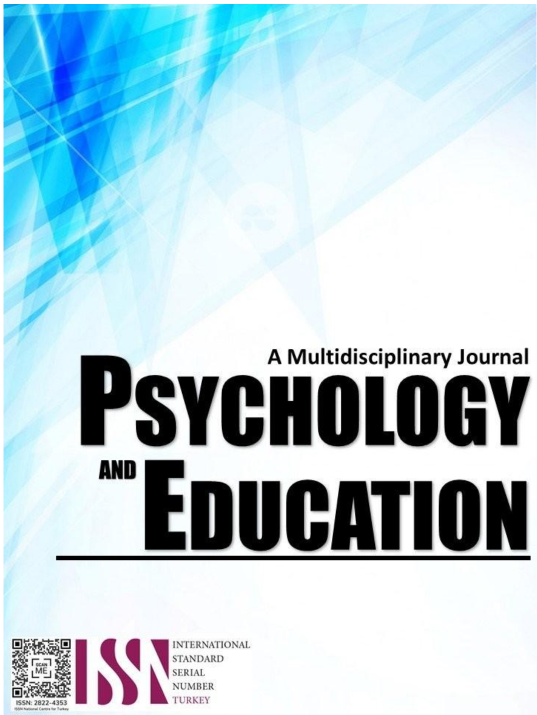
CHALLENGES AND ADAPTATIONS: LIVED EXPERIENCES OF WOMEN OF REPRODUCTIVE AGE UNDERGOING BREAST CANCER TREATMENT IN BOHOL, PHILIPPINES



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Research Article

Challenges and Adaptations: Lived Experiences of Women of Reproductive Age Undergoing Breast Cancer Treatment in Bohol, Philippines

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Abstract

Breast cancer remains the most commonly diagnosed cancer among women worldwide and continues to impose profound physical, emotional, and social challenges, particularly among women of reproductive age undergoing active treatment. This study explored the challenges and adaptive responses of women with breast cancer through the lens of Callista Roy's Adaptation Model. A descriptive qualitative phenomenological design was employed, involving five (5) purposively selected participants from Tagbilaran City, Bohol, Philippines, who were receiving systemic therapy. Semi-structured interviews continued until data saturation was achieved, and the data were analyzed using Colaizzi's method, with member checking to ensure trustworthiness. The findings revealed three primary challenges: physical and physiological changes such as fatigue, nausea, alopecia, and functional decline; emotional disruption and body image alteration characterized through fear, uncertainty, and diminished self-esteem; and marital, parental, and career role changes involving dependence, guilt, and occupational disruption. Adaptations were categorized into personal strategies, such as bodily adjustment, acceptance, positive reframing, and spirituality, and external supports, including family caregiving, empathic healthcare communication, and faith or peer networks. Beyond these adaptive responses, participants described an overarching process of transformation summarized in the theme "New Me", reflecting renewed purpose, identity reconstruction, and spiritual growth after adversity. This transformation aligns with Roy's four adaptive modes: physiologic, self-concept, role function, and interdependence. The study concludes that adaptation represents a complex negotiation between resilience and vulnerability rather than a linear progression, requiring holistic care that addresses physical, psychosocial, spiritual, and relational needs. The findings emphasize the significance of patient-centered oncology nursing that integrates symptom management, psychosocial screening, fertility and role-function counseling, spiritual care, caregiver involvement, and peer support. Through theory-based and context-specific insights, the study contributes to oncology nursing practice, education, and policy in resource-limited settings, reinforcing the importance of compassionate, multidisciplinary care in improving the quality of life of women undergoing breast cancer treatment.

Keywords: *breast cancer, lived experiences, women of reproductive age, adaptation, Roy's Adaptation Model, phenomenology, body image, role function, psychosocial support, Philippines*

Introduction

Oncology nurses often witness the arduous journey that women with breast cancer go through. Beyond giving chemotherapy and checking laboratory results, nurses see stories of pain, strength, and transformation unfold every day. One nurse recalled a patient who had just started her first chemotherapy session. When asked how she was coping, the woman smiled faintly before her eyes filled with tears and said, "It is not the hair falling out or the nausea that scares me most. I wonder if my daughter will still see me as the same mother when this is over." This simple moment shows that breast cancer is more than a medical diagnosis. It is a life-changing experience that affects how women see themselves and how they relate to others.

Breast cancer affects not only the body but also the mind and emotions. Many women struggle with fear, anxiety, low self-esteem, and changes in body image after surgery or chemotherapy. The loss of hair, physical weakness, and treatment side effects often cause distress and isolation. Because of this, nurses play an important role not only in giving medicines but also in providing empathy, comfort, and emotional support. Effective nursing care must look at the whole person and address physical, psychological, social, and spiritual needs to promote complete healing and recovery.

