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# Life experience of a nursing student with cancer

Experiencia de vida de una estudiante de enfermería con cáncer

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#### ABSTRACT

(1) Background: Cancer is a pathology that can originate in almost any organ or tissue of the body, all cancers, has the same underlying basis: cells out of control which accumulate forming tumors, but there is another variant of the disease in which tumors are not necessarily formed despite the uncontrolled multiplication of cells in the blood, as in the case of leukemia. Objective: To relate the life experience of a nursing student with cancer (2) Methods: This study has a qualitative approach, case study design and descriptive scope, through the narration of experiences and perceptions of a nursing student with cancer during her educational process. The technique used is a semi-structured interview, prior to the application of an informed consent, once the information was collected it was recorded and transcribed in order not to lose any important information; (3) Results: This inspiring story highlights the importance of mutual support and empathy in times of adversity; (4) Conclusions: it was possible to demonstrate that, through unwavering determination, courage and perseverance, the power of caring and compassion are fundamental axes in the recovery of health, which affects not only patients but also those who care for them.

**Keywords**: Cancer, leukemia, student experience, individual student pathway.

#### **RESUMEN**

Antecedentes: El cáncer es una patología que se puede originar en casi cualquier órgano o tejido del cuerpo, todos los cánceres, tiene una misma base subyacente: células fuera de control las cuales se acumulan formando tumores, pero existe otra variante de la enfermedad en la que no necesariamente se forman tumores a pesar de la multiplicación descontrolada de las células en la sangre, como en el caso de la leucemia. Objetivo: Relatar la experiencia de vida de una estudiante de enfermería con cáncer (2) Métodos: El presente estudio es de enfoque cualitativo, de diseño de estudio de caso y alcance descriptiva, mediante la narración de experiencias y percepciones de una estudiante de enfermería con cáncer durante su proceso educativo. La técnica que se utilizó es una entrevista semiestructurada, previo a la aplicación de un consentimiento informado, una vez recolectada la información está se grabó y transcribió con el objetivo de no perder ningún tipo de información importante; (3) Resultados: Esta inspiradora historia destaca la importancia del apoyo mutuo y la empatía en tiempos de adversidad; (4) Conclusiones: se pudo demostrar que, a través de la determinación inquebrantable, coraje y perseverancia, el poder del cuidado y la compasión son ejes fundamentales en la recuperación de la salud, que afecta no solo a los pacientes sino también a quienes los cuidan.

Palabras-clave: Cancer, leucemia, experiencia estudiantil, trayectoria individual del estudiante...

### **INTRODUCTION**

Cancer is a pathology that has existed for more than 3000 years BC, It originates when cells are transformed into tumor cells through a process that consists of the progression of a precancerous lesion to a malignant tumor, due to the interaction between genetic factors and physical, chemical and biological carcinogenic agents. Among the signs and symptoms, it can cause are: fatigue, loss or increase in weight, nausea, vomiting, pain that does not disappear, bumps, petechiae, sinus hemorrhages (Cáncer, 2022; Signos y Síntomas Del Cáncer, 2020). According to Easley, J this diagnosis can negatively affect the quality of life with greater impact on a young person, since it generates great changes and challenges to face, however, there are survivors who report high levels of positive changes in their lives or personal growth (Easley, 2019).

The WHO states that this pathology is the leading cause of death, with almost 10 million deaths in 2020 worldwide (Cancer, 2022), of which according to PAHO 1.4 million deaths were in America, also the American Cancer Society estimated that there will be 59,610 new cases of leukemia by 2023 (Pan American Health Organization, 2023), as well as the Global Cancer Observatory mentions that in Ecuador there will be a total of 29,273 cases of which 1,199 correspond to leukemia ("Ecuador Will Implement Protocol For Childhood Cancer Treatment," 2022).

Generally the impact of a cancer diagnosis is harder for Adolescents and Young Adults, because the disease and its treatment isolates them from people, causes changes in their physique, and prevents them from continuing to meet their

goals (Barrenechea & Yecora, 2020), various life experiences in Latin American countries indicate that they must pause their studies or try to finish them in a different way than others, which can cause fear, because after a long time without attending classes and finishing the treatment the patients are filled with uncertainty and insecurity due to what others will say about their physical changes, as time goes by many adapt to their new life, they try to establish a normal routine as any person would (Faria et al., 2022).

