its natural setting. This phenomenological study allows the researcher to investigate the lives and essence of the women's self-resilience experiences. Non-numerical and phenomenological interpretation of qualitative research is inseparable from subjectivity and human senses (34).

Therefore, the phenomenological approach allows participants to reflect on their own experiences. Using interpretative phenomenological analysis (IPA) enables participants to focus on their experience and how they perceive and ascribe meaning to it (35). This study fills the literature gap by using the IPA to make sense of these cancer women's coping mechanisms for surviving the illness. The method used refers to hermeneutic phenomenology, specifically, interpretative phenomenological analysis (IPA), coined by Smith (2009). Hermeneutic is explained as using the theory and methodology of interpretation to interpret life's texts. Gadamer mentioned that this type of phenomenological approach clarifies the conditions where understanding takes place and not merely the means to understand. The researcher's previous knowledge is vital to the research to understand better the interpretation (36) (37).

Participants

A snowball technique is applied in this research, which allows a sample to be expanded by asking participants information about others to interview (33). They voluntarily shared their valuable experience for the benefit of others. Participants were informed about the study and sampling criteria.

The participants are cancer surviving women who are still under cancer treatment and resumed working. They needed to have experienced either operation, chemotherapy, radiotherapy, or medication. Their diagnosis duration is five years, and generally, after five years, they are pronounced as survivors. There were 25 names of potential participants; however, the researchers only received ten active responses fulfilling the criteria. There were nine Malays and one Chinese woman with different cancer types, but most had experienced breast cancer, ranging from stage one to four. Meanwhile, seven of them worked in the government sector, two in the private sector, and one is self-employed. Two of the participants were diagnosed with cancer during their pregnancy. Other than ethnicity and different working sectors, the participants are homogenous as they shared similar conditions; that is, cancer surviving women with responsibilities towards spouse, children, and workplace.

The research participants all participated voluntarily in this study. They were explained in the interview protocol and signed the Informed Consent Form. The significance and implications of the interview sessions were also described. As this research is affiliated with the University of Malaya, approval of the University Malaya Research Ethics Committee's ethics was observed before the interview sessions. Table I shows ten participants' characteristics in this study, including types of cancer, treatments received, and their working sector. All participants were identified as participant A until J to protect anonymity and were between 32 to 59 years. One of them is a widow, and the rest are married.

Table 1: Participants' Background

Pseudo Names	Types of cancer	Treatment received	Working sector
Participant A	Breast (2 nd stage) and Thyroid cancer	Lumpectomy Chemotherapy Radiotherapy Adjuvant hormone treatment (Tamoxifen) + (Zoladex)	Government
Participant B	Breast cancer (3 rd stage) – relapsed 4 times	Lumpectomy Mastectomy Chemotherapy Hormonal injection	Self-employed
Participant C	Colon cancer (3 rd stage) – diagnosed during her early pregnancy	Operation Chemotherapy	Private
Participant D	Breast cancer (3 rd stage)	Lumpectomy Mastectomy Chemotherapy Radiotherapy Adjuvant hormone treatment (Tamoxifen)	Private
Participant E	Breast cancer (1 st stage)	Chemotherapy Radiotherapy	Government
Participant F	Breast cancer (3 rd stage)	Mastectomy Chemotherapy Adjuvant hormone treatment (Tamoxifen)	Government
Participant G	Breast cancer (3 rd stage)	Mastectomy Chemotherapy Adjuvant hormone treatment (Tamoxifen)	Government
Participant H	Breast cancer (2 nd stage) – diagnosed during her early pregnancy	Mastectomy Chemotherapy Radiotherapy Adjuvant hormone treatment (Tamoxifen)	Government
Participant I	Breast cancer (2 nd stage)	Lumpectomy Radiotherapy Hormonal therapy (Nolvadex)	Government
Participant J	Breast cancer (2 nd stage) – relapse 3 times	Chemotherapy Radiotherapy On oral medication	Government

Data Collection Procedure

Data collected in this study were from in-depth interviews and social media document analysis. This study received ethical approval from University Malaya, with Reference Number: UM.TNC2/UMREC_1007.