Around the world, breast cancer remains one of the most common and serious health problems among women. In 2020, there were an estimated 2.3 million new cases of female breast cancer and approximately 685,000 deaths globally (International Agency for Research on Cancer [IARC], 2023). In the Philippines, in 2022, the number of new breast cancer cases among females was 33,079, representing 17.5% of all new female cancer cases (IARC, 2024). These numbers highlight the urgent need to understand the lived experiences of patients, especially women of reproductive age, who face not only medical treatment but also family responsibilities, work challenges, and emotional strain.

In Bohol, the Bohol Medical Society (2023) also noted a steady increase in diagnoses, while the City Social Welfare and Development Office of Tagbilaran City reported that more than half of all cancer cases involved breast cancer. These numbers highlight the urgent need to understand the lived experiences of patients, especially women of reproductive age who face not only medical treatment but also family responsibilities, work challenges, and emotional strain.

Despite many advances in cancer care, few studies focus on women who are still undergoing active treatment, particularly in rural areas such as Bohol. Most research centers on survivors or patients in urban hospitals, leaving a gap in understanding the ongoing struggles of those in treatment. This study addresses that gap by exploring the challenges and adaptation of women of reproductive age who are receiving therapy for breast cancer. Guided by Sister Callista Roy's Adaptation Model, which explains how people adjust to changes in their body, self-concept, role, and relationships, and supported by Erik Erikson's psychosocial theory, the study aims to describe how these women cope and find meaning during treatment. The results will help improve nursing practice by promoting holistic, patient-centered, and compassionate cancer care.

Research Questions

This study explored how women of reproductive age undergoing breast cancer treatment navigate their challenges and adapt to the physical, emotional, and social changes brought about by their diagnosis, guided by Callista Roy's Adaptation Model. Particularly, it answered the following research questions:

1. What challenges do women of reproductive age face while undergoing breast cancer treatment?
2. How do these women adapt to the challenges brought about by their illness and treatment?
3. What central meaning best describes their overall experience of living with breast cancer?

Literature Review

Breast cancer remains a leading global health concern, not only because of its prevalence but also due to the profound emotional, psychological, and social consequences it brings to women's lives. The World Health Organization (2020) reported that 2.3 million women worldwide were diagnosed with breast cancer in 2020, with 685,000 deaths attributed to the disease. In the Philippines, the situation is equally alarming, with 33,079 new cases recorded in 2022, positioning the country among the highest-incidence countries in Asia. Earlier data from the Philippine Cancer Society and the Department of Health Rizal Cancer Registry (2009) confirmed a steady upward trajectory in breast cancer cases, while the Bohol Medical Society (2023) recently noted a significant rise in diagnoses in the province. Similarly, the City Social Welfare and Development of Tagbilaran City documented that more than half (52%) of 98 cancer cases involved breast cancer. These figures demonstrate that breast cancer is not only a medical issue but also a pressing social and community concern, warranting holistic attention.

This study is anchored on Sister Callista Roy's Adaptation Model (Roy, 2009), which frames individuals as bio-psycho-social beings continuously interacting with their environment. Roy identifies four adaptive modes—physiologic, self-concept, role function, and interdependence—that describe how individuals adjust to stressors such as illness and life transitions. The model is particularly applicable to women with breast cancer who must cope with physical changes, fertility challenges, professional disruptions, and shifting interpersonal dynamics (Roy & Andrews, 1999). Complementarily, Erik Erikson's theory of psychosocial development (Erikson, 1963) provides insight into how breast cancer intersects with life stages involving intimacy, generativity, and integrity, which are critical to adult identity and purpose. From a legal standpoint, Republic Act No. 11215 or the National Integrated Cancer Control Act of 2019 mandates comprehensive cancer care that includes fertility preservation, psychosocial counseling, and equitable access to treatment (Republic of the Philippines, 2019). These theoretical and legal foundations collectively create a robust framework for analyzing the lived experiences and adaptive processes of women with breast cancer in the Philippine context.

Scholarly evidence highlights fertility as a recurring concern for young breast cancer patients. Smith et al. (2019) and Williams et al. (2019) underscored the importance of early fertility counseling, while Mendoza et al. (2020) revealed inadequate awareness and accessibility of fertility preservation in the Philippines. Kim et al. (2020) and Li et al. (2021) further confirmed that patients who received early counseling were more likely to pursue preservation methods, though barriers remain significant in developing contexts. Beyond reproductive health, studies emphasize psychosocial burdens. Rivera et al. (2021) and Green et al. (2021) documented high levels of anxiety, depression, and PTSD among young survivors, while Hartung et al. (2019) reported persistent psychological distress five to ten years post-diagnosis. The literature consistently reveals that fertility and mental health challenges intertwine with broader disruptions in women's lives.

Stigma and Social Isolation

Another prominent theme in the literature is stigma. Bu et al. (2022) developed the Breast Cancer Stigma Scale, finding that survivors often face internalized stigma, social isolation, and discrimination. Durosini et al. (2022) similarly reported that changes in body image after surgery or chemotherapy lead to diminished self-esteem and alienation. Yang et al. (2019) and Thompson et al. (2020) stressed that stigma extends to perceptions of infertility, fueling shame and strained relationships. In the Southeast Asian context, Dizon et al. (2021) and Villanueva et al. (2020) identified cultural factors and misinformation as critical drivers of stigma, particularly in rural communities. These findings illustrate how stigma compounds the challenges of treatment, influencing not only self-concept but also women's capacity for adaptation and reintegration into society.