At the European level, the patients mentioned that there was great misunderstanding on the part of the teaching staff, since they generalized to all students, without thinking that equality and equity do not always go hand in hand, since when we speak of equality we refer to the fact that everyone should receive the same treatment, we have the same rights and opportunities, while equity implies the recognition of personal conditions so that a differentiated treatment can be applied to specific situations, as in the case of cancer patients (Barrenechea, 2021; Nicoll et al., 2020).

In South America, people report that having this type of diagnosis is something unexpected that transforms their lives and alters their way of being because patients have multiple needs associated with the treatment and adverse effects, which have an impact on clinical outcomes and health care coordination, This type of experience that a patient lives during the procedure teaches us that the effects of the disease are variable from one person to another, since not everyone assimilates it in the same way, making reference to symptoms that make them remember their experience and manifest it with feelings of sadness generating memories of what they have lived which is not perceived in a positive way (Palma et al., 2022).

These experiences help us to understand the transition lived by adolescents, and the multiple obstacles they must face during the transition as patients and survivors, and also teach us what life is like after cancer, where patients show to be full of insecurities, difficulties and challenges (Faria et al., 2022). Therefore, this research was conducted in order to relate the life experience of a nursing student with cancer, a pathology that today is considered a problem of great human and economic impact, further increasing the incidence of mortality worldwide according to the study of (Bermudez et al., 2019) also gives us knowledge of how a person struggles with this disease and continues with its objectives and goals after overcoming this pathology, performing actions to reduce the great burden of cancer.

#### **METHODS**

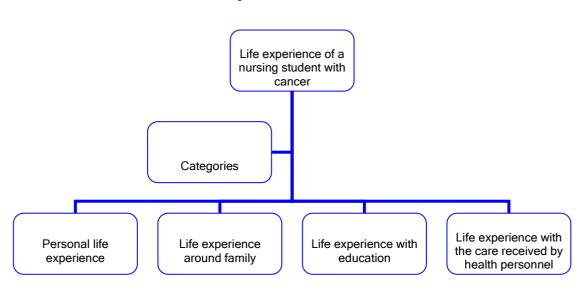
The present research study was conducted at the Technical University of Ambato, in the Faculty of Health Sciences, in a student of the Nursing career, the selection of the participant was made based on the integral health database of the DBU, where a person suffering from the pathology related to the study was found, the methodology used for the analysis of this study is of qualitative approach, case study design and descriptive scope, because it allows investigating the individuality of the phenomena (*Fresno Chávez*, 2019), since it is aimed at deepening the knowledge of the problem by describing certain characteristics of the group of elements studied, examining a defined population (*Fresno Chávez*, 2019), which deals with human experiences based on different strategies to observe the life experiences of people (*Beck et al.*, 2018) because it seeks the understanding of a phenomenon through the narration of experiences and perceptions of a nursing student with cancer during her educational process, through the collection of data that was carried out directly from reality (*Fresno Chávez*, 2019).

For the collection of information, a semi-structured interview was used, prior to the application of informed consent, which is based on the Declaration of Helsinki, art. 8 and art. 22, starting with the voluntary consent of the participant in the research, since each person has the right to participate or not in the research, it is proceeded to keep absolute privacy and confidentiality of the participant, keeping due respect, also the person will be considered as independent, dignified and the confidentiality of the information will be protected. In addition, this research has already been approved by the ethics committee of the Technical University of Ambato under resolution 288- CEISH-UTA-2023. Considering that it is in charge of supervising tests on people, when animal experiments are involved, it will be indicated if the guidelines of the institution or of a national research council have been followed, or if any national law on the care and use of laboratory animals has been taken into account (*Chong et al., 2020*).

In order to carry out this research, the student was contacted by means of telephone messages in which it was possible to coordinate the date and time for the interview, which was planned for 45 minutes, this interview was recorded and transcribed word by word in order not to lose any important information.

