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Lived Experiences Regarding Quality of Life for Women with Metastatic Breast Cancer

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This is to certify that the doctoral dissertation by

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2025

Abstract

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Dissertation Submitted in Partial Fulfillment

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Abstract

The diagnosis of cancer and various treatment modalities are linked to psychological distress that generally produces a decline in emotional and physical health and quality of life. There is a need for more research geared to help these women with metastatic breast cancer have a better quality of life. Grounded in the theory of unpleasant symptoms, a descriptive qualitative study design was employed to narrow the knowledge gap. Semi-structured interviews were conducted with a purposeful sample of six participants. A descriptive coding process led to these emergent themes: consternation at the initial time of diagnosis, treatment modalities, side effects, perceived quality of life, resilience, the importance of family, friends, pets, and faith, and the healthcare team is dependable. Despite their diagnosis and struggling between side effects from treatments, they managed to continue with their lives and found strength from deep inside themselves. They relied on their support system, from family members to church friends. They had expressed that their healthcare teams were essential to their well-being, from the person who sits at the front desk to the person who draws their blood. They were grateful for the physicians and nurses who spent hours while they got their treatments and gave them moral support. Based on these results, caring for these patients promptly can positively impact and bring about positive social change as they integrate into society by being assisted in relieving their symptoms.

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Dedication

I want to dedicate this study to my parents, Carmen and Alexander Canales, who always gave me their best. To my husband, Gilberto, for always supporting me through this journey, and to all my family, who always cheered me up, and some were inspired to continue their education. I would also like to dedicate it to all those women who are warriors and fight cancer daily.

Acknowledgments

I want to thank my Lord, Jesus Christ, for giving me the strength to continue this journey even when it felt impossible. I also want to thank my spouse, Gilberto, for his patience and for helping me stay focused. Thanks to my children, grandchildren, nephews, and nieces, as they are my inspiration for going forward with my studies to inspire them that they can become anything they set their minds to do, with effort and diligence.

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Chapter 1: Introduction to the Study

The purpose of this descriptive phenomenological qualitative study was to develop a deeper understanding on what are the lived experiences of the quality of life for women with metastatic breast cancer. The diagnosis of cancer and various treatment modalities are linked to psychological distress that generally produces a decline in emotional and physical health and quality of life (Peters et al., 2020). There have been a number of studies on symptom burden and patients' preferences when talking about end of life, but there is limited information on these preferences may change over time during their cancer journey, which is of high priority to help them get individualized, proper care (Vogt et al., 2020). Because metastatic breast cancer patients receive treatment for longer periods of time, they are faced with more side effects that potentially may affect their quality of life.

The goals of treatments should focus on patients' quality of life and their medical needs (Teoli & Bhardwaj, 2022). The results of this study contribute to the field of nursing by encouraging early assessment and treatment of side effects to provide personalized, quality care to women with metastatic breast cancer. The study offers potential social implications as it provides information on what is important for these women and how healthcare professionals empower them to live their lives to the fullest with their goals of care as priorities. In Chapter 1, I describe the background, problem statement, study's purpose, research question, theoretical framework, significance, nature of the study, method of data analysis, presumptions, disadvantages, and scope.

Background

Breast cancer is the most diagnosed cancer worldwide and the underlying cause of death among women worldwide (World Health Organization [WHO], 2019). Despite screening measures and public awareness, 5–10% of patients already have metastatic disease at the time of diagnosis. Thirty percent of those women without metastatic disease will relapse (Ferlay et al., 2018). As of January 2022, an estimated more than 4 million women were living with a history of breast cancer in the United States (Miller et al., 2022). There are an estimated 140,230 women with metastatic breast cancer, which is expected to increase to 159,347 by 2025 (Gallicchio et al., 2022). Non-modifiable risk factors include age, assigned female at birth, dense breasts, family, or personal history of breast cancer, starting menstrual periods before age 12, and high estrogen and testosterone levels (ACS, 2023). Only 5–10% of breast cancers are hereditary from gene mutations such as BRCA1 and BRCA2 (Centers for Disease Control and Prevention [CDC], 2022).

The study was conducted to analyze the lived experiences of the quality of life of women with metastatic breast cancer. The study provides new or added information on how these women view their quality of life instead of their cancer journey experience. Metastatic breast cancer is incurable, and the objectives of therapy are palliative and to delay disease progression with hopes of maintaining the quality of life. Quality of life is the extent to which a person can participate and take pleasure in life events regarding their own life or living conditions (Jenkinson, 2023). Quality of life is a concept that aims to capture the well-being of a population or individual regarding both positive and

negative elements within the entirety of their existence at a specific point in time (Teoli & Bhardwaj, 2023). Women report inadequate quality of life, increased pain, fatigue, and complicated physical, social, and emotional well-being (Arnaud et al., 2021). Inadequate attention to patients' needs may also lead to increased healthcare costs and unnecessary distress (Arnaud et al., 2021).

Women with metastatic breast cancer have ongoing treatments. In women with breast cancer, somatic and psychological symptoms are caused by side effects of various treatments. Peripheral neuropathy, chronic fatigue, brain fog, anxiety, and depression are crucial side effects on a patient's quality of life (Alagizy et al., 2020).These treatments directly impact symptom burden and quality of life (Clarijs et al., 2021), and future research is needed to improve breast cancer care (Alagizy et al., 2020; Somayaji et al., 2023). More research is needed to show how breast cancer patients experience elevated levels of distress and how focus should be placed on helping these patients relieve their feelings of anxiety and depression to reduce their perceived level of distress (Alagizy et al., 2020). The results of my study contribute to social change by challenging clinicians to assess their needs carefully and empowering them to be resilient throughout their journey.

Problem Statement

The situation or issue that prompted me to search the literature is that there is adequate evidence that cancer treatments, such as chemotherapy, diminish the quality of life and daily performance of patients. One major problem for women receiving breast cancer treatment is chemotherapy-induced peripheral neuropathy, an adverse effect of

taxane chemotherapy. Breast cancer patients who are treated with anthracycline and taxanes have a 50% risk of developing chemotherapy-induced peripheral neuropathy (Kim & Jung, 2021). Women with HER-2-positive breast cancer are treated with the monoclonal antibody trastuzumab and initially start with taxane chemotherapy (NCCN, 2022). The length of treatment is 1 year, and it is administered every 3 weeks. The severity of adverse effects depends on the type of regimen, cumulative dose, and the patient's individuality (Patel et al., 2022). Acute chemotherapy-induced peripheral neuropathy can lead to dose reduction or discontinuation of treatment, which can cut patient survival (Bonhof, 2021). About 60% of patients have reported symptoms of chemotherapy-induced peripheral neuropathy after 6 months of treatment. A slow drug clearance from liver functioning or a gradual slowing of physiopathology may contribute to this phenomenon. Future research is needed to improve breast cancer care.

The qualitative research study on the lived experiences on quality of life in women with metastatic breast cancer aligns with Walden's mission for social change as it allowed participants to share their experiences on their perceptions of quality of life. It provides information on what is important for them and how healthcare professionals can empower them to live their lives to the fullest with their goals of care as priorities. Walden University's mission is "to be a connective hub that promotes, facilitates, and supports collaborative alliances, action research, and projects that lead to purposeful action for sustainable positive social change" (Walden, 2022, p. 2). Social change can happen when these women get treated early for the side effects of treatments, allowing them to feel better and have a better quality of life and more productive lives. I provided

new information on how these women perceive their quality of life in lieu of their cancer journey. Healthcare workers must treat the person and not only look at their labs and pathology. The goals of treatments should focus on patients' quality of life and their medical needs (Teoli & Bhardwaj, 2022). The results contributed to the field of nursing by encouraging early assessment and treatment of side effects to provide personalized, quality care to women with metastatic breast cancer.

Purpose of the Study

The purpose of this descriptive phenomenological qualitative study was to develop a deeper understanding of the lived experiences of the quality of life for women with metastatic breast cancer.

Research Question

The research question for this study is "What are the lived experiences on quality of life in women with metastatic breast cancer?"

Theoretical Framework

The conceptual framework for this study was the theory of unpleasant symptoms. The theory was created in 1995 by Lenz et al. when researchers analyzed fatigue in two perinatal stages. Pugh and Milligan combined their concepts and created a model of fatigue during pregnancy (see Figure 1). The second phase of developing the theory was when the authors analyzed fatigue and dyspnea. The authors discovered they were conceptualizing their ideas and found similarities between those symptoms. The final phase was when the researchers discovered a multi-concept and the incorporation of a more general theoretical framework (Lenz et al., 1995). Lenz et al. (1995) further

proposed three factors: physiologic, psychologic, and situational impact on the person's predisposition or demonstration of an unpleasant symptom (see Figure 2). Table 1 provides the main concepts and definitions related to the theory of unpleasant symptoms.

Figure 1

Overview of Theory Development

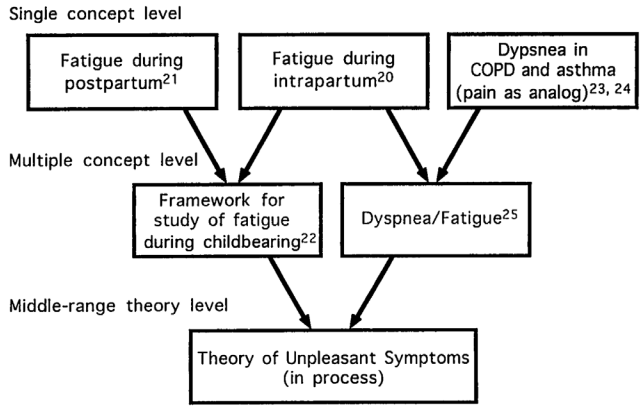


Figure 2

Theory of Unpleasant Symptoms

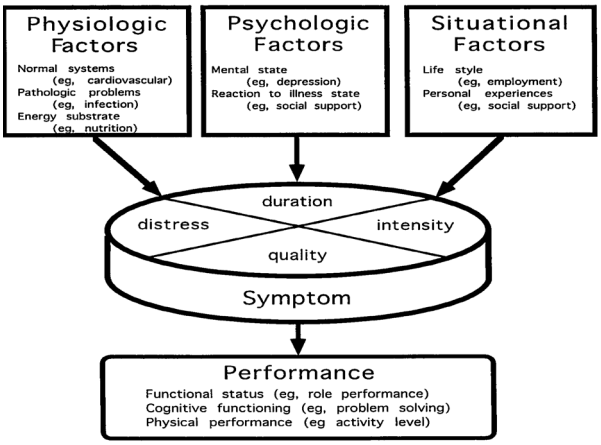


Table 1

Main Concepts Related to Construction of Theory of Unpleasant Symptoms

Main concept	Definition

Physiological factors	The symptoms that are reflected and influence the identification of the diagnosis. There is a relation between the physiological factors and the experience of symptoms.
Psychological factors	Includes the individual's mental state or mood, affective reaction to illness, and knowledge about symptoms and their meaning.
Situational factors	Include social aspects and the physical environment that can affect the experience and reporting of symptoms by the individual.
Performance	Consists of the consequence or effect of the experience of the symptoms. Includes functional and cognitive aspects.
Suffering	Refers to the degree of discomfort of the individual in relation to the symptom or group of symptoms.
Duration	Includes the frequency and duration of a symptom. Such characteristics may be presented in isolation or combination.
Quality	Represents the variation of symptoms or the way they are manifested. It can be used to distinguish pathologies or indicate the severity of the problem.
Intensity	Related to the strength or severity of a symptom. Relatively quantifiable, intensity is the most discussed dimension in clinical assessment and research
Unpleasant symptoms	Subjective indicators of health threats. Points out the perceived changes by clients in the expected functioning of the human body, generally experienced as unpleasant

The theoretical framework can be related to my topic women with metastatic breast cancer by helping to explain how they are affected by different side effects during and after treatment. Side effects from cancer and treatments impact patients physiologically, psychologically, and situationally as they endure ongoing treatments. They are impacted situationally when they can no longer work because of side effects, or they may not have access to care. In women with breast cancer, somatic and psychological symptoms are caused by side effects of various treatments. Peripheral neuropathy, chronic fatigue, brain fog, anxiety, and depression are a few of the side effects that play a crucial role in patients' quality of life (Alagizy et al., 2020). I used a qualitative approach from the theory of unpleasant symptoms to support the understanding of how these women lived from the moment they were diagnosed with metastatic breast cancer and throughout their treatments (Lima Gomes et al., 2019). The theory focuses on the interactions between unpleasant symptoms that patients may experience, and their influence and multiplicative nature may put the patient at risk for a

decreased quality of life.