Workplace and role disruptions are another critical dimension of breast cancer's impact. Jones et al. (2020) and Cruz et al. (2020) reported that treatment often results in extended work absences and slower career progression, with inadequate workplace support further worsening psychological stress. Garcia et al. (2020) contrasted this by showing that strong family support mitigates these disruptions, while Gomez et al. (2021) emphasized the importance of employer flexibility in easing survivors' return to work. Li and

Chen (2020) corroborated long-term negative career impacts, particularly for young women balancing aspirations and treatment demands. Collectively, these studies underscore how role function, as conceptualized in Roy's model, is profoundly affected by breast cancer, highlighting the dual burden of medical recovery and professional survival.

Despite extensive scholarship on fertility concerns, stigma, and career disruptions, most studies have focused on survivors post-treatment or in urban settings, leaving a gap in understanding the lived experiences of women actively undergoing breast cancer treatment in rural contexts like Bohol. While global and national literature acknowledges psychosocial consequences, little research investigates how women simultaneously navigate fertility risks, career instability, and social stigma in real time during treatment. Furthermore, the integration of adaptation theories into local Philippine contexts remains underexplored. This study, therefore, seeks to bridge this gap by documenting and analyzing the lived experiences of women in Bohol currently undergoing treatment, guided by Roy's Adaptation Model and Erikson's psychosocial stages. By doing so, it aims to contribute to patient-centered care strategies that address both the physiological and psychosocial dimensions of breast cancer, ensuring interventions that empower women to adapt with dignity, resilience, and holistic support.

Methodology

Research Design

This study employed a descriptive qualitative phenomenological design to explore the lived experiences of women with breast cancer undergoing systemic therapy. Grounded in Husserl's descriptive phenomenology, the approach aimed to describe the essence of experience while setting aside the researcher's assumptions. It was guided by Callista Roy's Adaptation Model, which conceptualizes individuals as adaptive systems that respond to physiological, psychological, and social stressors arising from illness. The design was appropriate for uncovering how women interpret and adapt to the physical and emotional realities of treatment, allowing the researchers to generate a rich, contextualized understanding of their experiences.

Participants

The study was conducted in Tagbilaran City, Bohol, the province's central hub for healthcare and oncology services. Five women of reproductive age diagnosed with breast cancer and currently receiving systemic treatment participated. Purposive sampling was employed following Creswell's (2014) recommendation that participants in qualitative research be selected for their ability to provide in-depth and meaningful insights into the phenomenon. Inclusion criteria required that participants be women of reproductive age, residents of Bohol, and undergoing chemotherapy or radiation therapy at the time of data collection. In contrast, exclusion criteria ruled out those in remission, those who had completed treatment, and those who were physically or emotionally unfit to participate. All participants were fully informed of the study's objectives and provided written consent before the interviews, which were conducted in quiet, private areas to ensure confidentiality and emotional comfort.

Instrument

The study used a semi-structured interview guide developed from the four adaptive modes of Roy's Adaptation Model, focusing on physiological, self-concept, role-function, and interdependence adjustments. The guide contained broad, open-ended questions that encouraged participants to express their feelings, coping mechanisms, and perceptions of their illness. To ensure clarity and alignment with research objectives, the interview guide underwent pilot testing following Castillo-Montoya's (2016) Interview Protocol Refinement Framework, which emphasizes coherence between research questions and interview prompts, iterative feedback, and question clarity. Two eligible women participated in the pilot test, after which minor revisions were made to improve the questions' cultural sensitivity and conceptual accuracy. The final version ensured flexibility for in-depth exploration while maintaining theoretical focus and consistency.

Procedure

Data collection involved individual face-to-face interviews conducted at times convenient to participants, lasting between 30 minutes and 1 hour. Interviews began with rapport-building to foster openness and trust, followed by conversational questioning that encouraged reflection. All sessions were recorded with consent and transcribed verbatim. Field notes were taken to document contextual details, nonverbal cues, and emerging observations. Reflexive journaling and bracketing were employed to minimize personal bias and ensure that the analysis reflected participants' authentic perspectives. Data collection continued until saturation was reached, at which point no new themes or insights emerged from subsequent interviews. Credibility was reinforced through member checking, where participants validated the accuracy of their transcribed responses, and through peer debriefing with research colleagues who reviewed emerging interpretations.

Data Analysis

Data were analyzed using Colaizzi's phenomenological method, which involves multiple readings of the transcripts to achieve immersion, extracting significant statements, formulating meanings, and organizing these into thematic clusters that capture the shared essence of experience. The researcher synthesized these themes into a comprehensive description that represented the participants' lived realities. Colaizzi's method was selected because it provides a systematic, transparent process that incorporates participant validation to ensure accuracy and credibility. Through this structured procedure, the findings remained faithful to participants' voices and aligned with the theoretical foundation of adaptation.

