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ARAŞTIRMA / RESEARCH

Colorectal cancer patients' experiences with cancer life and medical care

Kolorektal kanser hastalarının kanserle yaşam ve tıbbi bakımla ilgili deneyimleri

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Abstract

Purpose: The purpose of this study was to reveal experiences deal with medical care and living with cancer of Turkish colorectal cancer patients.
Materials and Methods: This study used a qualitative descriptive approach to understand the experiences' of 17 adult Turkish patients with colorectal cancer receiving chemotherapy for at least 2 months in a training and research hospital oncology unit between August and December 2015. Semi-structured interview guides were developed from a literature review and reviewed by 5 experts. Participants were interviewed at 1-2 times for around 30 minutes. Data analysis comprised content analysis
Results: The 17 interviewees were between 19 and 80 years old. Most were male, married and had children. The experiences of the colorectal cancer patients receiving chemotherapy were classified into four main themes; Being diagnosed with cancer, Living despite of cancer, Treatment with chemotherapy, Medical care at home and fourteen sub-themes.
Conclusions: Oncology nurses can use to results of this research at patient care. They can learn their patient experiences and they can make their nursing plans according to patients' experiences. In this way, patient satisfaction and care quality can be increased.

Keywords:. Colorectal Cancer, experıences, Turkish, chemotherapy, medical care

Öz

Amaç: Bu çalışmanın amacı Türk kolorektal kanser hastalarının kanserle yaşam ve tıbbi bakımla ilgili deneyimlerinin incelenmesidir
Gereç ve Yöntem: Bu çalışmada, Ağustos ve Aralık 2015 tarihleri arasında bir eğitim ve araştırma hastanesi onkoloji biriminde en az 2 ay boyunca kemoterapi alan kolorektal kanserli 17 yetişkin Türk hastanın deneyimlerini anlayabilmek için nitel tanımlayıcı bir yaklaşım kullanılmıştır. Literatür taraması sonucunda yarı yapılandırılmış görüşme formu hazırlanmış ve 5 uzman tarafından gözden geçirilmiştir. Katılımcılarla 1-2 kez yaklaşık 30 dakika görüşülmüştür. Veri değerlendirilmesinde içerik analizi yapılmıştır.
Bulgular: Katılımcıların yaşları 19-80 arasında olup çoğu erkek, evli ve çocuk sahibidir. Kemoterapi alan kolorektal kanserli hastaların deneyimleri dört ana ve on dört alt tema altında sınıflandırılmıştır. Ana temalar; kanser tanısı alma, kansere rağmen yaşamak, kemoterapi ile tedavi, evde tıbbi bakım şeklindedir.
Sonuç: Onkoloji hemşireleri hasta bakımında bu araştırmanın sonuçlarından yararlanabilirler. Hasta deneyimlerini öğrenebilir ve hasta deneyimlerine göre hemşirelik planlarını yapabilirler. Bu sayede hasta memnuniyeti ve bakım kalitesi artırılabilir.

Anahtar kelimeler: Kolorektal kanser, deneyim, kemoterapi, Türk

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INTRODUCTION

Cancer is the leading health problem in the world in terms of its mortality and morbidity rates. In 2016, an estimated 1,685,210 new cases of cancer were diagnosed in the United States and around 595,690 people were expected to die from the disease[1].Colorectal Cancer ranks the second among all the cancer types in Europe, the fourth most common type of cancer diagnosed in the United States and the third in Turkey [1,2,3].According to Ministry of Health in Turkey, total cancer incidence was 210.2 in hundred thousand.The lung cancer rate is 22.1% and colorectal cancer rate is 9.3% into all cancers. In Turkey and globally, colorectal cancers are at third place in men and in women[3,4].