Interview

The interview was conducted using semi-structured interview questions, and the duration ranged from 35minutes to 90 minutes. The transcriptions of the recorded interviews were produced immediately after the interviews. Overall, the sessions were held in two

to three months, and during the sessions, reflective notes on non-verbal communication of the participants were observed and recorded for further exploration. The interview protocol is also being used as the guidelines if probing to the participants is necessary. In this instance, probing is a useful mechanism for gathering more information about the research questions and objectives for this study. Probing is a technique used for collecting richer data from the participants. Interviews were conducted until the data was saturated.

In this research, the questions were divided into three phases. Seidman (38) explained that each interview series has a beginning, middle, and end. The researcher must adhere to interview protocols, and use well-guided, constructed interview questions to attain the interview sessions' objectives (39). The interview protocol consists of questions related to the research and reflecting the objectives. The questions function as guidelines throughout the data collection process. The first session contained questions like "How do you define your resilience regarding your cancer journey" and "Could you please share on your cancer journey from the first diagnosis." These questions were aimed at defining the participant's resilience and how they give meaning to the experiences.

The second stage of the interviews posits questions reflecting on their experience of resilience after the adversity. Among the questions asked in this stage are "How is your experience as cancer surviving patients?" or "How do you describe your life as surviving women and having other responsibilities; to your career and family that demand your commitment?" At this stage, the researchers wanted to explore the meaning of resilience to these women. Furthermore, the responses explain how they coped with the changes that cancer brought to their lives. Questions in the last stage relate directly to their coping mechanisms and future plans after all treatments and their return to work. For example, "What are the actions taken in facing this new phase of life in terms of coping?" and "What is your future plan after this (yourself, family, and work)?" At the end of the interview, participants are encouraged to freely share their thoughts on the meaning of their cancer journey.

Social Media Documents

The advancement of technologies helps researchers better to analyse related documents in addition to the interview sessions. This technology permits the participants to share their experiences and tips from their valuable experiences for public benefit. As such, their Facebook and Instagram posts were analysed from their first diagnosis until recently. In this study, only six out of ten participants actively using social media. The other four chose to keep their cancer journey to themselves. The emergence of technologies has given researchers an advantage where triangulation of in-depth information can be conducted. This process takes almost eight to

twelve months. Observation from the participants' social media usage allows researchers to collect raw data related to their cancer journey, started with the diagnosis, treatment, resilience process, coping mechanisms, and plans. The data collected were in terms of pictures, captions, and videos from their Instagram or Facebook. Close monitoring was conducted of the status updates, stories, and photos posted about their current condition. These data revealed their living experience and meaning-making, which could be used as additional triangulated points.

Bracketing

The bracketing method was applied in this research to avoid bias or preconception of the phenomena. It was used from the beginning of constructing the objectives until the data was analysed and findings tabled. Bracketing is a method whereby the researcher must remain conscious and relate only to perception, memory, judgment, feelings, and anything that exists at that time (35). To attain bracketing (epoche), the researchers' perception and judgments must be put aside and rely solely on the participants' indications for meaning, knowledge, truth, and experiences. Also, the researcher bracketed from previous theories and findings to secure the data from being manipulated. The researchers started the bracketing method before collecting data by listing down all their personal biases, existing knowledge, and experience on cancer patients' coping mechanisms. This list is used as guidelines for the researchers during interviews, and they can add to the list if a new bias emerges. Researchers only depend on the interview sessions' primary data (words and observable behaviour). This process ensures reliability and trustworthiness during the process of data analysis.

Data analysis

Atlas.ti. software version 8.4.24 was used to organise and analyse the transcribed data. The software helped researchers inductively code the transcripts more effectively and reliably. Data were analysed using thematic analysis. The process began with the researchers reading the transcripts numerous times to get accustomed to each interview transcripts' different data. Significant phrases that emerged in different interviews from diverse participants were highlighted as the main theme. Later, the main theme was divided into several sub-themes that resemble some important characteristics under the main theme's umbrella. For instance, the subtheme of "lowering expectation" has emerged as a significant point for most participants. During the coding process, coded themes were validated by the field experts to countercheck the validity. The interview transcript and the codes were redefined if there were any discrepancies. The outcomes of this study reflected and answered the research questions extracted from the interview. Research questions developed from the analytical framework are the combination of the study's outcome resembling the main themes and sub-themes.

Researchers followed the seven important steps in IPA for analysis procedure coined by Charlick, McKellar, Fielder, and Pincombe (40). Those steps include reading and reading, initial noting, developing emergent themes, searching connection among the emergent themes, migrating to the next case, searching for patterns across the themes, and lastly, taking interpretation to a deeper level. For triangulation purposes, data from the interview sessions and social media were gathered. This combination resulted in an equilibrium understanding of the participants' realistic coping capacity during their cancer journey.