Ethical Considerations

Ethical principles of respect, beneficence, and justice guided the conduct of this study. Participants were informed of the objectives, procedures, and the voluntary nature of participation, and were assured of their right to withdraw without consequences. Confidentiality was upheld through coded identifiers and secure data storage. Tokens of appreciation were provided after the interviews as gestures of gratitude rather than inducements. The researcher remained attentive to participants' emotional states during the interviews and arranged referral for counseling when necessary. The study declared no conflict of interest and complied with institutional and professional ethical guidelines governing research with human participants.

Results and Discussion

This section presents the findings derived from the collected interview data, organized according to the study's subproblems. Thematic analysis was utilized to identify common themes among participants' responses, aligned with Callista Roy's Adaptation Model. The results are presented in three categories: the challenges participants encountered, the adaptations they used throughout the experience, and the emerging theme that provides deeper insight into the lived experiences of women undergoing breast cancer treatment.

Lived Experiences of Women Diagnosed with Breast Cancer

Challenges Encountered by the Participants. Table 1 presents the generated themes and formulated meanings from the participants' narratives, which capture the various challenges experienced by women undergoing breast cancer treatment, categorized explicitly into three thematic areas: physical and physiologic changes, emotional disruption and body image alteration, and marital, parental, and career role changes.

Table 1. *Challenges Encountered by the Participants*

Theme	*Formulated Meaning*
Physical and Physiologic Changes	Fatigue, pain, nausea, and altered body functions resulting from chemotherapy and surgery.
Emotional Disruption and Body Image Alteration	Fear, sadness, and a crisis in self-image due to physical changes and diagnosis trauma.
Marital, Parental, and Career Role Changes	Disruption in fulfilling familial and professional roles due to physical and emotional limitations.

Theme 1: Physical and Physiologic Changes

This theme emerged as an essential aspect of the participants' experiences, highlighting the physical toll of chemotherapy and cancer treatment. The formulated meanings associated with this theme include fatigue, weight fluctuations, nausea, taste loss, and hair loss as common side effects. These biological responses significantly altered participants' perceptions of their bodies, leading to changes in self-confidence.

Participant 1 shared about the fatigue she experienced after treatment:

"Kapoy ak three days after chemo. Ang taste buds walay lami for one week, so kinahanglan ka mukaon ug ginagmay basta naa lang gyud intake." (I felt exhausted for three days after chemo. My taste buds had no flavor for a week, so I had to eat in small amounts as long as there was some intake.)

Similarly, another participant described the distressing impact of hair loss:

"Lisod ak dawaton nga ak oy akong buhok. Makalain gyud. Pero salamat sa Ginoo, naka-adjust ra ko. Dili sayon, pero ak oy ra." (It was really hard to accept losing my hair. It felt uncomfortable. But thanks to God, I was able to adjust. It was not easy, but I managed.)

These findings suggest that cancer treatments cause significant physiological burdens, requiring both medical management and emotional resilience. Additionally, these findings highlight the emotional and psychological weight associated with physical changes. Research by Gibson et al. (2021) confirms that chemotherapy-induced side effects, particularly hair loss and taste alterations, are strongly linked to body dissatisfaction and diminished self-esteem among breast cancer patients.

The Roy Adaptation Model explains physiologic adaptation as the body's ability to maintain homeostasis in response to stressors, such as those induced by chemotherapy. Participants in this study demonstrated adaptation through metabolic shifts, immune responses, and physical adjustments, including changes in appetite, energy conservation, and pain tolerance. These findings align with existing research on the physiological responses of the human body to cancer treatment.

Additionally, this theme encapsulates how physical limitations affected participants' routines—from work to household responsibilities. Many participants reported experiencing weakness, dizziness, and reduced endurance, which forced them to modify their daily activities.

One participant described how her ability to work was impacted:

“Dili na nako kaya ang mga bug-at nga trabaho. Usahay, malipong ko, naa pud panahon nga murag mogaan akong ulo. Dili lalim.” (I can no longer handle heavy work. Sometimes, I feel dizzy, and there are times when my head feels light. It is not easy.)

These findings align with studies by Mustian et al. (2020), which found that cancer-related fatigue is one of the most distressing and persistent symptoms affecting survivors’ ability to resume daily activities. Furthermore, the National Cancer Institute (2023) notes that treatment-related fatigue can persist for months after chemotherapy, impacting employment and overall well-being.

The Roy Adaptation Model suggests that individuals must modify their activities to maintain balance amid physiological stressors. In this study, participants adapted by reducing physical exertion, taking frequent breaks, and prioritizing essential tasks over physically demanding activities.

Overall, the findings under the physiologic mode reveal that breast cancer treatment significantly alters physical well-being, influencing both daily activities and overall health perception. Despite the burden of chemotherapy-induced side effects, participants exhibited adaptive behaviors by modifying routines, adjusting dietary habits, and leveraging the body’s natural compensatory responses.