Cancer is a disease which can be said to have the deepest psychological effects. Being diagnosed with cancer is devastating for both the patients and their families; the worst of all is the uncertainty for the patent's future life [5,6]. Although the reactions of the sufferer to being diagnosed with cancer varies from patient to patient, this process is defined in five phases: denial, anger, bargain, depression and acceptance [7,8]. These stages may not always be experienced respectively. Some patients can be stuck in any stage or can experience one or more stages at the same time [9]. Nursing practices include encouraging the patients diagnosed with cancer to freely express their feelings such as anger, irritation, guilt and their thoughts about the disease; promoting their life quality by providing psychological and social adaptation; and strengthening the relationship among the patient, the family and the society[7,8].

The patients may go through different experiences depending on the cancer types. When they are diagnosed with colorectal cancer and the treatment begins, the patients may experience problems with pain, weight loss, vomiting, weakness, lack of appetite, fatigue, sexual malfunction, and intestine and bladder problems. The majority of the patients may have permanent or temporary stomas [10,11] and may experience a long and hard adaptation process to this. It is reported that, depending on the bodily deformation, they may have pain and encounter several physical, social and psychological problems whatever the indications are [12-14]. These problems include incontinence, rectal leakage, gas incontinence, necessity to return to work, hypoactive sexual desire disorder and having difficulty in travels and leisure time activities [12-14]. In some studies carried out in the field it was revealed that the patients with colostomy go through such psychological problems as a change in perceiving their bodies, a decrease in self-esteem, problems with adaptation to their partners, anxiety and depression and those adverse changes occur in their life quality [12-14].

Cancer causes anxiety and depression about sustaining their career and many changes in the responsibilities and roles they have been undertaking so far [15,16]. It is believed by the patients that a positive attitude must be displayed to live longer with cancer and to keep the life under control. Being positive consists of the concepts of optimism and hope [17].

It is of great importance in nursing that we understand better what colorectal cancer patients go through, to help them cope with this process effectively, to promote their life quality, to secure their adaptation to the process, and to answer their questions about the disease [5-19]. At this point, qualitative research is very important. In-depth interviews carried out with the patients will provide significant clues in the process management for both the patient and the medical staff. When the literature is reviewed, it can be seen that there are not enough studies conducted in this field, and especially, there are not enough studies on patients' problems based on their cancer type, the treatment they receive and symptom control. One of these studies is a qualitative study conducted about symptom control experiments on advanced cancer patients [20]. In this research was done studying in advanced cancer patient on reducing their pain. According to this research findings were showed that patients were be benefit from taking part in symptom control trials and also It is suggested to do other studies in this area (symptom control) [20]. There are also other such qualitative studies[21-25]. However, the numbers of studies conducted with the sample group in the study are limited [26-28]. As can be seen from cancer statistic results, colorectal cancer is a frequently seen type of cancer; thus, it is an important problem for the society. More qualitative studies are needed in the field especially to understand the persons' experiences having colorectal cancer and receiving chemotherapy to design more effective nursing intervention. Colorectal cancers, which are common in society and have a poor prognosis, cause patients to have many problems. Therefore, patients declared that they didn't want to take from doctors and nurses who don't understand their problems and accepting as a robot patient to them. In the qualitative study results [29], with patients with colorectal cancer hospitalized in palliative care, it was seen that patients made statements in this direction. In the same study, they stated that they desire physicians and nurses who approach them with compassion, and that the best physicians and nurses have the characteristics of knowledgeable, confidence and warmth. In a study conducted by Spichiger et al [30] in patients receiving chemotherapy, it is stated that the positive relationship between healthcare personnel and patients, was provided to overcome their treatment experiences as positively, and that the basis for improving understanding of patients with advanced cancer. As can be seen in the literature, it is important to try to understand patients by doing more qualitative research in order to get a positive result in treatment and care. The study is therefore important to better understand cholerectal cancer, the third-ranked cancer in the world and Turkey, and to provide holistic health care for patients receiving this diagnosis, and it is important to guide other studies to be carried out.