Reliability and validity

This research experienced issues of reliability and validity. The triangulation process is described as a continuous process in data analysis. The triangulation occurred when the researchers diversified the sources and used multiple triangulation sources to ascertain an extra in-depth understanding of the data. For instance, besides face-to-face interviews, monitoring was conducted on the participants' social media. The monitoring was from their first diagnosis until they return to work. Researchers observed their daily postings on social media and were triangulated with data gained through interview sessions and related visualised images shared by each participant. Overall, the researchers observed three phases of triangulation. The same method was used for different participants in the stage of data triangulation. Researchers derived imperative words, phrases, overrated words mentioned by the participants. The second phase combined the data from the interview with the social media data and field notes, which were then compared to give a comprehensive report of the participants' meaning-making of their coping mechanisms. The study showed that participants shared more of their experience during their treatment (chemotherapy and follow up with medication). This could be seen through images and status captions on their social media. Furthermore, this research revealed that participants shared more information during face-to-face interview sessions than on social media. The interpretation of each data analysis was compared through recorded data in the process of triangulation.

Member check

A member check was also practised in this research to ensure the reliability of the data collected. Member check functions as participants' validation to identify the credibility of the results. For instance, after the interview, the researcher requested clarification from the participants on the information shared in the previous interview. Participants were informed to give feedback on their earlier information shared.

Peer review

The research also applied peer review conducted by two qualitative experts in the research field to ensure accuracy, reliability, credibility, and validity.

RESULTS

Data collected shown seven themes emerged on how these employed women used coping mechanisms effectively. Semantic topics were used to add rich information related to the research questions. The seven themes are (1) lowering expectation, (2) ask help from others, (3) take charge and responsibilities, (4) engage in problem-solving, (5) letting go, (6) contribute back to society and (7) spiritual strengthening. Hence, the quotes were used according to related themes in answering the research questions. The quotes extracted from this study were taken to illustrate how these employed women cope with cancer in Malaysia. For that purpose, related excerpts were used to reflect the research questions and used as examples for explaining detailed and rich descriptions of their life experience. Inductive analysis was applied through the descriptive statement given by the participants on their experiences. This study's interview contents vary slightly as they occasionally sway off the topic, and most have an abundance of information to share. The primary themes mentioned in this article are considered illustrative, which reflects the meaning-making participants made. To discuss the coping mechanisms, they have been divided into intrinsic and extrinsic coping mechanisms.

Lowering expectation

Coping includes lowering one's performance expectations to reduce the self-perceived gap between one's actual performance and expectation. Hence, participants applied the concept of minimisation as their coping mechanisms. Most of them admitted that they must lower their expectations regarding responsibility at home and work. Some of the significant statements relating to the participants' definition of lowering expectations are:

"If at home, I think the expectation is not high. As I think my husband knows at what level I can do the house chores. For instance, he is ok if I don't cook. If I came back from work and I said I have a headache, I need to rest; he is ok."

(Participant A/ Transcript Interview1/ Line 181-185)

On social media, some posts relate to the participants' lowering their expectations. One out of two participants who were pregnant during the cancer diagnosis kept a strong will to keep the baby even though it was not advisable for her. Hence, she lowered down her expectation as she understands the side effects of cancer treatment to her and the baby.

"I look back on those days while searching for your photos for this posting. And all I remember was the fighting spirit that we shared and the urge for us to stand tall against all odds."- A caption from participant's Instagram account, under the photo of a 4D ultrasound

scan baby in mother's womb. This social media content update is similar to what have been shared during the interview sessions.

Asking for help from others (social support)

This aspect concerns participants' ability to cope with adverse life events by seeking help from their social circle, including spouse, children, family, friends, and social contacts. Social support may help participants in general life to have personal control restored. Most joined a social support group and claimed that the information and sharing experience enabled them to attain resilience. Initially, their involvement only to gain related information on cancer. Later, they managed to share their experiences and tips with other cancer women.

"I joined the NGO and a lot of support groups. They have many programs, and with that, I don't feel like I am the only one who has cancer."