The Roy Adaptation Model highlights that physiologic adaptation involves both involuntary bodily adjustments and intentional behavioral modifications. These insights emphasize the need for integrated medical, nutritional, and rehabilitative support in the holistic care of breast cancer patients.

Theme 2: Emotional Disruption and Body Image Alteration

A breast cancer diagnosis triggers a range of emotions, including shock, fear, anxiety, and sadness. These emotions are heightened by uncertainty about the future, the possibility of death, and concerns about the effects of treatment.

Participant 3 recalled her initial reaction:

“Pagkadungog nako nga naa koy breast cancer, mura kog nataghapan. Wala ko kasabot sa akong gibati. Nihilak ko, nasuko ko, ngano ako pa?” (When I heard that I had breast cancer, I felt like the world collapsed on me. I didn’t understand what I was feeling. I cried, I got angry—why me?)

Similarly, Participant 4 expressed fear of the unknown:

“Lisod dawaton kay wala koy kasiguraduhan unsa mahitabo. Makahunahuna ko sa akong anak, kung mawala ko, kinsa mutabang niya?” (It was hard to accept because I had no certainty about what would happen. I kept thinking about my child—if I’m gone, who will take care of them?)

This theme aligns with research by Bultz and Carlson (2020), which found that a breast cancer diagnosis significantly increases psychological distress, particularly among younger women. Studies suggest that individuals experience fear, grief, and a sense of loss upon learning their diagnosis, which may lead to anxiety and depression.

Healthcare professionals should offer psychological counseling and emotional support at the time of diagnosis to help patients process their emotions and develop coping strategies.

Additionally, breast cancer and its treatment often result in visible changes such as hair loss, weight fluctuations, and mastectomy, which significantly impact self-esteem and body image.

Participant 1 described her struggle with body image:

“Sa una, confident ak ko sa akong itsura, pero pagkahuman sa chemo ug operation, mura kog nawad-an ug pagka-babae. Magtan-aw ko sa salamin, dili na ko mao.” (Before, I was very confident with my appearance. But after chemo and surgery, I felt like I lost my femininity. When I looked in the mirror, I didn’t recognize myself anymore.)

Likewise, Participant 2 shared her experience:

“Nauwaw ko sa akong bana, kay wala ak oy suso. Naa gyud panahon nga mukalit lang kog hilak kay mura kog incomplete.” (I felt ashamed in front of my husband because I no longer had breasts. There were times when I would suddenly cry because I felt incomplete.)

This struggle is well-documented in the literature. A study by Hopwood et al. (2020) highlights that body image disturbance is a significant issue for breast cancer survivors, with many experiencing reduced self-confidence, anxiety, and social withdrawal due to changes in appearance. This literature has supported the findings of this study that visible changes from cancer treatment—like alopecia and mastectomy—affect a woman’s self-image and often result in social withdrawal or depression. Emotional resilience becomes essential in adapting to these challenges.

Theme 3: Marital, Parental, and Career Role Changes

Breast cancer treatment disrupts spousal relationships and parental responsibilities, often leading to feelings of guilt, inadequacy, and role reversal within the household.

Participant 3 described how her condition affected her ability to care for her children:

“Magsakit akong dughan magtan-aw sa akong mga anak kay dili na ko pareha sauna. Dili na ko makadagan-dagan uban nila. Dili na ko makaluto pirme. Mura kog nabali—ako na nuon ang ginaatiman.” (It breaks my heart to see my children because I am not the same as before. I can no longer run around with them. I can’t cook as often. It feels like my role has reversed—I am the one being taken care of now.)

Similarly, Participant 1 expressed concerns about her marriage:

“Wala ak oy confidence kay wala ak oy suso. Mura ko ug dili na attractive. Dili na parehas sauna nga confident ko sa akong kaugalingon.” (I have lost my confidence because I no longer have breasts. I feel like I am not attractive anymore. It’s not the same as before when I was confident in myself.)

These narratives reflect a loss of independence and a shift in family dynamics. Participants experienced a reversal of roles and dependence on others, which contributed to feelings of inadequacy and emotional strain. These findings are consistent with Helgeson and Tomich (2020), who found that breast cancer can strain marriages and parental roles, with some survivors experiencing marital dissatisfaction and parenting guilt due to physical and emotional limitations.

On the other hand, but still under the same theme, a cancer diagnosis and its treatment significantly impact professional responsibilities, often leading to career disruptions, job resignations, or modifications. Many participants shared how fatigue, frequent absences, and reduced stamina made it challenging to sustain their work obligations.

Participant 2 described her struggles at work:

“Dili na nako kaya magduty og taas kay kapoy ak . Usahay magluya, labi na inig human sa chemo. Maikog ko sa akong mga kauban kay ako sige absent.” (I can no longer handle long shifts because I get extremely tired. Sometimes, I feel weak, especially after chemo. I feel guilty toward my colleagues because I’m often absent.)