In the light of the data obtained in qualitative studies, interventions in how to cope with the effects of cancer and chemotherapy will be able to be planned. Thus, there will be more opportunities to carry out more productive studies in terms of the patients [7-28,31].

The aim of this study was to understand experiences deal with medical care and living with cancer of Turkish colorectal cancer patients. This research was searched answer at the below questions: How is life with cancer? What are obstacles at your life in chemotherapy period? What are your expectations from health care professionals in chemotherapy period?

MATERIALS AND METHODS

A descriptive qualitative research design was employed. In qualitative research, researcher may use a descriptive approach to describe life experiences, to clarify a situation/event, to understand [32]. Study approval was given by Ondokuz Mayıs University the Ethics Committee of Non-invasive Researches (decision number:2014/556-630). All participants were informed about this study and gave informed consent. Helsinki rules were followed during the study. Before the interview started, the patients were told that they could end the interview whenever they wanted, they had the right not to speak about the subjects they did not want to speak about and their names would under no circumstances be utilized in study reports.

Sample

This study was carried out as part of the project supported by TÜBITAK. The sample was gathered through a purposeful sampling method. The study was carried out from August to March, 2015, in Samsun. The researcher was gone to the chemotherapy unit Samsun Educational Research Hospital every day and nurses working in the unit reached to the patients with the cooperation. Participants were informed about the research and interviews were done with 17 voluntered participants. In qualitative research, when the data starts to repeat, that is, when the saturation point is reached, the data collection process is stopped [32]. Accordingly, the study was completed with 17 patients from 31 patients in the experimental group. The interviews were conduct face to face in the chemotherapy unit or in the participants' homes after appointments were made by phone. The in-depth interviews were carried out in a quiet, properly lightened and ventilated room with a digital recorder. The inclusion criteria were; receiving one cure of one of the following chemotherapyprotocols: Folfox-Folfiri and Xelox-Eloxatin-Xeloda (These treatment protocols were selected because their side effects are similar), being over 18 years of age, having Internet access and being able to use the Internet, being able to communicate, lack of severe visual and hearing defects, lack of psychological or neurological diseases which pre-vent understanding and receiving chemotherapy for the first time. No tests were conducted to measure the consciousness levels of patients older than 60.

Procedure

Introductory information forms and semi-structured interview forms were used as data collecting tools in the research. The questions to be used in the in-depth interview were prepared in line with the literature and qualitative research method. The questions prepared by the researcher were arranged in accordance with the opinions of 5 (five) specialists experienced in the field of cancer and qualitative research and included: Can you tell me your medical history? What are your expectations of chemotherapy? What are your thoughts related to chemotherapy? And what are your thoughts related to home visits by a health care provider during your treatment?

Statistical analysis

The data were analysed through a content analysis method. All interviews that recorded to digital record by researcher were transcribed to the form of text in program "word for windows". In text was defined participants' smile, cry, silent period and excitement along with paticipants' verbal expresses. After the transcribe phase was completed, the other steps were followed. The steps were respectively coding the data, finding the themes, arranging the codes and the themes, defining and interpreting the findings [33].

Validity and reliability of the study

The criteria recommended by Lincoln and Guba were taken into consideration to achieve validity and reliability of the studyi [34].

For validity (Credibility) all the interviews were recorded with a voice recorder and the researcher took notes during the interviews. Open-ended questions were used to collect in-depth data. The interviews were discontinued at the stage at which no new information was obtained. Data triangulation and investigator triangulation were used to check whether the researcher, the research process and obtained findings reflected the real situation. To achieve investigator triangulation, three researchers experienced in qualitative research agreed on creation of categories and subcategories and description of findings. To achieve data triangulation, obtained findings were compared with findings reported in studies conducted by other researchers and in other places [35]. *Transferability* of obtained findings, detailed descriptions of findings and purposeful sampling were used. Detailed and accurate information about all stages of the research was supplied. Data were reorganized in accordance with themes and subthemes described in detail. The themes and the subthemes were exemplified through direct quotes by depending on what the participants originally reported as much as possible.