(Participant G/Transcript Interview1/ Line 42-43)

Some participants shared their status in social media mentioning that the support from their immediate family enhanced their coping skills:

"They have left. I wish they can be with me a little bit longer..."- posted on the Facebook account with pictures of her children playing in the ward during her treatment. (Participant A). At this particular time, Participant A really succumbs her immediate family's supports as she was abroad completing her PhD. Hence, to have her children spending time giving her moral support in the ward is something she treasured.

Taking charge and responsibilities

In terms of taking charge and being responsible for many aspects of life-related issues, participants reported feeling responsible for many aspects of life, which motivates them to cope and be resilient. Most of them mentioned that the reason was themselves. Hence, they feel responsible towards their own well-being including physical and emotional aspects in facing the cancer diagnosis.

"My strength is in myself. I am not a kind of....ok initially when I see my children, I think of who is going to take care of them. And I feel sad."

(Participant D/Transcript Interview1/ Line 726-727)

Participants shared on their social media how they ensured to continue life's journey. For instance, participant feel responsible towards herself in choosing the best cancer treatment and fight for their lives.

"Officially recorded here...Allah, please give me the strength to face all your faith."- Facebook caption mentioning her willingness to continue with medication and coping strategies (Participant D)

Engage in problem-solving

All participants are engaged in problem-solving. They see that the cancer diagnosis is not a dead-end for them. They made an early commitment to continue with treatment and not dwell for long in the grief phase. For instance, practising proactive measures or listing down related problems and settling them accordingly from diagnosis, treatment, follow-up, and returning to work.

"I was calm. I could talk with the doctor. Discuss with her. The doctor showed me her diagnosis and treatment plan, what we were going to do next."

(Participant D/Transcript Interview1/ Line 81-82)

Some participants described their health status on social media. For instance, describing the steps by steps the cancer treatment procedures despite the bad condition of pregnancy. This update derived from social media has the same content with what the participant shared during the interview session.

"Started my first chemo cycle during the third week of confinement. Underwent six cycles of FEC regime, four out of six got delayed due to low total white cells, despite being on a protein diet...it doesn't produce what we wanted. I survived this path although nausea, constipation, fatigue, the headache had me during the first few days of post-chemo..." - Participant G/ Instagram status

Letting go

Most of the participants shared the same opinion that effective coping involves letting go. Their ultimate goal is to have a regular life like before. They admitted their physical, psychological, and emotional ability was more limited now.

"Nowadays, I have a lot of work. I easily feel tired. So at home, it will depend on my condition; if I am ok, I will do the house chores. If I am not, I just let it be and ignore the chores."

(Participant F/Transcript Interview1/ Line 315-317)

Contribute back to society

Joining cancer support groups allows them to contribute to the community by creating awareness and providing psychoeducation. This activity permits them to give back to society. For instance:

"Yes. My involvement is not only in this hospital. When the words of mouth spread to other organisations, people started to call me to give talks."

(Participant A/Transcript Interview2/ Line 140-141)

The social media input participants shared for their contribution to society includes a picture showing the participant joining a breast cancer NGO and supporting another cancer patient who had just undergone an operation (Participant D). This update is similar on what

have been shared by participants during the interview sessions.

Spiritual Strengthening

Their coping mechanisms is enhanced through strengthening spirituality. Cancer has brought them closer to the Almighty. Participants shared:

"Just better still, I accept the fact that this is my destiny. And then the way I deal with all those diagnoses. I don't think I am a victim as I am a sinner."

(Participant A/Transcript Interview2/ Line 248-251)

Another participant responded:

"But it is our heart. Our hearts need to remember Allah always."

(Participant B/Transcript Interview1/ Line 825)

In conclusion, the mentioned coping mechanisms are significant for participants. They all delineated that the most effective coping mechanisms are spiritual strengthening and other coping mechanisms involving their cognitive, physical, and emotional functioning.

DISCUSSION

Overall, the study's findings show the types of coping mechanisms participants used in their journey of surviving the illness. Although the participants are affected initially by the cancer diagnosis, their determination for the suggested treatment and resilience allows them to develop certain coping mechanisms. All participants showed their ability to utilise either problem-focused, emotion-focused, or both styles of coping mechanisms. For instance, most participants lowered their expectations in many aspects of life, at home and office, involving physical and cognitive ability. This happens as their lives altered from the beginning of abnormal symptoms, diagnosis, treatment, and subsequent acceptance of a new phase of life. Chen and Chang (41) described these coping episodes as the ends of cancer individuals achieving a new balance in life, starting from early diagnosis. They further theorised that numerous strategies help cancer individuals develop certain attitudes, behaviour, and skills to cope with illness. Similarly, a study conducted by Doumit, Huijjer, Kelley, Saghir, and Nassar (42) suggested minimisation in aspects like work and family helps cancer women not to feel anxious or depressed.