Another participant, Participant 4, shared her decision to resign:

“Ako trabaho grabe ka-demanding. Nibati na ko nga dili na nako kaya mudutdut adlaw-adlaw. Nahadlok ko nga dili nako makaperform ug ak , mao nang nidesisyon ko nga ak oyg.” (My job is extremely demanding. I started feeling that I could no longer push myself every day. I was scared I wouldn’t be able to perform well, so I decided to resign.)

These findings align with Wang et al. (2021), who found that breast cancer survivors experience increased job insecurity and a higher risk of workplace discrimination due to treatment-related limitations. Many cancer patients are forced to modify their careers, while others struggle with financial instability due to prolonged sick leaves.

Women often view themselves as caregivers and contributors, so disruptions to these roles due to illness can affect self-worth and emotional balance. Adjusting to these new roles requires emotional support and flexible systems both at home and at work.

Adaptation Utilized by the Participants

This section explored how participants coped with their diagnosis and treatment. Adaptations were categorized into personal/integrated and external forms of support and resilience.

Table 2. *Adaptation Utilized by the Participants*

Theme	*Formulated Meaning*
Personal/Integrated Adaptation	Internal coping strategies such as body’s adaptive responses to chemotherapy, faith, positive reframing, acceptance, and self-motivation.
External Adaptation	Support from family, friends, healthcare professionals, peer networks, and faith communities.

Theme 1: Personal/Integrated Adaptation

Despite the challenges posed by cancer treatment like chemotherapy, participants described how their bodies gradually adapted to the treatment’s effects. This included metabolic shifts, immune adaptation, and long-term recovery mechanisms that helped them regain a sense of physical stability.

One participant explained:

“Sa pagsugod sa chemo, dali ra gyud ko kapuyon. Pero paglabay sa mga session, murag naanad na akong lawas, dili na ak bug-at akong paminaw.” (At the start of chemo, I would get tired easily. But as the sessions progressed, my body seemed to adjust, and it didn't feel as heavy anymore.)

Another participant described changes in digestion and metabolism:

"Naghinay-hinay ra akong pagbalik sa akong kusog. Maski usahay luya, pero nagdali-dali man ko sauna, karon nakasabot nako nga hinay-hinay lang gyud." (I slowly regained my strength. Sometimes, I still feel weak, but I used to rush things before. Now, I understand that I need to take things slowly.)

These findings align with Sundström et al. (2022), who found that chemotherapy significantly alters digestive function and nutrient absorption, leading to long-term metabolic changes. Additionally, research by Hodgson et al. (2021) suggests that chemotherapy-induced metabolic shifts may contribute to weight fluctuations, inflammation, and immune system adaptations.

The Roy Adaptation Model posits that when the body experiences extreme stress, compensatory mechanisms help restore stability. This study demonstrates that patients naturally modify their dietary intake, regulate physical activity, and adjust to metabolic changes to maintain overall well-being. The findings under the physiologic mode reveal that breast cancer treatment significantly alters physical well-being, influencing both daily activities and overall health perception. Despite the burden of chemotherapy-induced side effects, participants exhibited adaptive behaviors by modifying routines, adjusting dietary habits, and leveraging the body's natural compensatory responses.

Additionally, despite the psychological burden of breast cancer, many participants found ways to cope, relying on faith, family support, and personal resilience.

Participant 4 shared:

"Sa una, murag wala ak oy gana sa kinabuhi. Pero sa paglabay sa panahon, nakahuna-huna ko nga kinahanglan ko malig-on para sa akong pamilya." (At first, I felt like I had lost interest in life. But as time passed, I realized I needed to be strong for my family.)

Another participant, Participant 3 found strength in prayer:

"Nag-ampo lang gyud ko perme. Kung wala ang Ginoo, basin mas nidown ko. Dako gyud ug tabang ang akong pagtuo." (I kept praying all the time. Without God, I might have fallen deeper into depression. My faith helped me a lot.)

These statements highlight how faith, mindset, and inner strength became essential sources of healing. Participants often anchored their strength on acceptance and spiritual beliefs.

These findings align with research by Pargament et al. (2020), which highlights spiritual coping as an effective mechanism for managing stress associated with chronic illness. Additionally, studies emphasize that social support from loved ones plays a crucial role in emotional recovery.

The Roy Adaptation Model highlights that physiologic and emotional adaptations involves both involuntary bodily adjustments and intentional behavioral modifications. These insights emphasize the need for integrated medical, nutritional, and rehabilitative support in the holistic care of breast cancer patients. Personal adaptation involves reframing illness as a manageable experience and drawing on inner resilience. Spirituality, self-affirmation, and purpose-driven thinking enhance emotional regulation.

Theme 2: External Adaptation

The narratives of the participants underscore the central role that close family and friends play in navigating the cancer experience. Many participants described how their spouses, children, siblings, and parents were consistently present throughout diagnosis, treatment, and recovery. These loved ones offered emotional comfort, practical caregiving, and financial assistance. While this support was vital to their adaptation and survival, participants also expressed internal conflict about feeling like a burden to those they love. This perceived dependency, especially among formerly independent women, influenced their emotional well-being and sometimes contributed to feelings of guilt and helplessness.