For reliability (Dependability*),* All the interviews were conducted by the same interviewer by using the same semi-structured interview form. Analyses of the data were evaluated by three researchers. *Confirmability,* The research advisor evaluated all stages of the research and confirmed that conclusions, comments and recommendations of the study reflected the crude data. Data collection tools, crude data, coding and all other research related material are still preserved for confirmability.

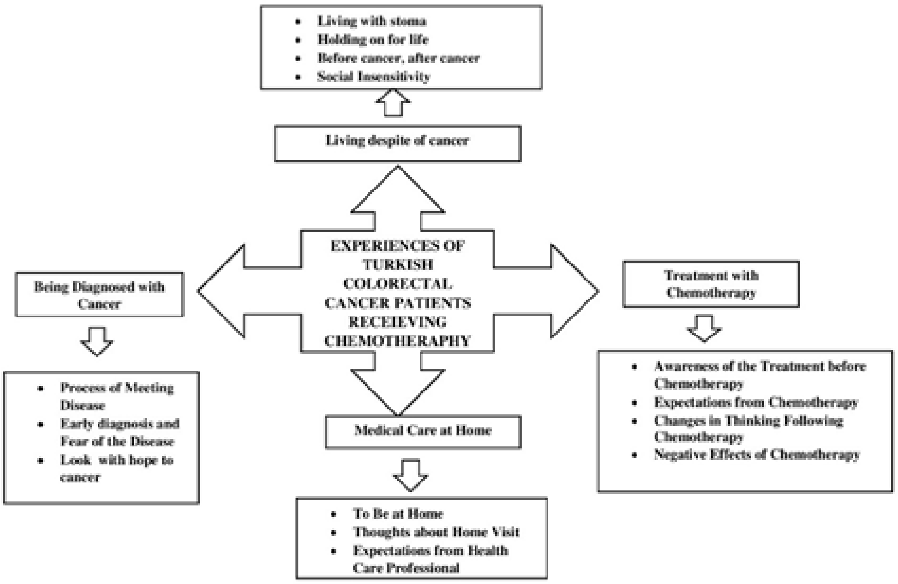

Figure 1. Experiences deal with medical carc and living with cancer of Turkish colorectal cancer patients; themes and sub-themes

RESULTS

The participants receiving chemotherapy who were interviewed were between 19 and 80 years old and the average age was 60 years and 88% were male; 13% had no social security and 93%were literate. Some participants also received surgical treatment before chemotherapy treatment, 35% had a stoma, and 64.7% received the same chemotherapy protocol every 14 days, while the others (35.3%) received it every 21 days. The duration of chemotherapy was 6 months.

The participants' period of being diagnosed with colorectal cancer differed between 2 months and 34 years with an average of 3.5 years; 46,7% of them had chronic diseases especially diabetes and hypertension. They were receiving the same chemotherapy protocol, with different intervals of time. All were receiving the same chemotherapy protocol for a total of 6 months. While 64.7% of the participants received chemotherapy every 14 days,the others (35.3%) received it every 21 days.

The experiences of the participants with colorectal cancer receiving chemotherapy were classified into four main themes and fourteen sub-themes (Figure 1.)

Being diagnosed with cancer

Three sub-themes, Process of meeting disease, Early diagnosis and fear of the disease, and Look with hope to cancer, emerged from this theme.

Process of meeting disease

Each participant experienced the cancer acceptance process differently. Most stated that they had never thought cancer would happen to them, and most of them had not accepted the disease upon being diagnosed with cancer. They believed that living with cancer had happen for a long time, and that they felt it had been advancing gradually.

Some of my relatives had cancer, but I even did not imagine it, and had no fear and worry about it.(P15)

We have never accepted this illness. (P1)

Early diagnosis and fear of the disease

The participants underlined the importance of early diagnosis of the disease and stated that people avoid seeing a doctor for fear that they may be told a bad news. The participants emphasized that early diagnosis was important and starting treatment in an early phase while fighting cancer gave positive results. Despite this, many people also stated that they avoided seeing a doctor for the fear of being told that they had cancer. They stated that they realized this when they were diagnosed with the disease and started getting treatment.