Nature of the Study

The study was qualitative methodology research with a descriptive phenomenology design to address the research question. Edmund Husserl was a German philosopher and the creator of the philosophical movement of phenomenology (Sawicki, 2023). Husserl noted that phenomena comprise the world of experience. He contended that experiences must be analyzed for what they are, not only by explaining causal relations (Gray & Grove, 2019). Husserl's concept of descriptive phenomenology fits my research question as I was looking to describe the participants' experiences and bracket or set aside my beliefs during qualitative research (Gray & Grove, 2022), any personal presuppositions. Phenomenological research was generated from philosophy and psychology, and a researcher may use it to describe the lived experiences of the participants' views on a phenomenon (Cresswell & Cresswell, 2018). The concepts included the initial shock when diagnosed, treatments, loss of identity, relapse, metastasis, chronic breast cancer, side effects from treatments, and quality of life. Quality of life can only be learned by listening to these women's stories. Thus, this research design was the most appropriate for my research question on the lived experiences of women diagnosed with metastatic breast cancer on quality of life since I explored how women with metastatic breast cancer perceive their quality of life through semi-structured interviews.

The inclusion criteria for the participants were females with metastatic breast cancer still receiving breast cancer treatment; they could receive palliative care but not be

under hospice services. They could read and speak English to sign an informed consent agreement. The criteria for exclusion were women who are breast cancer survivors, patients under hospice services, and women without the mental capacities to participate. Participants came from cancer outpatient clinics. In conducting semi-structured interviews to get participants' lived experiences, the audience can compare to other data from similar studies (see Ravitch & Carl, 2021). I used Quirkos to organize the available data as this software can color-code and highlight coding to print or share (Quirkos, 2022). It also creates a Word file with the researcher's transcriptions. According to Saldana (2021), color-coded data provides clarification and creates new or improved categories. I manually transcribed the data to develop codes.

Definitions

The following terms and definitions were used in this study.

Antineoplastic agents: Medications used to treat cancer. Other names used anticancer, chemotherapy or chemo, cytotoxic, or hazardous drugs (NIH, 2020).

BRCA1, BRCA2: Genetic mutations linked to an increased risk of breast cancer (NIH, 2020).

Chemotherapy-induced peripheral neuropathy (CIPN): Zajaczkowska et al. (2019) defined it as a mostly sensory neuropathy that may be accompanied by motor and autonomic changes of varying intensity and duration caused by antineoplastic agents.

HER-2-positive breast cancer: Human epidermal growth factor receptor 2 (HER2) proteins are needed for normal cell growth found on the surface of all breast cells. These cancers grow and metastasize more quickly than other types of breast cancers

(Backler, 2022).

Metastasis: The spread of cancer cells to another part of the body (NIH, 2020).

Palliative care: Specialized care for people with serious, chronic diseases such as cancer, for the treatment of symptoms to improve their quality of life (NIH, 2021).

Quality of life: The extent to which a person is capable of participating and taking pleasure in life events regarding their own life or their living conditions (Jenkinson, 2023). The WHO (2023) defined quality of life as a person's perception of their posture in life in connection to their culture and value systems. Teoli and Bhardwaj (2023) defined quality of life as quality of life (QoL) is a concept that aims to capture the well-being, whether of a population or individual, regarding both positive and negative elements within the entirety of their existence at a specific point in time.

Assumptions

An assumption is a belief established as accurate without proof and furnishes the basis for a phenomenon (Gray & Grove, 2022). My assumption for this study on the lived experiences of the quality of life of women with metastatic breast cancer is that rich data would be collected by listening to their personal experiences on what they consider to be having a good quality of life. Another assumption was that these women have a poor quality of life due to the effects of the cancer diagnosis and the side effects of their treatments. There may be a misconception that these women will be willing to share their experiences on their cancer journey. I found out by recruiting participants via purposive sampling. My assumption was that women's quality of life is affected by their diagnosis and treatments received to treat their disease. Assumptions are essential in a study.

The epistemological assumption in qualitative research is that knowledge is subjective and obtained through the participant's experiences. The ontological assumption is that there are multiple realities or how each individual view their experiences differently (Creswell & Cresswell, 2018). The researcher must state assumptions clearly to aid the reader in understanding and evaluating the worth of the study and drawing conclusions from it. The researcher must spend time reflecting on the nature of the study, as it would be problematic if the researcher's assumptions are not true because the study may not be credible (Gray & Grove, 2021).

Scope and Delimitations

In this study, I concentrated on the quality of life of women with metastatic breast cancer. Quality of life has been explored but mostly on breast cancer survivors (Durosini et al., 2022; Martinez-Miranda et al., 2021; Tao et al., 2021). A qualitative study with a phenomenological approach was appropriate to capture the participants' lived experiences, their emotions, and what it means to have a quality of life for them by conducting semi-structured interviews. Semi-structured interviews with open-ended questions were used to collect data. I considered the participant's condition to assess if the interview could be conducted in one hour or if it must be done in several sections. Open-ended questions were used to obtain information that is not obtained through closed-ended questions.

Participants may come from cancer outpatient clinics or private cancer centers. Other inclusion criteria were women diagnosed with metastatic breast cancer 18 years and older, receiving active treatment, understanding English, maybe receiving palliative

care, and Women who can follow directions and able to discuss their quality of life for one hour during the semi-structured interviews. Exclusion criteria included women in remission, breast cancer survivors, women receiving hospice services, and those without the mental capability to participate. Transferability in qualitative research is not to make a statement used for other populations but to provide a detailed definition of the data (Ravitch & Carl, 2021). In conducting semi-structured interviews to get participants' lived experiences, the audience can compare to other data from similar studies. Dependability is achieved by triangulation and a strong rationale for a suitable data collection plan.

Limitations

Limitations of qualitative research is that it depends on the skills of the researcher, and it may be impacted by the researcher's own biases and idiosyncrasies (Gray & Grove, 2021). Analyzing and interpreting data collected can be time consuming (Burkholder et al., 2020). Participants may feel intimidated by the researcher's presence, affecting the subjects' responses (Gray & Grove, 2021). Qualitative researchers must adhere to standards to establish credibility, transferability, dependability, and confirmability (Ravitch & Carl, 2021). Validity must be achieved by complex, systematic implementation of the study's rigor. It is through the lenses of the researcher, participants, and individuals external to the study that shape the validity (Ravitch & Carl, 2021). Credibility, in qualitative research, is established by triangulation and having someone check on your work (Burkholder et al., 2020). Transferability is achieved by possessing thick descriptions of the data so that readers may be able to compare results to

other contexts (Ravitch & Carl, 2021). Lastly, dependability it is achievable by triangulation and providing a well-articulated rationale for the choices made on data collection related to the research question (Ravitch & Carl, 2021).

Husserl's noted that the concept of epoche means free of suppositions. The central idea is that people cannot know reality without the ability to reflect on it and how people feel about it is what gives it meaning (Burkholder et al., 2020). I managed biases by doing self-reflection to analyze how my personal biases may impact my analysis on data to set them aside (Creswell & Creswell, 2018). In phenomenology, the idea of intentionality means that people select words to explain experiences and how they perceive them (Burkholder et al., 2018). I used self-reflection to manage my personal biases. I used reflecting journaling and through external interviewing and have faculty guide me to keep those biases from interfering with the study (Tufford & Newman, 2010). I have been an oncology nurse for 14 years and a provider for 4 years and have my personal opinion on the debilitating effects of cancer and its treatments. I made sure not to impose my personal opinions or perceptions when interpreting the findings. Because my experience and how I see things can still interfere with how I receive the data during the interviews, I bracketed my prepositions to mitigate the possibility of tainting my research process (Tufford & Newman, 2010).

Significance

Women with metastatic breast cancer undergo lengthy palliative treatments to keep their disease stable or under control. Cancer treatments are given until patients reach remission or experience disease progression. Then they are switched to a different

treatment. Still, these women's endurance and resiliency are tested due to side effects from these treatment modalities that affect every aspect of their lives, including their quality of life (Ciria-Suarez et al., 2021). In this study, I sought a deeper understanding of women with metastatic breast cancer and their experiences on their quality of life through their battle against cancer. This qualitative, descriptive phenomenological study permitted me to delve deeper into their lived experiences and how their lives are affected by the side effects of multiple treatment modalities they have to endure to discover the essence of their quality of life.

The study provided potential contributions to the nursing profession by analyzing women with metastatic breast cancer responses on their lived experience so healthcare professionals may develop or improve their skills to assess side effects early and provide personalized care to these patients (Alagizy et al., 2020). Findings confirmed that women with metastatic breast cancer can go years receiving treatments from surgery, radiation therapy, and chemotherapy to keep the disease stable until they progress and the cancer advances, and how all these factors affect their quality of life along the way. Nurses can use evidence-based findings to offer these patients more than just task-oriented care; they can provide personalized care to be present and support them. If women feel supported, they may be able to integrate themselves back into society. Implications for social change entail the positive connection of visible support with quality of life in patients with metastatic breast cancer, with a positive impact on social relationships and their ability to attend family activities as they desire.

Summary

Women with metastatic breast cancer undergo extensive and ongoing treatment modalities to keep their disease stable without progressing. Understanding their lived experiences and how these treatments affect their quality of life may help healthcare professionals assess their symptoms early to prevent the deterioration of their quality of life. The results provided them with tools to empower them and to be resilient throughout their battle against metastatic breast cancer. Chapter 2 provides an in-depth investigation of the literature and the theory of unpleasant symptoms, which served as a theoretical framework. The literature review discusses the quality of life, side effects from different treatment modalities, and the implications of side effects on their quality of life.

Chapter 2: Literature Review

This descriptive phenomenological qualitative study was conducted to develop a deeper understanding of the lived experiences of the quality of life for women with metastatic breast cancer. The study was needed to provide new or added information on how these women view their quality of life instead of their cancer journey experience. The results can help understand what is important for patients with metastatic breast cancer and provide answers on how providers can help them reach resilience and their maximal potential. Metastatic breast cancer is incurable, and the objectives of therapy are palliative and to delay disease progression with hopes of maintaining the quality of life. Quality of life is the extent to which a person can participate and take pleasure in life events regarding their own life or living conditions (Jenkinson, 2023). The diagnosis of cancer and various treatment modalities linked to psychological distress generally produce a decline in emotional and physical health, and quality of life (Peters et al., 2020).

I corroborated the need for further research on the lived experiences on the quality of life of women with metastatic breast cancer by reviewing the existing literature. A direct association exists between physical, social, educational, and spiritual well-being, and quality of life in women with metastatic breast cancer (Srivastava et al., 2020). Women with breast cancer undergo changes in their psychological and physical well-being throughout various facets during pre, during, and post treatment (Roziner et al., 2022). More research is needed to explore the relationship between psychological and somatic symptoms to guide interventions and how to categorize them. For instance, a side

effect of a chemotherapy from the taxane classification, is chemotherapy-induced peripheral neuropathy. This treatment is necessary to treat metastatic breast cancer, and its side effects range from can be transient or permanent. Patients lose functional capacities, including the ability to walk or button shirts, decreasing their quality of life (Teran-Wodzinski et al., 2022). Breast cancer patients also experience high levels of distress once they find out about their diagnosis and helping them relieve their feelings of anxiety and depression must be of high importance to help them decrease their perceived level of distress (Alagizy et al., 2020). Metastatic breast cancer patients also experience health-related burdens due to cardiotoxicity, a side effect of cancer treatments, affecting their physical, social, and psychosocial health (Koop et al., 2020). There are changes in patients' quality of life due to treatments, and sometimes, these life-saving treatments may have to be discontinued due to their side effects (Kawahara et al., 2022). Managing their symptoms is crucial to protect their physical functioning and global health status to preserve their quality of life (Kawahara et al., 2022).

