

Experiences of Japanese Patients With Colorectal Cancer During the First Six Months After Surgery

Michiyo Mizuno, RN, PhD, Miho Kakuta, RN, MSN, Yuriko Ono, RN, BN,
Akiko Kato, RN, MNsc, and Yumiko Inoue, RN

Purpose/Objectives: To investigate the dynamic experience of patients who recently experienced the stressful situation of being diagnosed with colorectal cancer and undergoing surgery.

Research Approach: A qualitative and inductive inquiry.

Setting: General hospitals in Japan.

Participants: 12 patients who had undergone colorectal cancer surgery and had been discharged in the previous six months.

Methodologic Approach: To inductively elicit the findings from patients' real experiences, interviews and qualitative analysis were used.

Main Research Variables: Experience of patients with colorectal cancer.

Findings: Three domains that symbolized experiences of patients with colorectal cancer during the first six months after surgery emerged: types of burdens, steps in accepting the cancer diagnosis, and way of living a normal life. Burdens included vulnerability, lack of control, asking for assistance or support, and a "why has this happened to me?" attitude. Way of living a normal life included resisting vulnerability, constructing a daily living routine, and asking for help.

Conclusions: Although patients faced many and varied burdens, they were able to take several actions to gradually accept their cancer diagnoses and resume normal lives.

Interpretation: Some of the patients were sincere and skillful in asking for help to live normal lives, but others found that difficult. The present findings are significant in helping nurses provide interventions to enable patients to make use of assistance or support.

who are vulnerable and unable to cope adequately with a diagnosis of colorectal cancer and the subsequent operation might experience a decline in quality of life. If the situation deteriorates further, a crisis could occur.

However, research findings verify that many patients with colorectal cancer make good recovery in terms of physical condition and quality of life at some point after surgery (Ramsey, Berry, Moinpour, Giedzinska, & Andersen, 2002; Ramsey et al., 2000; Ulander, Jeppsson, & Grahm, 1997). Nevertheless, the literature contains little qualitative research describing the experiences of such patients during those difficult times and how they ultimately cope with them and recover their health. The current study was performed to clarify those areas.

Literature Review

Adaptation to Life-Threatening Disease

Studies examining a sample of patients on two separate occasions during the clinical course of colorectal cancer (prior to surgery and after surgery) have found that most physical symptoms declined and psychological distress dissipated within three months (Whynes & Neilson, 1997) or five to eight months (Ulander et al., 1997). In contrast, other research has found that physical symptoms such as diarrhea and depressive symptoms persisted at a relatively high prevalence, even in those who had survived at least five years after diagnosis of colorectal cancer, although their quality of life had improved (Ramsey et al., 2002). In another study (Ramsey et al., 2000), respondents with stage I–III disease reported a relatively uniform and high quality of life at three years after

With the current trend toward Westernization of Japanese lifestyle, the incidence of colorectal cancer in Japan has been increasing annually. In 2004, the death rate for colorectal cancer per 100,000 in Japan was 35.4 for men and 28.2 for women, with mortality rankings of fourth and first, respectively (Health and Welfare Statistics Association, 2006). Although the leading cause of cancer deaths in Japan in the past decade was lung cancer among men and gastric cancer among women, colorectal cancer has overtaken gastric cancer as the leading cause of cancer deaths among women.

For patients who undergo surgical treatment of colorectal cancer, the five-year survival rate is relatively high in Japan—approximately 80% for colon cancer and 70% for rectal cancer (Takasu, Ogata, Yamaguchi, & Kitahara, 2001). However, the surgery is demanding on patients. Postoperatively, many have physical symptoms such as elimination disorders and fatigue, and they have to deal with changes in physical functioning and body image dictated by the surgery as well as the emotional distress related to a cancer diagnosis. Patients

Michiyo Mizuno, RN, PhD, is a professor in the Department of Nursing Science in the Graduate School of Comprehensive Human Sciences at the University of Tsukuba in Ibaragi, Japan; Miho Kakuta, RN, MSN, and Yuriko Ono, RN, BN, are instructors in the Department of Adult and Elderly Nursing, and Akiko Kato, RN, MNsc, is a doctoral candidate, all at Ishikawa Prefectural Nursing University in Japan; and Yumiko Inoue, RN, is a head nurse at Mitsui Memorial Hospital in Tokyo, Japan. This study was supported by a grant-in-aid for Scientific Research (C) from the Japan Society for the Promotion of Science (No. 18592376) and by a grant from the Community Care Center Foundation at the Ishikawa Prefectural Nursing University. (Submitted September 2006. Accepted for publication March 4, 2007.)

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