For the elaboration of the interview, we began by defining the purpose of the research and its specific objectives in order to understand the interviewee's experience, where it was important to select certain representative categories referring to his personal, academic, family and social experience, which through active listening we were able to collect relevant information.

Figure 1. Research structure



Source: Own elaboration (2024)

It should be emphasized that the questions established in the interview will establish certain guiding questions in order to collect the greatest amount of information and that are valid, these are open questions that allow exploring a specific topic, also establish problems to be solved and serve to open a discussion about the topic in question, inducing exploration and obtaining more specific answers (Estrada, 2019).

Once transcribed, a hermeneutic analysis was carried out, which provides an alternative for the understanding and interpretation of the texts, giving preponderance and scientific status to the bibliographic research. This is based on three dimensions; the first is reading, because in order to interpret a text it is necessary to understand it; then follows explanation, which emphasizes the discursive aspect of comprehension; finally, translation, in which changes are made to the original text to make the text legible (*Quintana & Hemida, 2019*).

#### **RESULTS**

#### 1. Personal life experience

# 1.1. How did you find out about your diagnosis?

"I found out about my diagnosis through clinical tests because I started with scarce vaginal bleeding that did not stop with anything, I had petechiae, nocturnal diaphoresis, bruises, tiredness, fatigue, headaches, so they did biometrics and my platelets were low, then they did a bone marrow aspirate and biopsy and with all the results they informed me of my diagnosis, which was acute promyelocytic leukemia m3."

# 1.2. What was your reaction when you found out?

"My reaction when I found out that I had leukemia was tragic it was totally fatal for my family as for me I was just 18 years old I wanted to start my studies, but when they told me that news I thought I was going to die and that the cancer was going to kill me, I was afraid, I was worried that all my dreams and my longings went down, at the beginning it was something I did not believe I had, but as the days and months went by everything got worse and it was there that I assimilated it, but I always had the faith and hope that I was going to be cured."

## 1.3. Did you know about the pathology you were diagnosed with?

No, at the beginning I did not know, but when I found out what type of leukemia I had, I started to research on the internet, I read several articles and that is how I obtained knowledge and I always asked the doctors who attended me to know more about the procedures they performed and the treatment they gave me, if I did not find something or did not understand, the doctors were the ones who cleared up any doubts.

### 1.4. What did you think when you had to be hospitalized in another city far from your family?

The truth was very desperate because I did not know which hospital I was going to go to and also to travel to another

city where you do not know what bus to take, so it was very tragic, but with time and assimilating my disease I learned what I had to do and where I had to go, so at the beginning it was all blindly without knowing what was going to happen, based on my family they were always with me, they never left me alone, so I always kept their support.

# 1.5. How did you feel when you were told you had beaten cancer the first time?

Well, the first time I overcame the disease, well, I felt peace again, I felt calm, happiness, I started again with my dreams, I started again to study, to resume my life normally, you could say, and so my whole family felt peace and tranquility, more than anything, like everything went back to the way it was before, but I always had to go to the hospital every time I had medical appointments, so it was something I had to learn to live with.

### 1.6. How long did it take for you to be diagnosed with leukemia again and how did you become aware of it?

It took about five years for me to relapse and I realized that the leukemia had returned because I had unusual bleeding again, I had a decrease in my platelets, I started to feel bad, and since this time I already knew what I went through the first time I realized that all this was no longer normal for me, so before the confirmation tests were done I already suspected that I was sick again and that the cancer had returned.

## 1.7. How did you feel when you returned home with your family?

Obviously I returned home happy, I could tell you, but always with the anxiety that it might happen to me, that I might get sick, that I might have a fever, that something might happen to me, so we always had that fear and in fact we have that fear together with my family, as I mentioned, if I get a little cold I have to call the doctor and so we are always walking around with that uncertainty.

# 1.8. How did this pathology impact your life?

I thought that my life was over, I felt that it was not going to be like before, that I would have more limitations and that, but thanks to God, as I have always told you, God has always been present in my life, I have been assimilating and I have been able to live with this disease.