More studies are needed to explore quality of life throughout the illness to show an accurate picture of the challenges women with metastatic breast cancer face during this journey (Drageset et al., 2021). Treatments aim to treat symptom burden and prolong life, and despite all efforts, the median survival is only 3 years (Clarijs et al., 2021). Therefore, quality of life must be highly prioritized when caring for them, including patients' physical and psychological well-being (Elkmokhallalati et al., 2022). Women with metastatic breast cancer may face poor quality of life due to symptom burden, suffering, cancer progression, and unmet needs (Beatty et al., 2022). More studies are

needed to create interventions to assess women with advanced breast cancer and provide them with personal and suitable support (Watson et al., 2022). Further, early symptom assessment and treatment are important to provide patients with a stable quality of life and functioning (Verkissen et al., 2019). Therefore, more studies are needed to explore the differences between those with high and low symptoms affecting their quality of life.

In this chapter, I review the literature on the quality of life in women with metastatic breast cancer and how it can be affected by their cancer diagnosis and treatments received. I address the lived experiences on quality of life in women with metastatic breast cancer as they go through longer treatments that may affect their quality of life through the theoretical framework of the theory of unpleasant symptoms. The diagnosis of cancer and various treatment modalities are linked to psychological distress that generally produces a decline in emotional and physical health, and quality of life (Peters et al., 2020). There have been a number of studies that construe on symptom burden and patients' preferences when talking about end of life, but there is limited information on these preferences may change over time during their cancer journey, which is of high priority to help them get individualized, proper care (Vogt et al., 2020).

Literature Research Strategy

The literature review includes peer reviewed literature from 2019 to 2023. Seminal literature used for the theoretical framework was from 1995, 1997, and 2018. I reviewed my literature using Google Scholar, the Oncology Nursing Society's journal database, CINAHL & Medline Combined, ProQuest Nursing and Allied Database. All articles were obtained digitally mostly from Walden's Library, the ResearchGate, Google

Scholar and database from the Oncology Nursing Society. Search terms were *quality of life*, *metastatic breast cancer*, *patient's perceptions*, *patient's experiences*, *unpleasant symptoms*, *neurological*, *physiological*, *physical*, and *holistic*. In looking at articles on quality of life and metastatic breast cancer in the Walden Library, I came across the term of *supportive care*. I searched more literature on supportive care for metastatic breast cancer women and found literature I could apply to my study. The results included the impact of fatigue and quality of life, which was essential to my research in demonstrating how it affects these women's performance. One of the search terms was *peripheral neuropathy,* as it is one of the side effects of taxanes, a specific chemotherapy. I used Google Scholar as my source because I was able to get notifications on new articles.

Some of those articles could have been better sources, as I could only get abstracts. In searching literature about the theory of unpleasant symptoms and metastatic breast cancer, I could only find one helpful article related to the effects of chemotherapy-induced peripheral neuropathy in breast cancer women using the theory of unpleasant symptoms as their theoretical framework. The search resulted in 394 hits. I used 64 peer-reviewed articles. The search was finalized when I could not find research articles with new information.

Theoretical Framework

The theoretical framework used for the study is the middle-range theory of unpleasant symptoms. The theory was created in 1995 by Lenz et al. when researchers were analyzing fatigue and dyspnea in two perinatal stages. Pugh and Milligan found that there were similarities between those two concepts and created a model of fatigue during

pregnancy. The second phase of the creation of the theory was when the authors analyzed that there was a correlation between fatigue and dyspnea (Lenz et al., 1995). The authors discovered they were conceptualizing their ideas and found similarities between those symptoms. Pugh and Milligan saw that both sensations were subjective and believe that these were exacerbated by physical, psychological, and situational factors. The researchers found that dyspnea could be compared to pain as both have intensity and distress characteristics. These authors reported that both can be acute, chronic, or similar to cancer pain. The final phase in creating the theory was when the researchers discovered there were similarities between the two concepts that could be related to other clinical populations and the incorporation of a more general theoretical framework (Lenz et al., 1995). The theory of unpleasant symptoms was created with the intention of helping the understanding of how multiple, unpleasant symptoms experienced at the same time can have a negative impact on their quality of life (Lee, et al., 2017).

The theory offers a systematic theoretical framework that exhibits well-grounded meaning via well-defined concepts and interrelationships, which can be put into practice by the nursing profession, in education and nursing research (Lima Gomes et al., 2022). The theory of unpleasant symptoms implies that physiological, psychological, and situational factors influence the patient's predisposition to an unpleasant symptom (Lenz et al., 1995). According to the authors, the theory can be used to pinpoint factors or develop new treatments to alleviate those unpleasant symptoms. Kang and Kim (2022) conducted a study on health-related quality of life of Korean women going through post menopause based on the theory of unpleasant symptoms. The authors based their study

on the theory of unpleasant symptoms to analyze the impact of perceived health condition, psychological distress, social support, and menopause on health-related quality of life. Kim and Jung (2019) similarly conducted a study to analyze how physiological, psychological, and situational factors impact chemotherapy-induced peripheral neuropathy, and how they may interfere with patients' functional performance. The authors noted that the theory of unpleasant symptoms could help mediate the relationship between chemotherapy-induced peripheral neuropathy symptom experience. Wang et al. (2022) also studied cancer-related fatigue in colorectal cancer patients. The authors based their study on the theory of unpleasant symptoms to identify the psychological and physiological relationships between the impact of cancer-related fatigue on patients' activities of daily living and their quality of life.

The theory of unpleasant symptoms (TOUS) is composed of three parts: the symptoms, influencing aspects, and how they affect the patient's performance. The theory describes these symptoms just as they are perceived by the patient (Lenz, 2018). Lima Gomes et al. (2022) reported that the theory of unpleasant symptoms can be used in clinical practice to pick out elements that encircle the symptom experience lived by the patient including their physical, psychological, and the magnitude of how symptoms and the process of their illness journey. Particular indexes of poor quality of life include curative-focused treatments provided close to death, lack of available resources, unnecessary hospitalizations, and are not focused on the patient's goals of care (Brazee et al., 2021).

Quality of life is the patients' perception of their position in life, in relation to

their position in life, according to their system values, culture, and goals of care (WHO, 2023). Studies showed that quality of life is affected when someone receives a cancer diagnosis; producing severe anxiety, a feeling of instability, and sometimes profound sadness. Mostly because cancer is associated with inevitable death (Lewandowska et al., 2020). The authors noted that there is a strong interrelationship between quality of life and the total chemotherapy cycles a patient receives. Lewandowska et al., 2020 reported that cancer is an unpleasant experience, and every patient reacts differently. They concluded that personality and how the patient understands the situation helps to assimilate the diagnosis, helping with the recovery process.

The theory of unpleasant symptoms is related to my study as it helped mediate the relationship between perceived symptoms patients may experience from the time they were diagnosed with metastatic breast cancer and throughout their active treatment. Analyzing the perceived experiences of women with metastatic breast cancer on their quality of life will build upon the theory of unpleasant symptoms as the study develops. It sheds light on how physiological, psychological, and situational factors and their potential relationship may affect their quality of life.

Literature Review Related to Key Variables and/or Concepts

Breast cancer is the cause of 685,000 deaths around the world (WHO, 2023). Breast cancer treatments provoke changes in the patient's physical appearance, sexual health, and overall well-being causing low self-esteem, interaction with others, and sexual functioning (Triberti et al, 2019). Thirty percent of women with early breast cancer develop metastases (Ciria-Suarez et al., 2021). The diagnosis of metastatic breast

cancer starts a difficult process and women face psychological burden with a diverse psychosocial and spiritual worries (Drageset et al, 2021). A study by Ban et al. (2021), on the effect of fear of progression on quality of life among breast cancer patients the mediating role of social support, they found that breast cancer patients indicated low quality of life. The results from the study showed that social support could potentially arbitrate between fear of progression and quality of life. Quality of life is how a person perception on his/her assumptions in regard to the culture and value systems in which they live related to their goals, beliefs, ideals, and concerns (WHO, 2019). Chemotherapy-induced peripheral neuropathy adversely affects the patient's performance of daily activities (Kim & Jung, 2021). Kim & Jung (2021) claimed that physiologic, psychological, and situational factors are influencing elements that affect peripheral neuropathy symptoms. Roziner et al. (2022) encouraged more research to test correlations between psychological and somatic ailments during different phases of breast cancer treatments to find out how interventions should be prioritized. Chemotherapy-induced peripheral neuropathy (CIPN) is the most frequent, dose-limiting, detrimental event that platinum and taxanes, used for metastatic breast cancer, that adversely affects patient's quality of life (Beijers et al., 2020).

A study by Patel et al. (2022), found that 81% of patients with early-stage breast cancer perceived neuropathy symptoms lasted up to two years after receiving taxane therapy and 27% reported severe symptoms in their hands and feet. Women with metastatic breast cancer receiving active treatment had worse quality of life than breast cancer survivors (Gonzalez et al., 2021). Ciria-Suarez et al., (2021) conducted a

qualitative study to analyze the different phases women with metastatic breast cancer go through during their journey through process mapping. Patient journey mapping is a popular approach to evaluating patient's experiences navigating complex and dynamic healthcare systems (Sijm-Eeken et al., 2020). Qualitative studies have become more germane in comprehending the unique aspects of breast cancer, such as communication (Rapport et al., 2019). The researchers were looking to understand patients' experiences to detect moments when these women are more vulnerable to uncertainty and concerns to identify opportunities to provide crucial information that will help them improve their quality of life. The authors reported that no other studies studied patients' experiences from the time of diagnosis to treatment and follow-up.

Leet et al., (2021) conducted a qualitative study to analyze how shared decision-making in the public health sector may help metastatic breast cancer patients improve their quality of life and outcomes. The authors used semi-structured, in-depth interviews with open-ended questions to collect the data. Lee et al., (2021) reported that their results could not be generalized to other settings. Guo et al., (2022) used a qualitative, hermeneutic approach to analyze the qualitative experiences of coping strategies with metastatic breast cancer while undergoing chemotherapy. The authors felt phenomenology was an appropriate method to attain a better understanding of metastatic breast cancer women's experiences. Guo et al., (2022) used the hermeneutic approach to analyze the participants' experiences from the psychosocial point of view on health and disease. Because this study was conducted in Beijing, it could not be generalized to other countries. The researchers used dependability by triangulation and audit inquiry. They

used triangulation and member checking to show the worthiness of the studies. A qualitative study with a phenomenology approach is appropriate for my research as it will allow women with metastatic breast cancer to share their experiences, which would not be possible if a quantitative approach is used. Semi-structured interviews using open-ended questions are not possible when using a quantitative approach as a quantitative approach is based on hypothetical-deductive traditions, relying on statistics to describe the phenomena and testing hypotheses based on deductions from current and theory (Burkholder et al., 2020).

The current literature reveals that the diagnosis of cancer and various treatment modalities linked to psychological distress generally produce a decline in emotional and physical health and quality of life (Peters et al., 2020). Women with metastatic breast cancer may perceive side effects from treatments and cancer as unpleasant symptoms affecting their quality of life (Lewandowska et al., 2020). Some of the key concepts for this study include quality of life, women with metastatic breast cancer, unpleasant symptoms, their definitions, epidemiology, treatments, and their impact on quality of life.

Quality of Life

Quality of life is the patient's perception of their position in life, concerning their position in life, according to their system values, culture, and goals of care (WHO, 2023). Teoli & Bhardwaj (2023) defined quality of life as a concept that describes an individual's or population's well-being, whether positive or negative, within a specific point in time. Eighty percent of breast cancer patients India end in death due to advanced disease and the patients' inability to adjust or recover from the disease (Kakulapati et al.,

2019). The patients' emotional attitudes such as clarity and mood show a direct impact on resilience in patients with breast cancer (Guil et al., 2020). Shalini & Archana, 2019 suggested that there are compelling negative interconnections with emotional intelligence and anxiety among women with breast cancer. Janavlekar et al., (2022) stated that lymphedema is a common complication of breast cancer treatment, caused by a buildup of high protein-rich fluids. Patients encounter long-term physical and mental anguish which decreases their quality of life. Mertz et al., 2022 suggested that quality of life can be affected by symptom burden related to side effects of treatments and breast cancer itself. In their study, the authors encouraged the evaluation of metastatic breast cancer therapies' toxicities. Participants in the study agreed that quality of life is as important as progression-free survival. Mertz et al., 2002 study concluded that participants defined quality of life as symptom relief, the ability to maintain their jobs, and being able to participate in family affairs. These authors found that metastatic breast cancer and it's treatments profoundly affect the quality of life in women in significant ways.