This complex emotional duality—gratitude intertwined with guilt—reflects the adaptive challenges faced within intimate relationships. Participants often cited moments of intense vulnerability, such as relying on their partners for personal care or seeing their children worried about their condition. These moments, while difficult, also highlighted the strength and deepening of familial bonds as families reorganized roles and responsibilities to accommodate the patient's needs.

Participant 1 shared:

"Akong bana gyud. Akong eldest nga anak musupport pud financially. Family gyud." (My husband, definitely. My eldest child also supports me financially. It's really my family who has been there for me.)

Similarly, participant 3 added:

"Akong pamilya nga gadasig nako kanunay." (My family constantly encourages me.)

These responses revealed that family plays a foundational role in emotional and logistical adaptation. Roy's model frames family support as a key element of relational integrity — the survivor's ability to maintain meaningful, fulfilling relationships despite illness stressors. This aligns with psychological theories showing that family involvement provides a sense of belonging, counters loneliness, and offers practical help during treatment and recovery.

However, the participants' stories also reflect an underlying tension. While family is a source of strength, it can also trigger feelings of guilt or perceived burden, particularly when the survivor shifts from being a provider to a care receiver. This complex interplay reflects the dual nature of interdependence, where balance must be maintained to prevent emotional overload on both sides.

Recent studies validate these findings. For example, Ajis, Marni, and Sari (2022) conducted research in Indonesia demonstrating a strong positive relationship between family support and self-esteem among breast cancer patients undergoing chemotherapy. Their results revealed that patients with higher perceived family support maintained better emotional stability and self-confidence, thereby enhancing their coping capacity. Similarly, Utami and Rahmawati (2023) explored the impact of family support on quality of life at Haji Adam Malik Central General Hospital. Their findings confirmed that breast cancer patients who received sustained support from family members reported significantly better life quality—not only physically but also socially and emotionally—emphasizing the holistic impact of familial care. In a broader psychological context, Zhang, Li, and Wang (2024) found that family support plays a crucial role in alleviating death anxiety among breast cancer patients. Their study highlighted that emotional warmth and reassurance from family members provided patients with psychological resilience, reducing fear and anxiety about mortality. Moreover, Zahedi, Sahebihagh, Mirghafourvand, Peters, and Hosseinzadeh (2025) examined family caregivers' preparedness and found that higher health literacy and caregiving competence directly enhanced support provided to breast cancer patients. Their study underscores the need to equip caregivers with proper training and knowledge to optimize their caregiving roles effectively.

These studies collectively emphasize that family and friends not only provide essential care but also act as emotional anchors, enhancing patients' psychological well-being, coping ability, and overall recovery.

Additionally, participants described their doctors and nurses as both sources of reassurance and, in some instances, sources of distress when communication was poor.

The participants' experiences with healthcare providers and peer groups demonstrate the critical role of external relational supports in adaptation. Under Roy's framework, these external systems serve as stimuli that either strengthen or weaken the survivor's coping ability. Trusting relationships with doctors, nurses, and peers offer survivors validation, shared understanding, and a sense of community — key resources when facing a life-altering illness.

In particular, peer groups provide a space where survivors feel understood without judgment, reducing isolation and improving psychological resilience. Healthcare providers, when attentive and empathetic, become anchors of stability and hope, but when communication breaks down, they can also become sources of distress.

Participant 5 shared:

"Apil ko anang group ni Doc A.…Didto ko niya naka amgo." (I'm part of a group led by Dr. A.… that's where I had my awakening.)

Participant 2 added:

"Sa clinic ni Dr. L, didto ko nakabaton og paglaum. Pero sauna, lain gyud ko gibati kay murag gipasagdan ra ko." (At Dr. L's clinic, I found hope. But before, I really felt abandoned.)

Effective communication between healthcare providers and cancer patients is crucial for improving patient outcomes. A study by Fujimori et al. (2020) evaluated an integrated communication support program for oncologists and found that these interventions significantly enhanced patient understanding and satisfaction, thereby improving psychological well-being.

Furthermore, research by Çakmak and Uğurluoğlu (2024) highlighted that patient-centered communication positively affects health-related quality of life and patient satisfaction among cancer patients. Their cross-sectional study demonstrated that effective communication strategies are associated with increased patient engagement and improved perceptions of service quality.

Nurses should proactively recommend and connect patients to reliable peer networks (both online and local), while also ensuring their own interactions with patients are grounded in empathy, clear communication, and cultural sensitivity. Nursing training programs in therapeutic communication can significantly enhance patient trust and satisfaction.

Lastly, faith-based groups, churches, neighbors, and online cancer communities served as secondary but vital sources of emotional strength.

Spirituality emerged as a profound adaptive tool for participants, providing emotional solace, meaning, and resilience in the face of suffering. According to Roy, faith communities and spiritual beliefs are part of the relational and contextual stimuli that shape adaptation. For many survivors, prayer, religious rituals, and spiritual interpretations of their journey become key frameworks for processing their illness and imagining recovery or survival.