### 2. Life experience around the family

### 2.1. How did your family act when they found out about your illness?

At the beginning it was disconcerting, sadness, begging, every time they wondered why this situation was happening to me and then based on my family it was very hard, but as I told you they were always there supporting me, they never left me alone for a single hour in the hospital, they were always with me.

# 2.2. What was the feeling of your family when they found out that you had beaten cancer?

My family felt the same way as I felt happiness, tranquility and trust towards them, so they also felt calm, peace and tranquility. We tried to resume everything, but we all had to learn to live with the fact that I had to continue having tests and check-ups at the hospital.

### 2.3. What was the feeling of your family when they found out that you overcame cancer again?

Once I had the bone marrow transplant as I told you, it was always a fear every day, especially when I was about to enter the transplant area and when I came out and the doctor told me that I was discharged again, a relief came to me, a breath of sigh where I said at last I have finished another process, another stage and I can go back to continue with my life, My family also felt peace, not in its totality, but we are always with that uncertainty of what time I bleed, what time something else comes back, or if I get a little cold, we have to call the doctor, we are always with that uncertainty.

### 3. Life experience in education

### 3.1. How did it feel to have to drop out of school?

I finished my seventh semester with the right grades and obviously I could not go to the internship so I felt a lot of frustration, anger, anger, knowing that I had worked so hard for many years and I could not fulfill my dreams, so it was like a harder blow than the first time because I wanted to do my internship, help people and do everything we do today, So at that time I felt sad, locked up in the hospital and more than anything else I could say frustration because I could not do my internship with my friends, I could not go to the imposition of cofias with my group, it was a frustration that I had to live with but thank God today I am already fulfilling another stage and I managed to enter the internship.

### 3.2. Did you have support from your classmates and teachers?

Yes, I had a lot of support from the teachers at the university, they supported me emotionally and economically, they helped me sell tickets, their support was always through messages, they were always there saying that they were waiting for me

so I could start my internship, as well as my classmates who were my friends, they were always there with me to help me improve in the state I was in, they encouraged me a lot, and yes, I did receive a lot of help from the teachers and my friends.

# 4. Life experience regarding the care received by the health personnel

## 4.1. What kind of care did the nursing staff give you during your hospitalization?

Based on the nursing care, in hospital X I was hospitalized for almost a month, based on that I did not have a good attention, I could say, the nursing staff really has no empathy or anything for a patient and well, we are a team of specialized patients who have to have a lot of care, But in the hospital I can tell you that I really did not receive adequate attention, since the nursing staff acts like a robotic being, you could say, they act because it is their turn to go to work or because it is their turn to take a sample or because it is their turn to pass a globular packet or plasma or platelets and so on. It is a team, I could tell you, that works because it is their turn and that really shows no empathy towards their patient. Based on that, I was transferred to another hospital where I was able to receive the care that an oncology patient should receive, with pleasant attention, empathetic attention from this hospital to which I was referred, and there I really learned what real nursing staff is, and in this hospital I really had what every patient would like to have, care provided by real nursing professionals.

# 4.2. Was the care provided by the doctors during your hospitalization humanized?

Likewise, the medical staff at hospital X that I am talking to you the same way, no empathy for their patient. In the hospital where I am now receiving my treatment, the medical staff itself, you could not say that they are doctors, but they are friends because they fill you with confidence and you can say that they feel the same pain that you feel and they help you a lot. But even in the hospital I am referring to, you do not receive friendly attention.