Most of the participants mentioned that they asked for help from family members, friends, social workers, and counsellors (43). However, Sharif, Ahadzadeh, and Perdamen (12) found that Malaysian women are culturally avoidant of active emotional coping mechanisms, amplifying their anxiety and destabilising their quality of life. Also, Malay ethnics have attributes of less seeking help behaviour due to several factors related to their culture, environment, belief, (44) and the

interaction of cognitive and psychosocial factors.

Cancer surviving women experience effects on their physical, cognitive, emotional, and psychological state. Cancer is often recognised as a relationship and emotional disease as it involves spouses and family members (42). Reaching out for support means they need to be heard. Newly diagnosed cancer patients reported that counselling sessions and interventions were helpful in coping with their illness (45). Michel, Greenfield, Absolom, and Eiser (46) reported that younger adults in cancer treatment mentioned the importance of support groups and professional counselling to ensure coping and improve life quality. The result is similar to this research. Also, Doumit, Huijer, Kelley, Saghir, and Nassar (42) found that having a support group, even the informal one, helps women cope with their illness. Meanwhile, Kim, Han, Shaw, McTavish, and Gustafson (47) and Perez et al. (48) mentioned that the impact of stress caused by illness is moderated by the social support gained from the groups.

Furthermore, participants reported that they managed to cope well as they feel responsible and able to take charge of the procedures and treatment. Deadman, Leinster, Owens, Dewey and Slad (49) reported that women with cancer benefited from receiving preferred treatment once they were involved and responsible for the treatment. However, the final treatment decision was usually based on advice from doctors. Furthermore, some findings mentioned that cancer individuals were reluctant to make specific decisions by themselves because they felt less autonomous, considering the doctors' knowledge and expertise. For this research, all participants feel responsible for the advice provided to them by doctors.

Participants engaged in problem-solving where they took a shorter time to decide on the treatment suggested. Later they continued with all the treatment regimes, allowing them to regain their previous lives. This action is considered a significant act of interventional support and encouragement following cancer treatment (19). Furthermore, Doumit, Huijer, Kelley, Saghir, and Nassar (42) mentioned this type of coping mechanism as one of the most effective coping techniques for women with cancer.

The participants were able to let go of their current physical condition and continue with the treatment. They admitted that they were shocked, frustrated, and kept questioning themselves. However, they did not dwell long in the calamity. As such, they hold positive reframing. As cited in previous research on the effectiveness of positive reframing (42), (27), (50), religiosity and spirituality are among the main factors in the meaning-making of coping (44). They further explained that Malay cancer patients, who are known to be imbued in Islamic belief, are influenced by their

culture and religion during their coping experience. The role of religion and spirituality has gained augment attention from researchers. Religious coping is defined as behavioural and cognitive techniques during the phase of demanding events that embarked from one's religion or spirituality. The expression of a good and secure relationship with the Creator is known as positive religious coping. Meanwhile, having a less secure relationship with the Creator manifested through distancing from the Creator is known as negative religious coping or religious struggle. Hence, lay literature and scientific disciplines have increasingly emphasised the role of spirituality and religion in health (50). This research stated the importance of spiritual strengthening as the coping mechanism participants used. This research's findings are similar to that of Weisman de Mamani, Tuchman, and Duarte (51), who stated that spirituality and religion are core values directly related to an individual's treatment. There is a growing recognition of the significance of addressing spirituality for coping with health problems (18).