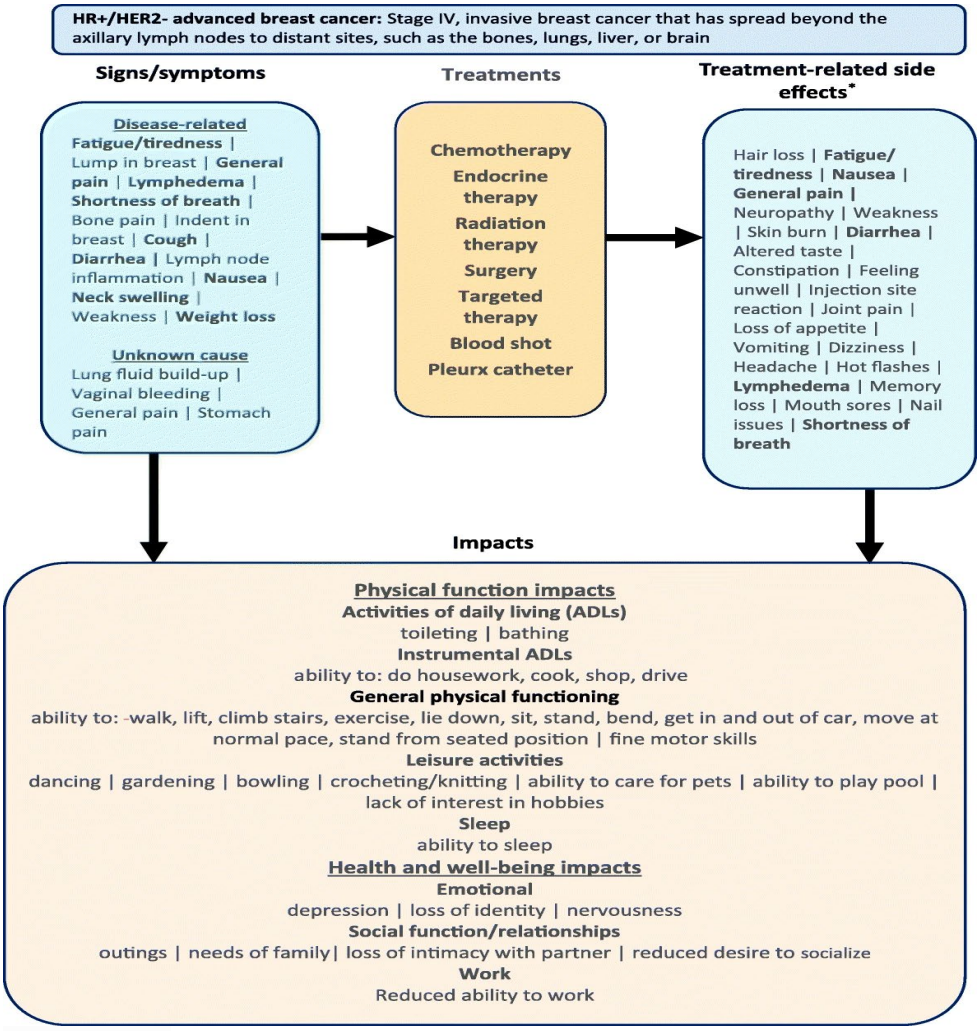
Metastatic Breast Cancer

Breast cancer has a high prevalence in women around the globe with a 25% of all diagnosed cancers. It is the second cause of cancer deaths in the United States, with 400,00 to 50,000 deaths yearly around the world (WHO, 2019). Three and a half percent of these have metastasis at the time of diagnosis with a higher proportion in poor sectors in the United States (DeSantis et. al., 2019). Wang et al., 2019 conducted a study using the Surveillance, Epidemiology, and End Results database from patients diagnosed from 2010 to 2015 to analyze survival by metastasis by site. Bone metastasis accounted for

39.80%, multiple sites 33.07%, lung metastasis 10.94%, liver metastasis 7.34%, and brain metastasis accounted for 1.51% of the cases. Caballero et al., (2023) stated that having metastatic breast cancer means to a patient having a disease without cure, undergoing multiple treatments with a high burden side effects, and the uncertainty of how much time they have left to spend with their family members. The authors suggested that there is still more to learn on the process that leads to metastatic breast cancer but that due to relentless work and clinical trials, there are new treatment options available for these patients. According to Tometich et al., (2020), metastatic breast cancer had advance steadily in the United States in the last decades. The authors suggested that patients' responses vary and are defined by uncertainty of survival, lost of control, and considerable emotional distress.

Figure 3

Understanding Key Symptoms, Side Effects, and Impacts of HR+/HER2



*Note***.** From "Understanding Key Symptoms, Side Effects, and Impacts of HR+/HER2-Advanced Breast Cancer: Qualitative Study Findings," by Galipeau et al.**,** 2019**,** *Journal of Patient-Reported Outcomes, 3(*10), p. 9. Copyright 2019 Journal of Patient-Reported Outcomes. Reprinted with permission. The 50 sign, symptom, and side effect concepts and 36 impact concepts reported by subjects during the concept elicitation portion of the interviews were organized into a patient-based conceptual model.

Metastatic breast cancer new treatments such as CDK4/6 inhibitors targeted therapy along with endocrine therapy had increased the progression-free survival rate to almost two years versus one-year, renewing hope in women with metastatic breast cancer (Eggersmann et al., 2019). Arnaud et al., (2020) reported that due to longer survival, metastatic breast cancer patients report a poorer quality of life than those with localized breast cancer. The authors suggested that by providing comprehensive supportive care, these patients may be able to improve their quality of life but that is not well known if by doing so there is a decrease in hospitalizations.

Unpleasant Symptoms

Lewandowska et al., (2020) suggested that cancer is an unpleasant experience and that all patients react differently. In the theory of unpleasant symptoms, the main elements are symptoms as they are experienced by patients. These symptoms are said to change the individual's health status decreasing their quality of life by their dimension, intensity, time, and the suffering cause to the individual (Lima Gomes et al., 2019). Revolutionary targeted treatments such as CDK4/6 inhibitors have doubled the survival rate of women living with metastatic breast cancer but not without affecting their quality of life. They have serious side effects that may limit their tolerability compromising adherence to treatment (Howie et al., 2019). Eggermann et al., (2019) reported that fatigue and diarrhea affect patients' quality of life. A clinical trial showed one-quarter of patients taking oral, targeted therapy reported deterioration of their quality of life. Chemotherapy-induced peripheral neuropathy (CIPN) is a common side effect of taxanes, a chemotherapy, used for breast cancer treatment. Symptoms include numbness, tingling

feeling, constant shooting, stabbing, and burning pain in the extremities. When lower extremities, patients may experience muscle weakness and impaired balance (Teran-Wodzinski et al., 2022).

Physiologic aspects consist of structural, physical, and universal changes that have a mutual relationship with the manifestation of a particular symptom. Psychological factors include affective and cognitive mechanisms that may aggravate the symptom. And situational factors encircle the patient's physical and social surroundings such as lifestyle and their social support system (Kim & Jung, 2019). The authors suggested that unpleasant symptoms indicate alterations in normal functioning perceived by individuals through their personal experiences an not through the clinician's observation.

There is a wealth of research that reveals metastatic breast cancer patients experience difficult situations throughout the course of their illness. They face different physical symptoms, emotional despair, and impaired performance that affect their quality of life (Clarijs et al., 2021). Hand and foot syndrome is a common adverse effect of capecitabine, a common treatment for metastatic breast cancer. It causes significant pain and affects performance especially in patients with advanced age, affecting their quality of life (Kwakman et al., 2020). Guo et al., 2022 in their study on quality of life in Chinese women with metastatic breast cancer and their coping mechanisms. Further research was encouraged for similar research in women with metastatic breast cancer from other countries and religions. Drageset et al., 2022 claimed that there is more to be learn on palliative care in women with metastatic breast cancer to manage pain and distress to improve quality of life. Adamowicz & Baczowska-Waliszewska (2020) felt it

was controversial the effectiveness of palliative care and that there is a lack of data on the impact of different therapies on quality of life is scarce.

Summary

Major themes that emerged from the literature were: 1) overall survival, the main concern for women with metastatic breast cancer, 2) physical effects, women felt that their quality of life was diminished by side effects such as gastrointestinal symptoms, uncontrolled pain, neuropathies, and cardiac dysfunction, 3) psychological and spiritual effects such as anxiety, depression, and despair, and 4) their children's lives and plans for their future, women were worried about dying and leaving children unprotected (Heidary et al, 2023; Clarjis et al., 2021, Mertz et al., 2022). The role of oncology nurses in patient care is crucial as they are sensitive to their disease and their well-being. Further research is needed to include nurses perspectives (Mertz et al., 2022).

My study aimed to fill the gap in the literature by providing a deeper understanding on women with metastatic breast cancer lived experiences and what is important to them to improve their quality of life and performance. In this chapter, I reviewed literature related to the quality of life in women with metastatic breast cancer and how it may affect their physiological and psychological health due to cancer, side effects of treatments, or unpleasant symptoms, as these patients perceive them. Research shows that quality of life deteriorates and is affected from the moment these women are diagnosed with metastatic breast cancer as they endure longer treatments. Some of them lose their lives in the attempt to save it.

My study aimed to fill the gap in the literature by providing a deeper

understanding of women with metastatic breast cancer lived experiences and what is important to them to improve their quality of life and performance. I explored the perceptions of quality of life in women with metastatic breast cancer through this descriptive qualitative study with a methodology approach. This helped me obtain thick descriptions of their lived experiences through semi-structured interviews with open-ended questions. Chapter Three offered a detail description of the research design and methodology.

Chapter 3: Research Method

The purpose of this study was to develop a deeper understanding on the lived experiences on quality of life of women with metastatic breast cancer. The main objectives of this chapter are to explain the methodology of the study and provided a rationale on why a phenomenological approach was chosen. The following areas are covered in detail: the role of the researcher, recruitment of participants, sampling design, data analysis, issues of trustworthiness, and ethical logistics.

Research Design and Rationale

The research question was developed according to the literature as there is a lack of information that addresses the quality of life of women with metastatic breast cancer: What are the lived experiences on quality of life in women with metastatic breast cancer? The central concepts for this study included quality of life, women with metastatic breast cancer, unpleasant symptoms, their definitions, epidemiology, treatments, and their impact on quality of life. Quality of life is the patient's perception of their position in life, about their position in life, according to their system values, culture, and their goals of care (Teoli & Bhardwaj, 2023; WHO, 2023). Quality of life has also been defined as symptom relief, the ability to maintain their jobs, and being able to participate in family affairs (Mertz et al, 2022). Studies showed that quality of life is affected when someone receives a cancer diagnosis, producing severe anxiety, a feeling of instability, and sometimes profound sadness, primarily because cancer is associated with inevitable death (Lewandowska et al., 2020). There is also a strong interrelationship between the quality of life and the total chemotherapy cycles a patient receives (Lewandowska et al., 2020).

Cancer is an unpleasant experience, and every patient reacts differently. Personality and how the patient understands the situation helps to assimilate the diagnosis, helping with the recovery process (Lewandowska et al., 2020).

Rationale for the Selected Tradition

I used a descriptive phenomenological approach to analyze the lived experiences of women with metastatic breast cancer on their quality of life. The philosophical foundation of the study is rooted in the philosophical orientation of positivism that occurred between the 15th and early 19th centuries (Burkholder et al., 2020). The philosopher Auguste Conte used positivism to separate scientific from fictitious knowledge. He suggested that positive knowledge arises from information sense perceptions (Johnson & Duberley, 2000). The focus of phenomenological research is to catch the participant's experience and expression in a way that stays true to the lived experience as possible (Rudestam & Newton, 2015). I used a descriptive phenomenological approach because it described how women with metastatic breast cancer perceived their lived experiences on their quality of life, given that they are receiving ongoing treatments. This method allowed me to explore their lived experiences.

Role of the Researcher

In qualitative studies, the researcher is the primary data collection instrument, in which the researcher's subjectivity, identity, and positionality shape the research process and methods. As a result, it shapes data and findings (Ravitch & Carl, 2021). In phenomenology, the researcher organizes and analyzes perceptions from participants who have experienced the phenomenon while eluding or controlling bias by reflecting and

proper interviewing (Burkholder, 2020). The researcher is responsible for bracketing or epoche their personal experiences to minimize tainting the participants' experiences and to stay as true to their experiences as possible (Van Manen, 1990). My plan for bracketing was to use reflexive journaling and memos during data collection (Tufford & Newman, 2010). I observed participants' body language during the interviews in this qualitative research study. In this qualitative research study, I played the role of an observer by observing participants' body language during the interviews.

