

# Salvaging Their Normal Lives: A Qualitative Study of Patients With Recently Diagnosed Advanced Colorectal Cancer

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**Purpose/Objectives:** To describe the experiences of patients living with newly diagnosed stage III or IV colorectal cancer.

**Research Approach:** Qualitative; inductive coding methods were used to identify open codes that were analyzed, compared, and grouped into categories.

**Setting:** An urban ambulatory cancer center in the northeastern United States.

**Participants:** 14 patients newly diagnosed with stage III or stage IV colorectal cancer.

**Methodologic Approach:** Semistructured interviews were recorded on audiotape. Interviewers asked participants to describe their experiences with the diagnosis and treatment of colorectal cancer. Content analysis with inductive coding was used to code the transcribed interview data. Categories were reviewed and organized into larger groupings, from which the core category was derived.

**Main Research Variables:** Experiences of living with a diagnosis of colorectal cancer, impact on daily living, quality of life, coping strategies used, level of preparedness, and impact on children.

**Findings:** The coded interview data yielded six domains: feeling life is disrupted, experiencing physicians, feeling unprepared for everything, rethinking parenting, wondering “why me?,” and dealing with it. The core category that explained study participants’ experiences with recently diagnosed colorectal cancer was “salvaging their normal lives.”

**Conclusions:** The dominant experience of the study participants focused on four aspects of their illness experience: (a) framing it in ways that enabled them to recreate a semblance of normalcy or of their pre-illness state, (b) trying to tell children about the illness in stabilizing ways, (c) generating or maintaining a positive outlook no matter what, and (d) concretely managing the distress of the illness and its symptoms.

**Interpretation:** Targeted assessment is important in the six dimensions of the study domains. Clinicians who work with patients with cancer should offer support as patients search for meanings to explain this potentially devastating life event. Teaching active coping strategies as patients with advanced cancer struggle to come to terms with the demands of the disease while attempting to live their lives as fully and as normally as possible is important.

Colorectal carcinoma is the third most commonly diagnosed cancer among men and women in the United States and the second most common cause of cancer death (American Cancer Society, 2005). According to current estimates, colorectal cancer will develop in about 6% of people over their life span. When men and women are considered separately, colorectal cancer is the third-leading cause of cancer death in each gender (American Cancer Society).

## Key Points . . .

- ▶ A diagnosis of colorectal cancer and its ensuing treatment can have a devastating impact on a person’s quality of life.
- ▶ Significant gaps exist in the understanding of the disease’s impact, particularly in its advanced state, from the perspective of patients, including the concerns, benefits, challenges, and burdens associated with diagnosis and treatment.
- ▶ Patient participants struggled with balancing living with the illness while attempting to rescue and protect some semblance of their routine lives.

Scant research exists on the impact of colorectal cancer for newly diagnosed patients with advanced disease. This article reports on a descriptive, qualitative study of 14 patients newly diagnosed with advanced colorectal cancer.

## Literature Review

A diagnosis of colorectal cancer and its ensuing treatment can have a devastating impact on a person’s quality of life (QOL). A number of studies have been completed since the 1970s to provide research evidence on QOL and health-related QOL (HRQOL) (Anderson & Palmer, 1998; Klemm, Miller, & Fernsler, 2000; Nordin & Glimelius, 1997; Ramsey et al., 2000; Sahay, Gray, & Fitch, 2000; Sprangers, te Velde, Aaronson, & Taal, 1993; Williams & Johnston, 1983).

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