#### DISCUSSION

### **Personal life experience**

Through the interview it can be identified that the first symptoms that the patient had were "scarce vaginal bleeding that did not stop with anything, petechiae, night diaphoresis, bruises, tiredness, fatique, headaches" as stated in the study of Mejía L. where they indicate that individuals with acute promyelocytic leukemia may have different clinical manifestations such as bleeding or hemorrhages which is one of the main symptoms of this disease, in addition different articles show that this pathology is characterized by presenting coagulopathies which is the main cause of early death when it is not treated urgently, reason why a quick diagnosis and adequate treatment achieves very favorable results (L. Mejía et al., 2020; N. Mejía et al., 2019). "When they told me that news I thought I was going to die and that the cancer was going to kill me, I was afraid, I was worried that all my dreams and my longings were going to the floor" the feeling of stress that this pathology generates influences the thoughts and decisions that a person makes, reason why patients with CA diagnoses feel that they lose control of their lives, in agreement with the study of Shawna E. where she indicates that it is common to be anxious, sad, afraid or angry after such news, but that generally these symptoms dissipate, in case this does not happen medical attention should be received since it is not always easy to recognize and adapt to new life changes (Los Sentimientos y El Cáncer, 2023; Saenz, 2022) . "I always asked everything to the doctors who attended me to know more about the procedures they performed on me and the treatment they gave me" the uncertain diagnosis of a disease considered by society as serious and knowing that many of its outcomes are tragic, generates that need to know and learn more to perhaps contribute something to the restoration of health; not having enough knowledge of the diagnosis, it is important to mention any concerns to the health care professional since learning everything possible about her cancer helps to have better control of her disease (Los Sentimientos y El Cáncer, 2023). "it was very desperate because I did not know which hospital I was going to go to and also traveling to another city where you do not know anything that bus you have to take then it was very tragic" traveling to another city without having knowledge of directions or anything for getting proper treatment, is complicated, because your whole life is completely modified, trying to travel coping with an illness without knowing whether or not you will return home fills with uncertainty but as time goes by it becomes part of everyday life (Los Sentimientos y El Cáncer, 2023). "The first time I overcame the disease, well, I felt peace, calmness came again" for many patients, being a cancer survivor generates emotions of joy and motivates them to set goals and objectives to change their lifestyle and achieve the ones they most desire, according to the American Society of Clinical Oncology surviving cancer encourages the patient to make lifestyle changes, which help to reduce the severity of side effects, set goals and enjoy life more (American Society of Clinical Oncology & Association for Clinical Oncology, 2021). "It took approximately five years to relapse again" realizing that the cancer has returned causes great frustration in people because they again have to put their lives on hold, return to the hospital, undergo tests, receive treatment, and go through the uncertainty of not knowing whether or not they will return to their families, according to the National Cancer Institute in its publication "Recurrent Cancer: The recurrence of this pathology can occur because small cancerous cells were not eliminated during treatment, and as time went by they grew until they became tumors, several years can pass without presenting signs of concern, but the moment the patient presents any unusual sign or

symptom it is necessary to perform tests again to confirm or rule out the recurrence (Cáncer Recurrente: Cáncer Que Regresa, 2020; Sobrevivientes Del Cáncer: Control de Las Emociones Después Del Tratamiento Oncológico , 2022). "I am always anxious that it will happen to me, that I will get sick" the concern generated by the fear of cancer recurrence is very common in patients who survived such pathology, this can significantly affect the quality of life as they have the need to constantly attend unscheduled medical appointments to obtain temporary relief, according to the article published by Rivera, J et al. indicates that the fear and anxiety that the cancer will return is common but the same cause that the patient can fall into a chronic concern negatively affecting the quality of life and daily functioning to which recently is trying to rejoin (Rivera Olvera et al., 2020). "I was totally shocked, I thought my life was over" the diagnosis of this pathology generates great uncertainty in patients, which has a negative impact on their daily life, both psychologically and socially. in the research "Impact of cancer on the physical condition and quality of life in children and adolescents" conducted at the Juan Tanca Marengo Oncology Institute in the city of Guayaquil indicates that learning such a strong news causes different stressors accompanied by physical and behavioral changes which affects the dimensions associated with health, and has a direct impact on the decrease in the quality of life of the patient (Abril et al., 2021).