Before recruiting, I got authorization from Walden's Institutional Review Board (IRB) to protect the participants. As a researcher, I interviewed the participants using open-ended questions to obtain data on their lived experiences and quality of life. I listened and recorded as the participants described their lived experiences on quality of life throughout their illness. I recorded these interviews to actively listen to the participants and not worry about the distraction of writing down the entire interview. I collected and reconstructed the data into patterns, categories, and themes to clearly understand the phenomenon studied. I built concepts that could emerge from the experiences shared by the participants through open-ended questions (Ravitch & Carl, 2021). Depending on the participant's preference or state of health, I conducted these interviews in person or through Zoom Platform. In phenomenology, the number of participants can range from three to ten or until saturation is reached (Cresswell & Cresswell, 2018). Saturation is reached once analysis does not generate new information and all phenomena have been explained (Burkholder et al., 2020). Both criteria must be met to reach saturation.

I did not have a relationship with any of the participants other than that of a researcher and participant relationship. I offered a $25 dollar Visa gift card as an incentive for participating in the study. Participants were from an outpatient cancer center. Participation in the study was solely voluntary, and the participants were informed that they could withdraw at any time if they desired to do so. During the informed consent, participants were told that the information would be kept confidential.

Methodology

Participant Selection Logic

The target population for my study was women with metastatic breast cancer, as they are faced with longer treatments that could affect their quality of life. These women were knowledgeable about the phenomenon as they underwent several therapies. Women were diagnosed with metastatic breast cancer. They would have to be 18 years and older and receiving active treatment. They could be receiving palliative care but not hospice services. The participants spoke English and could discuss their quality of life for one hour during the semi-structured interviews. Women who were in remission, survivors, and those without the mental capacity to consent were excluded. Possible participants were approached by the nurse or physician and were provided with the approved flyer. Participants reached out to the researcher and expressed their desire to participate.

Sampling Design

I used purpose sampling to select women with metastatic breast cancer receiving treatment, which may affect their quality of life. Purpose sampling allowed me to select participants that offered rich information on the phenomenon that was analyzed (Patton,

2015). The inclusion criteria for the participants were females with metastatic breast cancer still receiving breast cancer treatment; they could be receiving palliative care but not be under hospice services. They could read and speak English to sign an informed consent agreement. The criteria for exclusion were women who are breast cancer survivors, patients under hospice services, and women without the mental capacity to participate. My goal was to have 10 to 15 participants until saturation. Data saturation occurs when no new information is extracted from the interviews that could shed light on the phenomenon being studied (Patton, 2015). The number of participants is not as substantial in qualitative research as in quantitative research (Patton, 2015). The goal is not generalized but to rigorously, ethically, and exhaustively answer the research question to attain complex and different viewpoints that are valid and contextualized (Ravitch & Carl, 2021). I conducted semi-structured interviews lasting one hour or less, depending on the participant's health status at the moment of the interview. I selected an outpatient cancer center from the organization where I work due to the easy access and because the organization is a teaching hospital and welcomes research. Participants would be identified by medical records and contacted personally to extend the invitation to participate in the study once IRB is achieved. I had to select a second site because the first site chosen did not allow me to do the participant recruitment, nor did they reach out to me with possible participants.

Instrumentation

I used descriptive (transcendental) phenomenology, which analyzes participants' experiences and turns them into patterns and themes to find shared views about the

phenomenon (Burkholder et al., 2020). I used semi-structured interviews using a responsive interviewing style, which focuses on building trust between researcher and interviewee (Rubin & Rubin, 2012). I will use open-ended questions (Appendix A). The questions were designed to obtain information on the participants' lived experiences and knowledge of the phenomenon. Research instruments are means to collect data being analyzed (Ravitch & Carl, 2021). Data collection tools or protocols involve questions, prompts, and mechanisms that direct data collection (Ravitch & Carl, 2021).

Women with metastatic breast cancer were the data source for this qualitative research study. Qualitative data was collected using responsive interviewing to extract in-depth responses to the phenomenon. Each participant was offered a different view on the phenomenon and there will not be a wrong or right answer. I actively listened to each participant to obtain rich data to help answer each research question. Participants will be informed and comfortable by asking nonconfrontational and non-judgmental questions (Rubin & Rubin, 2012).

Procedures for Recruitment, Participation, and Data Collection

I created a flyer to post at the cancer center explaining my study (see Appendix A). I wrote the flyer and described the study's purpose and participation requirements. The nurses provided a flyer to possible participants and contacted me to ask if they were interested in participating. I provided the consent (Appendix B) to those who met the criteria and were willing to participate. I made myself available to answer any questions they had. The plan was to meet with each participant separately in a calm, private, and comfortable environment for the participants.

The interviews were conducted in person at their oncologist's office. There was an empty room that was separated from the examining rooms, and participants were able to come through the back without having to stop at the front desk. The location was chosen by the participants as they felt it was more convenient for them. The interviews lasted for one hour each and each interview was completed in one sitting. I scheduled the interview date and time and had participants sign the consent just before the interview if they had questions or concerns. I reviewed the purpose of the study and informed the participants that the interview would take approximately one hour. However, they were free to stop if they felt uncomfortable answering the questions or if their health status was not optimal. I utilized the interview guide template provided by Walden University as a guide (Appendix C). Participants were reminded that interviews would be tape-recorded using a digital tape recorder to actively engage in the interview, although I took some notes. Participants had the option to read the transcript for accuracy. There was a variation in the data collection from how it was first planned. The site needed to be changed as I did not get feedback from the first site's personnel on any possible participants. The fist site did not allow me to meet with the nurses nor post the flyer that was approved by them. A second site was approved by Walden University and the physician welcomed the idea of doing the study there.

Data Analysis

The research question is: What are the lived experiences on quality of life in women with metastatic breast cancer? According to Hijmans & Kuyper (2020), qualitative interviews exchange a conversation with a goal. They stated that interviews

gain insights into an individual's subjective experiences, opinions, or interests. Semi-structured interviews are identified by open-ended questions and an interview guide to maximize areas of interest.

Qualitative data analysis has various intersecting phases and is nonlinear (Ravitch & Carl, 2021). The first phase in the process is that qualitative data analysis is interactive and recursive, which entails understanding that data analysis starts from the moment data is collected. The second phase is that qualitative data is formative and summative, the process where data is refined. Third, data analysis demands data and theory triangulation, which is analyzing data at different times, places, or with various participants. Lastly, the researcher must challenge themselves by seeking collaboration from others (Ravitch & Carl, 2021).

I judicially read the full transcript from each interview multiple times to look for concepts, themes, or events related to the research question. I kept a journal with field notes that I had ready whenever I was reading the transcripts, as they shed light on the meaning of the interview (Rubin & Rubin, 2012). I manually coded and used qualitative data analysis software (QDA) Quirkos to store data, which helped me categorize and classify the information into sentiments, themes, and attributes (Rubin & Rubin, 2012).

Patton (1990) stated that qualitative researchers would identify the discrepant case only after they have finalized the initial data collection and analysis. Researchers develop a more in-depth understanding of the phenomenon when exploring the disconfirming case (Booth et al., 2013). These discrepant cases can be identified by paying particular attention to the variation and details of those that provide different information than what

is expected and strengthen the study results (Rubin & Rubin, 2012). Participant 5 was the only participant who indicated that nothing changed, and she was able to do everything she did prior to getting diagnosed and getting treatment. However, she shared that now she has to stay close to a bathroom due to severe diarrhea and is not able to do her errands until later in the day once the diarrhea has subsided.

Issues of Trustworthiness

Spending enough time at the research site provides scope, and focusing on all details related to the study includes depth, which are essential for credibility (Lincoln & Guba, 1985). Reflecting and controlling biases are critical to maintaining trustworthiness (Burkholder et al., 2020).

Credibility

The key to credibility is to conduct systematic, in-depth fieldwork to produce high-quality data (Patton, 2015). I interviewed 6 participants, which allowed me to obtain rich data from the phenomenon being studied and how each participant's point of view offered different perspectives on their lived experiences. Triangulation involves gathering and considering other perspectives using various data sources and alternate frameworks to analyze them (Patton2015).

Transferability

In qualitative studies, the researcher must provide an ample description of the setting and presumptions of the study so that readers may be cognizant of the application of the study's results (Trochim, 2006a). In other words, the researcher must tell the story so that readers can form a vivid picture of what happened during the research,

accomplished by keeping journals and records that consumers can access (Amankwaa, 2016). I described the data collected during the interviews and the study setting so that consumers can compare it to other contexts and transfer it to other studies. I collected data that answered the research questions using the phenomenological method (Ravitch & Carl, 2016).

Dependability

The way to achieve dependability is through triangulation, arranging methods, and constructing a well-articulated justification for your choices to affirm that you have put together the appropriate data collection plan according to the research questions (Ravitch & Carl, 2021). I provided an audit trail on the research process, keeping a diary and journal to archive information on events during the interview process. Any changes in methodology that may occur in qualitative research must be explained and made available to the audience (Guba & Lincoln, 1989; Merriam & Tisdell, 2016).

Confirmability

Qualitative studies involve the researcher's subjectivity, but their methods must be established on verifiable procedures, investigations, and conclusions (Burkholder et al., 2020). I kept an audit trail of each step taken throughout the research project, from data collection and analysis to field notes that helped me prove confirmability in my study. Lincoln and Guba (1985) recommended keeping an audit trail, triangulation, and reflexivity to establish confirmability. My committee chair reviewed and coded my transcripts to provide intercoder reliability.

Ethical Procedures

I sought permission from the institution where the research study will take place to post the flyer I intended to use. I obtained IRB approval from the institution where the study would occur and the Walden Institutional Review Board. I handed out the informed consent form to each participant, ensuring they understood that their participation was voluntary and that there would be no penalty if they wished to withdraw at any point in the study. I assured them that the information collected would remain confidential and that there would be no identifiable information about them. I told them I would share interview recordings and full transcripts with them if they requested. I let them know that participating in the study would help shed light and understand how lived experiences may affect the quality of life. I clarified to the participants that the study did not pose any risks to their well-being, but they were free to stop if they felt uncomfortable answering the questions or if their health status was not optimal at that time

Lastly, I informed them that data would be kept for five years as requested by Walden University, and then the data would be shredded. The participants were offered a $25.00 gift card for taking the time to participate in the study. Rosenthal (1994) stated that no claims or expectations of a benefit that would not delivered should be claimed. Monetary compensation should not be excessive to prevent influencing participants' decision to participate voluntarily (Burkholder et al., 2020).

Summary

In this qualitative study, I used a phenomenological approach to obtain the participants' lived experiences on quality of life. I accomplished this by interviewing

each participant for about one hour to allow sufficient time for them to share information-rich data about their experiences. I anticipated getting approval from the IRB from the institution where I plan to conduct the research and the Institutional Review Board (IRB) from Walden University because the study will involve human subjects. Participants obtained informed consent after understanding that their safety, identity protection, and confidentiality would be kept safe. In Chapter 4, I addressed the findings of my study.

Chapter 4: Results

I analyzed the perceptions of the quality of life of women with metastatic breast cancer through this qualitative phenomenological study. The purpose of my research was to develop a deeper understanding of the lived experiences of the quality of life for women with metastatic breast cancer. The following question was designed to align with my research thesis, problem statement, and research purpose: What are the lived experiences on quality of life in women with metastatic breast cancer?

This study took place at an outpatient cancer center in eastern Pennsylvania. Patients diagnosed with metastatic breast cancer receiving treatment were recruited. I conducted interviews where participants shared their experiences and perceptions of how their diagnosis and treatments affected their quality of life. This chapter will outline the setting, demographics, data collection, and data analysis, demonstrate trustworthiness, and share the study results.

Setting

It took two quarters before I received approval from the first site's IRB. I kept in close contact with the education department and attended monthly research department meetings. Once the study was approved, I met with the site's cancer center supervisor to explain the study. I was not permitted to talk to the nurses, nor was I allowed to post the site's marketing department-approved flyer. The site's supervisor advised me that the physician would do the recruitment and would let me know of any possible participants. I never heard back from anyone. I followed up with emails, texts, and phone calls but never received a response. I requested approval for a second site as I never heard from

the first site. I went through the process with Walden University's IRB with the help of my committee. Once I got the approval, I started the recruitment process. I could post Walden's IRB's approved flyer at the second site. The physician and nurses also helped inform possible participants about the study. All the interviews were in person at the second site in eastern Pennsylvania.