This spiritual adaptation also transforms the patient-provider relationship: participants viewed healthcare workers not just as professionals, but as divinely placed helpers, strengthening their sense of purpose and trust in the care process.

Participant 1, noted:

“Naa ko online. Puro na cya cancer patients…magtapok-tapok mi unya pastoryaon ka. Mas nakatabang siya.” (I'm part of an online group…we gather and share stories, and that has helped me a lot.)

Similarly, participant 2 added:

“Among pastor ug mga igsuon sa pagtuo…naglig on nako.” (Our pastor and my faith community were the number one people who strengthened me.)

Spirituality and religious coping mechanisms play a significant role in the psychological adjustment of cancer patients. A systematic review by Nagy et al. (2024) emphasized that spiritual and religious practices provide patients with a sense of meaning, hope, and comfort, which are essential for coping with the challenges of cancer diagnosis and treatment. Additionally, Ferrell et al. (2019) discussed integrating interprofessional spiritual care in oncology, suggesting that addressing spiritual needs can improve patient quality of life and satisfaction with care. Their literature review proposed recommendations for incorporating spiritual care into standard oncology practice.

Social support networks, including peer support groups, have also been shown to be beneficial. A study by Winter et al. (2023) found that peer support can assist bereaved carers of people with cancer, indicating the potential of such networks in providing emotional support and reducing feelings of isolation.

External adaptation entails leaning on others for strength, practical help, and affirmation. It validates one’s experience and helps reduce isolation and distress.

Overarching Theme: Personal Transformation

This theme captures the broader transformational impact of the cancer journey, highlighting spiritual growth, renewed purpose, and identity reconstruction.

Table 3. *Emerging Theme from the Participants*

Overarching Theme	*Formulated Meaning*
“New Me” – Personal Transformation	Redefined identity, stronger faith, advocacy, and renewed focus on family and life priorities.

Theme: Personal Transformation

Participants often reported that the cancer experience reshaped their worldview, focusing on faith, family, and advocacy.

Despite the immense challenges, many participants reported profound personal transformation, marked by acceptance, positivity, and reevaluated life priorities. According to Roy’s model, this reflects a successful adaptive response, where individuals not only restore balance but emerge with enhanced self-concept and renewed purpose.

This transformation is often described as “post-traumatic growth” — the positive psychological change that occurs after enduring trauma, leading to a deeper appreciation of life, strengthened relationships, and personal resilience.

Participant 5 shared:

“Be you! Be positive lang! Ni accept man gud ko nga naa ko sakit.” (Be yourself! Stay positive! I accepted my illness.)

Participant 3 added:

“Akong gihimu nga paagi para mahiuli ko sa normal akong itreat akong kaugalingon nga wala ko sakit.” (The way I helped myself recover was by treating myself as if I wasn’t sick.)

These testimonies show the emergence of a new outlook on life. Despite the trauma, many women reclaimed their sense of self with a clearer, more compassionate view of their life and purpose.

Tedeschi and Calhoun (2021) explored the concept of Post-Traumatic Growth (PTG), which describes positive psychological changes that emerge following major life crises such as cancer. Their research emphasizes that individuals may experience greater appreciation for life, improved personal relationships, enhanced personal strength, and even spiritual growth as they process and adapt to trauma. Park et al. (2019) added depth by examining meaning-making in cancer survivorship. Their study found that breast cancer survivors who engaged in actively finding positive meaning and reinterpreting their cancer experience reported lower distress and higher well-being.

These studies provide valuable insight into the transformative potential of the cancer journey. They affirm that, while breast cancer poses immense challenges, it can also be a catalyst for renewed purpose, personal resilience, and deeper life meaning, echoing the experiences shared by your participants. Overall, transformation happens when patients reframe suffering into strength.

Conclusions

The study concludes that women of reproductive age undergoing breast cancer treatment in Bohol experience adaptation as a dynamic, holistic process shaped through bodily endurance, emotional regulation, and social connection. Rooted in Roy's Adaptation Model, their responses reveal a progression from suffering toward transformation, characterized by self-acceptance and renewed faith. Adaptation is not linear but cyclical, involving moments of vulnerability and recovery that contribute to personal growth. The findings underscore the necessity of patient-centered care that addresses physical symptoms and psychosocial well-being while fostering family and faith-based support. The insights from this study advance nursing science's understanding of adaptation among women with chronic illness in resource-limited settings.

Based on the findings, it is recommended that healthcare providers integrate holistic interventions that address both medical and psychosocial needs of women with breast cancer. Routine psychological screening, spiritual counseling, and peer support groups should be incorporated into oncology care. Families and faith communities should be engaged in structured programs that promote understanding, empathy, and sustained emotional assistance. Educational institutions are encouraged to include adaptation-based frameworks, such as Roy's Model, in nursing curricula to strengthen future nurses' competence in holistic patient care. Future research may compare adaptation across different cultural or age groups, employ longitudinal designs to trace adaptation trajectories, and examine the role of spiritual and community resources in sustaining resilience during cancer treatment.

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