



The journey of fighting cancer: Chinese Canadians' experiences

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07/26/2014



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- **Objectives:**

- (A) The learner will be able to understand the experience of Chinese Canadian cancer survivors through their storytelling.
- (B) The learner will be able to develop some strategies to improve the quality of life of those survivors.

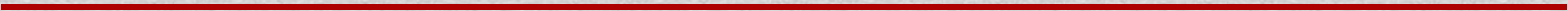
- **Conflict of interest statement: nil**

- **The study was supported by York University Minor Research Grant**
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- **Purpose:**

- To understand the experience, informational and psychosocial needs of Chinese immigrants in Canada who are survivors of cancer through focus groups and individual interviews.



- **Background:**
 - Cancer is the leading cause of death for both men and women in Canada.
 - Most Chinese Canadians are foreign-born, with limited social networks.
 - The language obstacle, cultural adaptations and the Eastern view of health beliefs and practices may act as barriers to both access to and utilization of, services.
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- **Background:**
 - Although the number of Chinese Canadians is growing in Canada, there are very few appropriate culture-sensitive resources available for them to obtain in-depth information after being diagnosed with cancer.
 - This lack of information may jeopardize their adjustment by increasing their cancer-related anxiety and degrading their quality of life.
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- **Methods:**

- A qualitative approach and in-depth interviews were used.
 - Ten Mandarin-speaking Chinese women and men who had a diagnosis of cancer were recruited from the Chinese community in Toronto, Canada.
 - Two focus group interviews and 10 individual interviews were conducted.
 - The interviews were tape-recorded and transcribed verbatim.
 - Data were analyzed using content analysis.
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- **Results:**
 - **Six** themes were emerged from the interview data:
 - a) the emotional upside down in receiving the diagnosis of cancer,
 - b) the relatively short waiting time in getting treatment,
 - c) the non-empathetic attitude of healthcare providers,
 - d) the language barrier in searching for cancer information,
 - e) the dramatic change in lifestyle, and
 - f) the tremendous support from spouse, family and friends.
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- **Results:**
- **a) the emotional upside down in receiving the diagnosis of cancer**

For example, participant 5, whose daughter is a medical doctor, stated:

- *I was very sad to learn that I had cancer. I was fearful and anxious about my treatment and my survival rate but my daughter told me that cancer is curable. She also explained to me what I would go through. I felt more confident of fighting cancer.*
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- b) the relatively short waiting time in getting treatment
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- c) the non-empathetic attitude of healthcare providers
 - Participant 6, who expressed her anger towards her oncologist. She did not pay much attention to her biopsy result because her oncologist told her that the wound on her breast was “*not a big deal*”. Therefore, she happily went travelling with her husband. It was half a year later she was diagnosed with cancer. She always wondered if things would be different if she could have been treated early.
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- c) the non-empathetic attitude of healthcare providers
 - Participant 4 was eager to know what treatment options she might have and how big her tumor was; however, her physician was not willing to explain to her. She further explained: “*My medical record was just in front of the physician, but the physician did not try to check it at all.*”
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- d) the language barrier in searching for cancer information
- Most of the participants felt that their language limitation meant they either didn't know the question they needed to ask or couldn't use correct terms when they asked their physician.
- Regarding the communication problem, participant 4 stated:
- *I wrote down every question whenever it emerged, classified and prioritized a recurrent breast cancer survivor, stated: the questions into different categories. When visiting the physician, if the physician was not busy, I would ask all of the questions I had. If the physician was busy then I just asked the most important questions.*



- **Results:**
 - e) the dramatic change in lifestyle
 - Participant 6 expressed that she used to be stubborn; for example she liked to keep her house clean, neat, and tidy and fought with her husband if he couldn't follow her standard.
 - However, she said she has changed since the diagnosis and now doesn't care much about the cleanness of her house. Her temper also changed from easily angry to more tolerant. Participant 10, a grandmother, mentioned: *“Survival is the most important thing in my life right now. My children are all grown up, so my priority is taking good care of myself.”*
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- f) the tremendous support from spouse, family and friends
 - Family members assumed multiple roles in supporting the participants in their fight with cancer.
 - A typical example is participant 6. Her husband acted as an inspirer, a driver, a cook, a translator, and an information provider. He encouraged her to receive various treatments when she was about to give up. He drove her to every clinic and hospital visit. He has never cooked a meal before his wife's illness but assumed the role of cook. He translated for her when she went to medical checks and he sought information on the internet and translated the information for her.
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- **Conclusion:**

- The results of the study can enhance healthcare providers' understanding of the experiences and informational and psychosocial needs of Chinese Canadian breast cancer survivors.
 - Appropriate intervention strategies in caring for cancer patients from this population should be developed in hospitals and communities to help them to face the physical and psychosocial challenges in the journey of fighting cancer.
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- **Comments?**
 - **Thank You!**
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