Demographics

There were a total of nine participants in the study; six completed the study, and three withdrew. Out of everyone who participated, they were all women ranging from 56 to 92 years of age. Women were Caucasian and Hispanic. All women were diagnosed with metastatic breast cancer and had been battling breast cancer for 12-20 years. They are all currently receiving active treatment. Table 2 provides demographic details.

Table 2

Demographic Details of Participants

Characteristic	N
Gender	
Female	6
Age Group	
50 +	6
Years Battling Cancer	
2	1
8	1
12	1
19	1
20	2
Ethnicity	
Caucasian	5
Hispanic	1

Data Collection

The six participants were asked semi-structured, open-ended questions during

their respective interviews. Semi-structured, open-ended questions were purposely used to allow participants to share their experiences on how and if their cancer diagnosis and treatments had affected their quality of life. Purposive sampling was used to select women with metastatic breast cancer as they would provide in-depth and rich knowledge about the phenomenon of this study (Ravitch & Carl, 2021). I interviewed six participants. According to Creswell and Creswell (2018), in a phenomenology design, the number of participants can range from three to 10.

The Walden University Institutional Review Board approved the study in August 2024. A letter of intent was obtained from the physician at the cancer center. Once the study was approved, I provided the cancer center with the approved flyer and consent form. These were supplied to possible participants by the nurse and physician. Participants contacted me to schedule the interviews. I reviewed the consent form with each participant and asked if they had any questions before they signed it. Once the consent was signed, I reminded the participants that the interview would be recorded on a digital recorder and that everything would be confidential. I proceeded with the interview. Each interview lasted 60 minutes.

The initial question was to understand what participants went through and how they felt when they were first diagnosed with metastatic breast cancer. The remaining questions helped to extract information about each participant's experiences throughout their cancer trajectory. Each participant spoke freely about their experiences of when they were diagnosed and shared explicit details on how their journey has been throughout. They shared information on treatments received and side effects of those treatments, their

performance in activities of daily living, their quality of life, their support system, and their relationship with the healthcare team. During the interviews, I used active listening and asked for clarification if I had any questions about the message they were trying to convey. I thanked each participant once the interview was over for the time they took to do the interview and for sharing their experiences with me. Once the interviews were done, I reflected on my reactions and feelings about them. I gave each participant a $25.00 gift card as a token of appreciation and expressed my gratitude for sharing their experiences with me.

Data Analysis

I coded the data manually using Microsoft Word and used the qualitative data analysis software Quirkos to store data and categorize and classify the information and themes. I transcribed the data using Quirkos. I read the full transcript from each interview multiple times to look for categories, themes, or events related to the research question. I kept a journal with field notes to shed light on the meaning of the interview (Rubin & Rubin, 2012). I used color coding for content analysis and reviewed the interviews side by side. I integrated all interview categories and themes and created a Word document. All categories and themes were divided by each interview question, and this resulted in 279 codes. I reviewed and reanalyzed the data to summarize the number of codes and develop interpreted categories and themes, recapitulating participants' own words (Saldana, 2021). After analyzing the data, I assigned descriptive codes to relevant data segments. I proceeded to group similar codes into broader categories that capture recurrent patterns. Lastly, I construed those categories to develop deep, encompassing

themes that contained the core meaning and observations from the data, entwining them into a close-knit narrative to tell the story of my findings. Table 3 displays the results for the research question: What are the lived experiences on quality of life in women with metastatic breast cancer?

Table 3

Findings

Code	Category	Theme
Consternation P1: “Disbelief, especially that I didn’t have any signs, nothing was hurting” P2: “I was scared to death” P3: “I mean, I thought I was going to die” P5: “There was initial fear, but anxious to move on and do what needed to be done” P4: “I got the result that it was positive, and everything happened like in a whirlwind” P6: “I was so angry”	Shock Fear of dying Fear of dying Time-sensitive Numbness Emotional reaction	Initial diagnosis Experiences at the time of diagnosis Disruption in life
Treatment Modalities P1: “I had different chemotherapies” P2: “They did a mastectomy” P5: “I went through radiation”	Different drugs due to cancer progression Initial treatment Reduce recurrence	Chemotherapy Surgery Radiation Therapy
Debilitating nerve toxicity P1: “I have neuropathy. I was walking, couldn't feel my feet, and even fell a few times. The same with my fingers, my hands” P2: “My biggest complaint right now is neuropathy. It’s gotten bad, and it’s up to my knees, feet, hands, and a little in my arms” P3: “Tingling and numbness in my fingers. Sometimes it gets so numb, I cannot even open anything” P5: “I still have numbness and tingling in my hands and my feet” P4: “Every now and then, my fingers get numb. It’s almost like they are locked in place”	Peripheral neuropathy Peripheral neuropathy Peripheral neuropathy Peripheral neuropathy Peripheral neuropathy	Side effect
Profound weakness P1: “Like I would just sit there and be so miserable and weak” P2: “I get chemo, maybe a day or two days later, I feel lightheaded and weak”	Extreme fatigue Extreme fatigue	Side effect
Severe diarrhea P2: “I got to watch what I eat and take anti-diarrhea pills. Got a little better, and then boom, you’re back on it again” P5: “The big deal was diarrhea” P4: “Five or six bowel movements in one day that they’re all diarrhea” P4: “Can’t leave the house because I need to be close to a toilet”	Improved, but then it was there again Significant Disruptive Disruptive	Side effect
Reduction in performance P1: “Suddenly, you can’t do anything, and it’s overpowering, and you feel horrible that you can’t clean or do gardening” P2: “Just didn’t have the energy to do anything”	Feeling guilty Extreme fatigue Painful activity Extreme weakness Difficulty in usual activities	Performance

Code	Category	Theme
P5: “Vacuuming, that’s a big part of my existence, and changing the sheets is difficult because it causes much pain” P3: “I used to wait for my daughter to help me shower because the act of showering was so fierce” “Getting groceries is a chore to take them up the steps”		
Resiliency P1: “I’m still here after 12 years of treatment. I can still get up and take care of myself” P4: “I worked every day and did everything I needed to do” P5: “Instead of focusing on the things that cause pain, anxiety, and depression, focus on positive things. Somedays, it is a struggle to do so” P3: “Sickness taught me how strong I am. Sometimes, you can only learn this when you go through trials” P2: “I've learned how to deal with it all, you know, as it comes”	Autonomy Keep going Positive attitude Strength Resilient	Quality of life
The importance of family, friends, pets, and faith P3: “My children, my family” P2: “My husband always supported me” P5: “The church group of people is so uplifting” P6: “My children” P1: “My husband and family and friends abroad” P4: “My husband and friends”	Family is essential Faith is key Friends are important Spouse support meant so much	Support system
Dependable P1: “They are great, supportive and help me navigate the healthcare system” P4: “They provided me with a manila folder that had all the information I needed” P6: “Everybody is accommodating and good” P5: “The physician and nurses let me know what to expect” P2: “I love my nurses” P3: “My healthcare team is God’s sent”	Supportive Informative Accommodation Informative Supportive God heard my prayers	Healthcare Team

Evidence of Trustworthiness

Credibility

I used manual coding to ensure the credibility of the study. I judicially read the full transcript from each interview numerous times to look for concepts and themes. I used peer debriefing and reflexive journaling to enhance trustworthiness (Cresswell & Cresswell,2018). The Dissertation Committee also supervised the study. Lincoln and Guba (1985) stated that prolonged commitment, continual observation, triangulation, and peer debriefing are fundamental for establishing validity.

Transferability

Ravitch and Carl (2021) stated that transferability in qualitative research is not to make a statement that is used for other populations but to provide a detailed definition of the data. I transcribed the interviews verbatim, which provided a thick description. The thick description suggests the character of the behavior and setting that gives it meaning (Hennink et al., 2011). This will help others to see if the study can apply to other situations and settings.

Dependability

Semi-structured questions allowed participants to share their experiences and insights into the phenomenon. The questions presented to the participants and their answers provided rich information on their lived experiences and quality of life. Ravitch & Carl (2021) stated that dependability can be achieved by triangulation and choosing the correct data collection method for the research question. Triangulation was achieved by collecting data from multiple individual interviews that provided a more comprehensive

understanding of the phenomena.

Confirmability

I have vast experience in the field of oncology, and I used reflexive journaling to reflect on my feelings and experiences, to be objective, and not to let my feelings influence the study. An objective of confirmability is to acknowledge and analyze our biases through structured reflexivity (Ravitch & Carl, 2021).

Results

Research Question

What are the lived experiences on quality of life for women with metastatic breast cancer? Themes consisted of the following:

1. Consternation at the time of diagnosis
2. Treatment modalities
3. Side effects
4. Resiliency
5. Quality of life
6. The importance of family, friends, pets, and faith
7. Dependable healthcare team

Theme 1: Consternation at The Initial Time of Diagnosis

The first theme relates to how the participants reacted and felt when they were first diagnosed. The participants described their experiences when initially diagnosed as shocking, getting gruesome news, unbelief, and fearful of dying. Participant 1 described her experience as “Disbelief, especially that I didn’t have any signs, nothing was hurting”

Participant 2 described hers as “I was scared to death” Participant 3 described her experience as “I mean, I thought I was going to die.” Participant 4 described hers as “There was initial fear, but anxious to move on and do what needed to be done.” Participant 5 described her experience as “I got the result that it was positive, and everything happened like in a whirlwind.” Participant 6 described hers as “I was so angry.”

Although there were only two participants who expressed fear of dying from their metastatic breast cancer diagnosis, they all agreed that they felt numb and that it was a life-changing experience. Some of these participants had been battling breast cancer for over 10 years at the time of the interview, and some of the participants had young children at that time. These women feared they would not be alive to care for their children. For some of them, the initial diagnosis was shocking and left them feeling numb.

Theme 2: Treatment Modalities

The second theme relates to various treatments that the participants had received throughout their cancer trajectory. Participant 1 stated, “I had different chemotherapies.” Participant 2 reported, “They did a mastectomy.” Participant 5 stated, “I went through radiation.” The majority of participants initially had mastectomies and received radiation therapy. At the time of the interview, all participants were still receiving chemotherapy. Some of the participants shared that they were happy their spouses supported them despite them having a mastectomy. Two participants shared that they had friends whose spouses opposed them to have mastectomies, and they opted for not having the surgery,

and both lost their lives.

Theme 3: Side Effects

Theme three relates to side effects from participants' treatments throughout their cancer trajectory.

Nerve Toxicity. Participant 1 described one of her side effects as “I have neuropathy. I was walking, couldn't feel my feet, and even fell a few times. The same with my fingers, my hands.” Participant 2 described one of her long-lasting side effects as “My biggest complaint right now is neuropathy. It’s gotten bad, and it’s up to my knees, feet, hands, and a little in my arms.” Participant 3 described it as “Tingling and numbness in my fingers. Sometimes it gets so numb, I cannot even open anything.” Participant 4 reported, “Now and then, my fingers get numb. It’s almost like they are locked in place.” Participant 5 described it as “I still have numbness and tingling in my hands and my feet.”

Profound Weakness. Participant 1 described it as “I felt like so tired when I would sit down, and I just was not able to get up at all.” Participant 3 reported, “I get chemo, maybe a day or two days later, I feel lightheaded and weak.”

Severe Diarrhea. Participant 2 described it as “I got to watch what I eat and take anti-diarrhea pills. Got a little better, and then boom, you’re back on it again.” Participant 4 reported it as “Can’t leave the house because I need to be close to a toilet.” Participant 5 described it as “The big deal was diarrhea.”

Reduction in Performance. Participant 1 described her performance as “Suddenly, you can’t do anything, and it’s overpowering, and you feel horrible that you

can't clean or do gardening." Participant 2 described it as "Getting groceries is a chore to take them up the steps." Participant 3 reported it as "I used to wait for my daughter to help me shower because the act of showering was so fierce." Participant 5 reported her performance as "Vacuuming, that's a big part of my existence, and changing the sheets is difficult because it causes much pain." Participant 6 described her performance as "hardly functioning."