The themes can be elaborated in the form of a coping model for employed female cancer survivors compared with the Wheel of Wellness Model developed by Myers (1998), highlighting five main life tasks. Those life tasks are spirituality, self-direction, work and leisure, friendship, and love. The Wellness Model is a significant model used in the counselling approach among people with physical and counselling concerns. The model was also influenced by the Resilience Model of Wagnild & Young (1993)(15), which consisted of five dimensions: meaning, self-reliance, equanimity, perseverance, and existential aloneness. As well as stages of resilience coined by O'Leary and Ickovic (1995), which had four stages of resilience including survive (how we respond), adapt (how we adapt), recover (how we bounce back), and thrive (how we grow). Our model has six dimensions: spiritual, perseverance, social, individual uniqueness, self-direction, and environment, which are greatly beneficial in understanding the participants' overall coping mechanisms in their distinctive ways. This model is significant as it integrates all the six elements in realising coping mechanisms in attaining resilience. For instance, the spiritual dimension has been the core element allowing the participants to cope well with their illness. Furthermore, the participants' perseverance secures their coping mechanisms in the sense it evolves within their inner strength. Meanwhile, social and environmental domains reflect the support gained from their surrounding context, including how family members and acquaintances have elevated their coping journey. Hence, individual uniqueness with their own personality, for instance, hardiness makes sense of their coping journey during the illness. Lastly, self-direction refers to participants' state of mind in controlling mindfulness and fulfilling a daily routine for long-term goals that help them survive and give meaning to their journey. We conclude that all those six dimensions are

integrated, and at equilibrium, they significantly interact with each other. The model is presented in Figure 1.

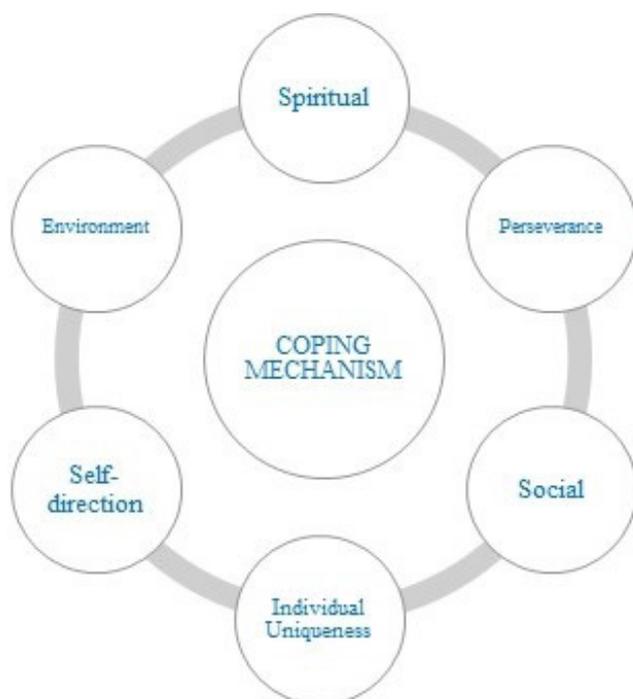


Figure 1: Coping Mechanism Model among cancer surviving employed women

This study has some limitations. First, the participants were only employed women. As such, the age of women who participated in this research also carries different meanings as it signifies the different age shown the maturity and different responsibility and response towards significant episodes happen in lives. The understanding is different from homemakers' women. The Ministry of Health Malaysia (2019) reported in the Malaysian National Cancer Registry Report 2012-2016 that the highest cancer incidence of age for all types of cancer among women in Malaysia is at 70-74 years, the retirement age. As such, the findings cannot be generalised to employed women based on the statistics. Second, this research only focuses on women, but cancer also affects men. As mentioned in the Malaysian National Cancer Registry Report 2012-2016 (32), there will be one case in nine women and ten men. The number shows how rampant cancer is in Malaysia. Third, this study involved a diversifying race. Malaysia is a multicultural country that consists of three main ethnicities, namely Malay, Chinese, and Indian. Statistics show that out of these three ethnics, cancer strikes Chinese people the most frequently.

CONCLUSION

In summary, the women's coping mechanisms in this study are related to their resilience and perseverance. Our findings have provided an in-depth understanding of how Malaysian women survive the illness by implementing coping mechanisms. Their perseverance

has made them move forward in continuing their lives. The subthemes of "take charge and responsibility" are the tying knot that binds the subthemes.

This research uses social media to validate the information gathered from the verbatim of the interview transcripts. Even though social media is an effective mechanism used by many people, this study showed that only limited participants shared information on their social media journey. Others still observe their privacy and choose not to share information online.

This study found many interrelated surviving skills beneficial for participants, especially after they have returned to work. The findings show that spiritual enlightenment expedites their coping ability to live with cancer and return to work. Therefore, this study suggested that structured support groups with specific approaches and modules need to be outlined by the authority to help these cancer women cope faster and build their resilience. Social support seems to be the most effective, easiest, and fastest medium that has a long-term impact on women's return to normal family and work life.

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