### Life experience around the family

For the family of a person with cancer, life is no longer the same; "In terms of my family, it was very hard" for the person with a family member with such pathology, their life changes completely and they have to make changes in their personal dynamics since they must now assume a position in which they are responsible for the care and support of a loved one whom they must accompany throughout their coping process, even though this can also cause physical alterations, Yenny, G manifests in her study that in the family members when they learn that their relative has cancer it marks a breaking point in their life because everything becomes different, they start a new path, face challenges, have burdens that influence at a physical, mental, emotional and social level (Duque & Giraldo, 2021). "We all had to learn to live with that." family members must make new decisions and learn to cope with the situation because this pathology generates changes in the whole family reason why everyone has to be participants from the beginning, according to Gorozabel, L family members must provide support and help during care planning and decision making for treatment because each one has a new role in their life and it is to provide protection to the sick person, this becomes essential and contributes in their improvement and recovery (Duque & Giraldo, 2021; Gorozabel et al., 2020). "I had a bone marrow transplant as I told you it was always a fear every day" It is known that this procedure generates a remarkable fear that triggers a pattern of physiological, cognitive and motor reactions, according to the research conducted by Giménez E et al. refer that bone marrow transplantation is an intensive and complex treatment that is applied in certain diseases within these acute myeloblastic and lymphoblastic leukemias, chronic myeloid leukemia, multiple myeloma among others (Gimenez et al., 2022).

# Life experience around education

"I finished my seventh semester with just enough and obviously I couldn't go to the internship so I felt a lot of frustration, anger, anger", in the study by Gorozabel, L mentions that for cancer patients it is a great challenge to continue with their studies due to the low self-image, fatigue and attention difficulties left as a consequence of the same pathology, which can lead to low self-esteem, anger and confusion (Barrenechea, 2021; Gorozabel et al., 2020). Thanks to the support that others provide to people with cancer, they manage to improve their self-esteem as mentioned by the patient "they gave me a lot of encouragement, and yes, I did receive a lot of help from teachers and my friends" teachers should consider all the circumstances surrounding the patient, anguish, anxiety and demotivation so that they act not only as trainers, but as motivators, the support provided by them and classmates is important so that the person does not feel excluded and has confidence to be able to comment with everyone about what is happening (Laredo et al., 2018).

# Life experience of the care received by health personnel

"I didn't have good care, you could say, the nursing staff really has no empathy or anything for a patient" empathy in patient care is essential in nursing staff, it is one of the most necessary skills for life, but there are cases where they do not meet this requirement, the lack of empathy is related to physical and emotional problems and exhaustion for the work which affects the care provided to the patient, In the research carried out by Dávila, Y it was observed that the levels of empathy in nursing personnel are relatively low, so it would be necessary to build empathy in a longitudinal way from the first year of training in health professionals (Agudo et al. , 2023; Dávila et al., 2023). "In the hospital where I am now receiving my treatment, the medical staff themselves, you could not say they are doctors, but they are friends" hospitals are environments with a great capacity for environmental stressors, which become more important as the time the patient spends there increases, as indicated by Moro, L there are hospitals where they have sought to create a pleasant environment with humanized staff to reduce the negative impact of the patient's visit to the doctor, Furthermore, good relations should be established between patients and professionals, where there is greater participation of the patient and a more humanized and flexible care by the professionals, which helps the patient to have a better psychological adjustment, feel welcomed and improve their quality of life (Moro & González, 2022).

#### CONCLUSIONS

Resilience is highlighted in this study since it was possible to demonstrate that, through unwavering determination, courage and perseverance, the power of caring and compassion are fundamental axes in the recovery of health, which affects not only the patients but also those who care for them. We learned how cancer changes a person's life and even more so for a student in the health care field who is able to pursue his or her dreams. This inspiring story highlights the importance of mutual support and empathy in times of adversity. We can emphasize the humanized and quality treatment provided by the healthcare staff to these patients which helps them feel the support of the staff treating them. Ultimately, their journey teaches us that even in the darkest of times, hope and inner strength can shine through and light the way to healing and self-improvement.

This article will be a basis to start with new qualitative research of experiences where you want to know the experiences of people as part of theoretical and scientific research, also the results obtained in this article provide solid information for future research studies based on the life experience of students with cancer, as well as for different searches that discuss this problem in general.

Finally, with respect to the theoretical and methodological limitations, we can mention that the study focuses purely on a single nursing student with cancer, so we did not obtain more information than that provided by the patient, in addition we were unable to obtain other research alternatives due to the limited information on this topic, showing a low enrichment of information, we can also emphasize the limited time with which we worked because the patient works and could not provide the information directly, which hindered the ability to conduct this research.

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