Participants shared their experiences of how the side effects of treatments affected them. Although it is not an all-inclusive list, the side effects listed are the ones that participants felt had the most significant impact on their well-being. Only Participant 6 reported not having peripheral neuropathy as a side effect of her chemotherapy treatment. All the other participants reported having peripheral neuropathy that interferes with their ADLs. Two participants reported feeling profound weakness that impeded them from doing their activities of daily living. Four out of the six participants reported severe diarrhea despite taking anti-diarrheal medications. Most participants agreed that their performance decreased, but interestingly, one of the participants reported that her performance was not affected. She was able to continue with life as usual concerning performance.

Theme 4: Perceived Quality of Life

Theme four relates to what quality of life means for each participant. Participant 1 viewed her quality of life as "Going to church and meeting with my friends. Be able to drive and leave the house." Participant 2 described hers as "Try to do things and stay active." Participant 3 viewed her quality of life as "Having internal peace. Waking up in

the morning and thanking God that I am not in the hospital." Participant 4 described it as "Doing things for myself such as cleaning, doing laundry and cooking." Participant 5 viewed her quality of life: "I would not be here if it were not for my dogs. They are a bright spot in my day." Participant 6 described hers as "Gardening and sitting outside in the sun." Most participants had different views on how they perceived their quality of life, but they all had something in common: they all agreed that quality of life meant being able to do something meaningful to them.

Theme 5: Resilience

The fifth theme relates to the participants' resilience in fighting for their lives like warriors. Participant 1 described it as "I'm still here after 12 years of treatment. I can still get up and take care of myself." Participant 2 described it as "I've learned how to deal with it all, you know, as it comes." Participant 3 described it as "Sickness taught me how strong I am. Sometimes, you can only learn this when you go through trials." Participant 4 described it as "I worked every day and did everything I needed to do." Participant 5 described it as "Instead of focusing on the things that cause pain, anxiety, and depression, focus on positive things. Somedays, it is a struggle to do so." Five of the six participants felt that regardless of their struggles during their cancer trajectory, they kept pressing on what lay ahead of them. Each day, they found a reason to overcome their challenges.

Theme 6: The Importance of Family, Friends, Pets, and Faith

Theme six relates to what participants considered to be their support system throughout their cancer trajectory. Participant 1 described her support system as "My husband and family and friends abroad." Participant 2 reported her support system as

"My husband always supported me." Participant 3 reported it as "My children, my family." Participant 4 described it as "My husband and friends." Participant 5 described it as "The church group of people is so uplifting." Participant 6 described it as "My children." Most participants shared that family was a robust support system for them, with one of the participants feeling that her pets, her faith, and her church family kept her afloat.

Theme 7: The Healthcare Team is Dependable

In theme 7, participants shared their experiences with their healthcare teams. They spoke about what their healthcare team means to them and how each one has helped them navigate the healthcare system. Participant 1 described the healthcare system as "They are great, supportive and help me navigate the healthcare system." Participant 2 described it as "I love my nurses." Participant 3 described it as "My healthcare team is God's sent." Participant 4 reported that her healthcare team "They provided me with a manila folder that had all the information I needed." Participant 5 described them as "The physician and nurses let me know what to expect." Participant 6 described them as "Everybody is accommodating and good." All participants felt that their healthcare team was supportive. They shared that they primarily wanted their healthcare team to empathize with their needs without giving them false hope. Participants expressed their desire for healthcare teams to inform them of their treatments and health.

Summary

The lived experiences of these participants living with metastatic breast cancer are very similar in some areas. At the initial diagnosis, participants reported being shocked,

numbed, and fearing dying due to their cancer. All the participants, except for one, went through surgery and then received chemotherapy and radiation therapy to treat their metastatic breast cancer. All of the participants, except one, reported having peripheral neuropathy, a side effect of taxanes, a type of chemotherapy. They reported that peripheral neuropathy has had a crimpling impact on their performance, and they had to modify their activities due to the painful disorder. Two participants reported experiencing profound weakness, where they were not able to do any activities after receiving chemotherapy. Two participants experienced severe diarrhea that impeded them from leaving the house because they were afraid they would not make it to the bathroom in time. The participants had different views regarding how they perceived their quality of life. P1 perceived she has a quality of life as long as she can get out of the house, go to church, and spend time with her friends. P2 and P4 both agreed that having quality of life means staying active and doing things for oneself. P3 viewed hers as being alive and out of the hospital. For P5, quality of life is having her dogs around to brighten her day. P5 viewed her quality of life as being able to do gardening and the ability to sit in the sun. These women are resilient and have been fighting metastatic breast cancer for up to 20 years. Despite their diagnosis and struggling between side effects from treatments, they managed to continue with their lives and found strength from deep inside themselves. They relied on their support system, from family members to church friends. They had expressed that their healthcare teams were essential to their well-being, from the person who sits at the front desk to the person who draws their blood. They were grateful for the physicians and nurses who spent hours while they got their treatments and gave them

moral support.

In Chapter 5, I examine the study's findings and how they confirm, disprove, or broaden the knowledge of the nursing discipline by correlating them with the literature described in Chapter 2 and the findings in the context of the theoretical framework of the Theory of Unpleasant Symptoms.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this descriptive phenomenological qualitative study was to develop a deeper understanding of the lived experiences of the quality of life for women with metastatic breast cancer. The RQ was "What are the lived experiences on quality of life in women with metastatic breast cancer?" Seven themes emerged from the research question. First, participants felt consternation at the initial diagnosis; they reported being shocked, numbed, and fearing dying due to their cancer. Second, all participants, except for one, had mastectomies, went through chemotherapy, and received radiation therapy as part of the treatment modalities. Third, nerve toxicity was a side effect that all except for one of the participants reported as a long-term problem for them. They reported having peripheral neuropathy, which decreased their performance. Diarrhea as another side effect that was problematic for three participants who reported not being able to leave their houses due to fear they would not find a bathroom nearby. Profound weakness after chemotherapy was another side effect that participants reported being problematic and prevented them from doing their activities of daily living. Reduction in performance was also reported from by five of the participants. The fourth theme was quality of life; the participants' views on it varied, but some were similar that just being able to go out of the house was very important. Fifth, all the participants demonstrated resiliency during their cancer trajectory for some of the participants battling metastatic breast cancer for 20 years. Sixth, family, friends, pets, and faith all played an essential role in bringing support to all the participants. Finally, the healthcare team, besides providing medical care for the participants, became their support system in navigating the healthcare system,

with nursing being their pillar as the participants expressed it.

Interpretation of the Findings

The study provides discernment on how cancer and the various treatment modalities impact the quality of life of women with metastatic breast cancer. Side effects from the different treatments and physical and emotional pain can affect their quality of life, concurring with previous research that women with metastatic breast cancer may face poor quality of life due to symptom burden, suffering, cancer progression, and unmet needs (Beatty et al., 2022). Other researchers have noted that the diagnosis of cancer and various treatment modalities linked to psychological distress generally produce a decline in emotional and physical health and quality of life (Peters et al., 2020). A side effect of chemotherapy is chemotherapy-induced peripheral neuropathy. This treatment is necessary to treat metastatic breast cancer, and its side effects range from transient to permanent. Patients lose functional capacities, including the ability to walk or button shirts, decreasing their quality of life (Teran-Wodzinski et al., 2022). Five out of the six participants reported having long-term effects from chemotherapy, in which peripheral neuropathy was one of them, causing detrimental impairment to their performance status. Participant 2 described one of her long-lasting side effects as “My biggest complaint right now is neuropathy. It’s gotten bad, and it’s up to my knees, feet, hands, and a little in my arms.” In the study, most of the participants reported feeling extreme weakness after chemotherapy, and they did not have the energy to even get up from lying on the couch. They reported feeling overwhelmed, as Participant 1 reported, “Suddenly, you can’t do anything, and it’s overpowering, and you feel horrible that you can’t clean or do

gardening." As previous research reported, quality of life can be affected by symptom burden related to side effects of treatments and breast cancer itself (Mertz et al., 2022).

Despite the fear of progression inpacting quality of life among breast cancer patients, social support has a mediating role (Ban et al., 2021). Participant 4 reported, "I mean, I thought I was going to die." Participant 4 reported, "They provided me with a manila folder with all the information I needed, from the beginning of my treatment to the last one." She mentioned that this was extremely important because it would have treatment names and side effects, and it was an excellent reference for her. Patient journey mapping is a popular approach to evaluating patient's experiences navigating complex and dynamic healthcare systems (Sijm-Eeken et al., 2020). Participant 4 added that when she moved to another state, she brought that folder with her, and it provided all the information for the new treating oncologist.

All participants demonstrated resiliency throughout all the years that they had been battling metastatic breast cancer. P5 reported, "Instead of focusing on the things that cause pain, anxiety, and depression, focus on positive things. Somedays, it is a struggle to do so." Women with metastatic breast cancer go through many psychological changes, such as depression, sadness, and anxiety, with which they must cope daily (Islam et al., 2020). Participant 6 reported, "My children" are my support system. P5 reported, "The church group of people is so uplifting."

The conceptual framework for this study, the middle-range theory of unpleasant symptoms, implies that physiological, psychological, and situational factors influence the patient's predisposition to an unpleasant symptom (Lenz et al., 1995). Metastatic breast

cancer patients go through a downward spiral from the moment they are diagnosed. Lewandowska et al., (2020) suggested that cancer is an unpleasant experience and that all patients react differently. In the theory of unpleasant symptoms, the main elements are symptoms as patients experience them. These symptoms are said to change the individual's health status, decreasing their quality of life by their dimension, intensity, time, and the suffering caused to the individual (Lima Gomes et al., 2019). The theory of unpleasant symptoms allowed me to identify elements to consider in participants' symptom experiences that affected their physiological and psychological well-being. During the interviews, participants shared their experiences on how their initial diagnosis of metastatic breast cancer affected their psychological well-being by being afraid of dying. For some women, it is also being scared that their husbands would be around after undergoing mastectomies. Their physical well-being was also affected by the various side effects of chemotherapy and radiation therapy. Profound weakness and peripheral neuropathy were debilitating aspects for most of the women who participated in the study. Considering the theory while developing the interview questions helped me cover participants' physiological, psychological, and situational factors predisposing them to unpleasant symptoms. In examining the data, there was an interrelationship between the physical, psychological, and situational factors metastatic breast cancer patients go through during their cancer trajectory and the impact on their quality of life. P1 reported, "Suddenly, you can't do anything, and it's overpowering, and you feel horrible that you can't clean or do gardening", and P3 reported, "I used to wait for my daughter to help me shower because the act of showering was so fierce."

The participants shared their lived experiences and what they perceived as quality of life. They provided rich, thick data on how resilient they are after battling cancer for some 12 to 20 years. P5 reported, “Instead of focusing on the things that cause pain, anxiety, and depression, focus on positive things. Somedays, it is a struggle to do so”, and P2 shared, “Having internal peace. Waking up in the morning and thanking God that I am not in the hospital.” Quality of life is the patient’s perception of their position in life, concerning their position in life, according to their system values, culture, and goals of care (WHO, 2023). Teoli & Bhardwaj (2023) defined quality of life as a concept that describes an individual's or population's well-being, positive or negative, within a specific time. Participant’s quality of life was affected at different points during their treatments. Having profound weakness, severe diarrhea, and nerve toxicity, such as peripheral neuropathy, were some of the side effects that prevented participants from doing things that were meaningful to them. All participants felt that not being able to do things that were meaningful to them equaled a lack of quality of life.

Limitations of the Study

Credibility

No changes were made from the proposal to the implementation of the study. I used manual coding to ensure the credibility of the study. I judicially read the full transcript from each interview numerous times to look for concepts and themes. I used peer debriefing and reflexive journaling to enhance trustworthiness (Cresswell & Cresswell,2018). The Dissertation Committee also supervised the study. Lincoln and Guba (1985) stated that prolonged commitment, continual observation, triangulation, and

peer debriefing are fundamental for establishing validity.

Transferability

Ravitch & Carl (2021) stated that transferability in qualitative research is not to make a statement that is used for other populations but to provide a detailed definition of the data. I transcribed the interviews verbatim, which provided a thick description. The thick description suggests the character of behavior and setting that gives it meaning (Hennink, Hutter, & Bailey, 2011). This will help others to see if the study can apply to other situations and settings.

Dependability

Semi-structured questions allowed participants to share their experiences and insights into the phenomenon. The questions presented to the participants and their answers provided rich information on their lived experiences and quality of life. Ravitch & Carl (2021) stated that dependability can be achieved by triangulation and choosing the correct data collection method for the research question.

Confirmability

I have vast experience in the field of oncology, and I used reflexive journaling to reflect on my feelings and experiences, to be objective, and not to let my feelings influence the study. An objective of confirmability is to acknowledge and analyze our biases through structured reflexivity (Ravitch & Carl, 2021).

Recommendations

I used a descriptive phenomenological approach because it described how women with metastatic breast cancer perceived their lived experiences on their quality of life,

given that they are receiving ongoing treatments. This method allowed me to explore the participants' lived experiences. The focus of phenomenological research is to catch the participant's experience and expression in a way that stays true to the lived experience as possible (Rudestam & Newton, 2015). I used the theoretical framework of unpleasant symptoms to guide my study. Lima Gomes et al. (2022) reported that the theory of unpleasant symptoms can be used in clinical practice to pick out elements that encircle the symptom experience lived by the patient, including their physical, psychological, and the magnitude of how symptoms and the process of their illness journey. In interviewing the participants, the theory held true as their lived experiences encompassed their physical, psychological, and process in their cancer trajectory. Recommendations for prospective research include how real-time reporting of severe symptoms from side effects would benefit patients. Patients have a checklist that they check out symptoms they are having when they go for their treatments. At that point, some of their adverse effects may have subsided, and patients are left alone to deal with those symptoms until seen in their subsequent follow-up visit. These patients are sent home with medications to cover side effects that they can take on an as-needed basis, but sometimes they may need more personal care. Intervention content delivered through smartphones could send brief or micro digital approaches used in noncancer patients that send daily prompts, questions, or tips have shown improvement in indicators of health (Langer et al., 2024). Verkissen et al. (2019) found similar findings in their study. They stated that early symptom assessment and treatment are essential to provide patients with a stable quality of life and functioning. More studies are needed to explore the differences between those with high

and low symptoms affecting their quality of life.

This study was conducted in a rural town in Pennsylvania. It would be interesting to see the lived experiences of other women in different areas of the country to broaden our information on what quality of life means for them. Physiologic aspects consist of structural, physical, and universal changes that mutually manifest a particular symptom. Psychological factors include affective and cognitive mechanisms that may aggravate the symptoms. Situational factors encompass the patient's physical and social surroundings, such as lifestyle and social support system (Kim & Jung, 2019).

Implications

This phenomenological qualitative study provided insight into the lived experiences of quality of life for women with metastatic breast cancer. Participants shared their stories from the time they were diagnosed and throughout their cancer trajectory. It allowed them to voice how being diagnosed with metastatic breast cancer and the various treatment modalities had affected them. Participants shared that spouses and children had been their support, but they had also found support in their pets and that nurses had also been a pillar to them. More studies are needed to analyze patients' experiences at diagnosis, treatment, and follow-up to understand when and how to help them at crucial times during their cancer journey. Considering patients' processes as they go through their disease trajectory has implications for nursing leadership, including helping nursing staff explore their treatments' side effects with patients more systematically to implement interventions in evidence-based practice. Nursing leaders can advocate for staff to become members of the Oncology Nursing Society to establish

networking with other nurses on best practices for caring for this patient population. Another mandate for nursing leadership might be to ensure adequate nursing staff so nurses can take sufficient time to do their assessments and follow up to ensure that patient's needs related to their symptom burden are met. Implications for nursing education challenge educators to include subspecialties in their curriculum and better prepare nursing students to care for women with metastatic breast cancer. Cancer care is complex. Therefore, preparing future nurses is critical to have better patient outcomes, prevent readmission rates, and lower the length of stay. Implications for clinical nurse educators might include conducting educational needs assessments to determine what staff need to know to provide patient-centered care as described by the Quality and Safety Education for Nurses (QSEN) competencies. As they provide educational programming, they could work with nurse managers to triangulate nurses' knowledge with care outcomes and quality improvement efforts to ensure staff practice according to current standards of care and that the correlation between care and the staff knowledge base demonstrates competence. The implications for nursing informatics are to find ways to facilitate real-time communication between patients and the healthcare team. Patients wait for an office visit to inform providers of side effects from their treatments; this can delay treatments that can potentially help them alleviate their symptoms. Caring for these patients promptly can positively impact and bring about positive social change at the individual level. They could integrate into society by being assisted in relieving their symptoms. At the family level, it will help families alleviate their stress, anxiety, and emotional burdens associated with caring for a loved one. Organizations must advocate

for more funding for research and treatment programs. There is still work to do to offer women with metastatic breast cancer more individualized care. Nurse navigators play a crucial role in helping patients navigate the complexity of healthcare systems. Nurse navigators help patients through their cancer diagnosis, treatment, and recovery by offering emotional support and identifying community resources.

Methodological Implications

Descriptive phenomenological qualitative research was the most appropriate method to capture the participant's experience and expression in a way that stayed true to the lived experience as possible (Rudestam & Newton, 2015). Qualitative studies focus on human feelings, experiences, and beliefs (Ravitch & Carl, 201). I used a descriptive phenomenological approach because it described how women with metastatic breast cancer perceived their lived experiences on their quality of life, given that they are receiving ongoing treatments. This method allowed me to explore their lived experiences. Participants provided their viewpoints and experiences regarding how they perceived those experiences.

Recommendations for Practice

This research provided insight into how women with metastatic breast cancer lived experiences had affected their quality of life. A question asked during the interview was about their understanding of quality of life. Four participants agreed that it was being active and able to do things for themselves, while another was spending time with her dogs, and another was waking up in the morning and being alive. All except for one of the participants shared that it is not always possible to achieve this after receiving

chemotherapy; they experience profound fatigue and severe diarrhea. All participants experienced peripheral neuropathy, which impacted their performance drastically. Despite most participants expressing that their support system was their spouse or family members, one participant reported that her dogs and a church group served as her support system. One of the participants reported that her spouse was supportive but felt guilty about telling him how she felt, and she kept some things to herself.

All participants agreed that the healthcare team is crucial in keeping them abreast of scheduled appointments and focusing on the patient. Participants were asked if they wanted to share anything else before terminating the interview. They all reported wishing to send a message to the healthcare team: to be empathetic and not offer false hope. All participants reported that nurses were supportive and gave them a sense of normalcy while attending to them. One participant said that nurses were God's sent. She added that she loved going for her treatments because she loved interacting with the nurses, as they made her feel special. Nursing plays a crucial role in caring for cancer patients. Attention should be placed on having individualized care plans for women with metastatic breast cancer as side effects from cancer and treatments impact them physiologically, psychologically, and situationally as they endure ongoing therapies.

Conclusion

This qualitative descriptive phenomenological research study furnished an opportunity for women with metastatic breast cancer to share lived experiences on quality of life. The results of my research can contribute to social change by challenging clinicians to assess their needs carefully and empowering them to be resilient throughout

their journey. Participants were open to sharing their experiences, feelings, and concerns in hopes that their experiences would help others like them to get personalized care. Their experiences should inspire nurses and nurse practitioners to become certified in their specializations to be better positioned to care for this particular group of patients skillfully. Nursing leadership must encourage nursing staff to pursue further education as patients have become more complex. Clinical education programs should offer more affordable courses to facilitate certification. Hearing these women's stories significantly impacted me as a practitioner. It provided me with a holistic understanding of their illness, allowing me to humble myself to give them more personalized care and foster empathy. The experience allowed me to see beyond their diagnosis, creating a stronger emotional connection that led to more compassionate care.

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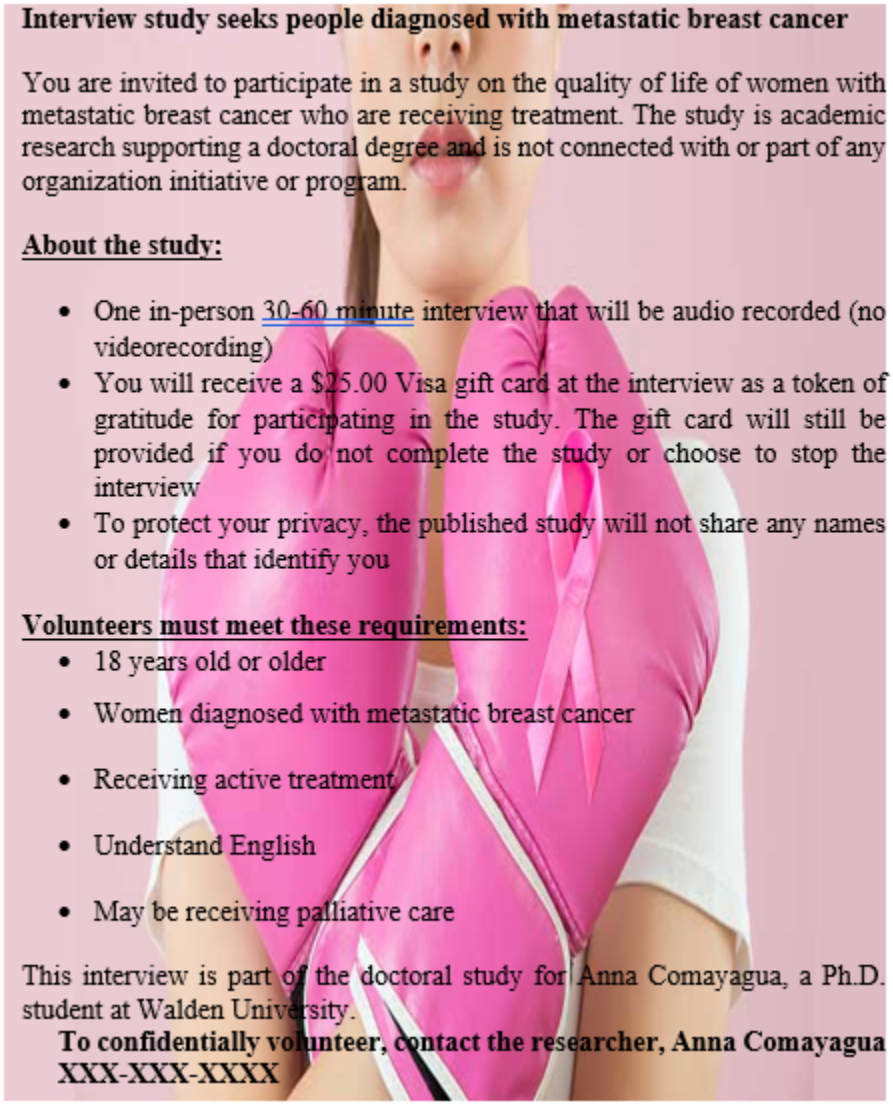
Appendix A: Flyer



Appendix B: Interview Guide Template

Participant Name: ID#	Date of Interview:
Hi, _____. My name is Anna M. Comayagua, and I am going to ask you some questions today. Before we get started, there are a few things to review. I am going to review the consent with you. I have a copy for you to keep and another copy that you will sign if you agree to participate in the study. I will keep the signed copy for my record. Do you have any questions about the information on the consent? I will be asking you to answer questions regarding your lived experiences on quality of life. I would like to ask questions about your experience in relation to quality of life, which is why I asked you to participate, and I am interested in your personal experiences. Therefore, there is no wrong answer, and all your responses are valuable to the success of this study. I will record the interview using a digital audio recorder. The information you provide will be kept confidential. Therefore, your identity will be known only to me. The interview will be tape-recorded and I will ask you not to identify yourself by name the name of the facility or any information that will specifically identify you during this interview. Any information that is recorded that can identify you will not appear in any report of this study. I want to assure you that participating in this study is voluntary and you may decide not to proceed with the interview or stop participating at any time during the interview. If you have other answers or thoughts as we are moving along, feel free to express them. If you agree, I will leave my contact information in case you have additional information to give me or if there is a need for me to contact you to clarify information. What questions do you have for me before we proceed?	

Interview Questions

1. Let's begin with what you can tell me about your experience when you were diagnosed with metastatic breast cancer?
2. Can you please tell me about the type of treatments you received?
3. Can you tell me about your performance in activities of daily living?
4. How would you describe your quality of life? Can you please tell me more?
5. Tell me about your support system and how it helps you with the fight against metastatic breast cancer?
6. Tell me about the relationship with your healthcare team?
7. Is there anything you would like to share with me?