When I started the treatment I said I luckily had seen the doctor and started the treatment. Our people are afraid of going to see doctors. They fear that what if the doctor says you have something bad.(P17)

Look with hope to cancer

Most of the participants underlined in the interviews that the doctor had not told them personally that they were diagnosed with cancer. Participants took comfort in thinking their condition was better when they see the cancer patients in a much worse situation and by not having the idea that the cancer will progress in their body.

The doctor told nothing to me, I think, not to demoralise me.(P12)

I am demoralised when I see the other patients in the hospital. I looked at myself and said I have nothing and thanked God.(P13)

I thanked God for my condition when I saw the others in the hospital. I believe I will become better by motivated myself.(P5)

I see extremely sick people being carried on stretchers and feel lucky for myself.(P3)

Living despite of cancer

This was the second theme which had four sub-themes, Living with stoma, Holding on for life, Before cancer, after cancer, and Social insensitivity as explained below.

Living with stoma

Of the patients interviewed, all those with stoma stated that they had difficulty in living with stoma. It is understood that the prior expectation of the patients saying that they avoid seeing the stoma in their own body is the restoration of their gut.

I want to eradicate the bag (stoma) immediately. To what extent can you go on like this?(P1)

I have no idea what I can manage to do as long as this bag is attached to me; you cant bend down or stand up.(P13)

I have a little trouble with that bag. I get nervous when I am *about to see there. (P13)*

I have no expectations from the future. Apart from the restoration of that my gut, I demand nothing... I feel uncomfortable, for I can't clean it by myself. (P14)

Holding on for life

Some of participants believed this treatment process would cure them and added that they did not think they would be defeated by cancer.

I have a hope to get better. I have never had a feeling that this disease will kill me. I say I will get better each time I take my pills. (P5)

Cancer is a nice disease; you won't die immediately. I have been living with it for 34 years. You would have a road accident, a stroke or a heart attack and pass away without saying goodbye. (P15)

Before cancer, after cancer

In the interviews all the participant stated that they were aware of the reality of death, but want to lead a healthy life as everybody does. Besides, some of them stated that they accepted the disease is irreversible and they did not have the same health as in the past.

We would like to be healthy all the time, but we will unavoidably die one day. I don't think that we can have the same life as in the past. I won't be healthy as I used to be.(P7)

Social insensitivity

In the interviews, participant stated that the society either pitied them, or were insensitive to them. Social approaches were found to make it harder to live with cancer.

While I was awaiting my turn in the bank I needed toilet. I asked the bank clerks for the toilet, but they didn't allow me to use it. They said the customer weren't allowed to use the toilet. I begged them, but the security pointed at the building opposite the street and cleared me out of the bank. In the middle of the street I couldn't hold it and I lowered my pants and took a piss there. I covered my face with the hat which I took with me in case the sun burned due to the chemotherapy. Some of the passer by thought I was insane, some said I was dunk. Meanwhile a bus came and stopped in front of me. I pulled my pants immediately and got on the bus. My innards had been full for a week and I couldn't hold it and took a dump in my pants in the bus. The driver yelled at me: "What the hell have you done? You have made a mess." Everybody in the bus got off the bus. I explained to him that I was ill and begged him to take me to hospital, but he shut the doors immediately after I got off and drove away. (P7)

Treatment with chemotherapy

Four sub-themes, Awareness of the treatment before chemotherapy, Expectations from chemotherapy, Changes in thinking following chemotherapy, Negative effects of chemotherapy were emerged from the main theme Treatment with Chemotherapy.

Awareness of the treatment before chemotherapy

The participant stated that they had no idea about chemotherapy before the treatment started.

I have never heard of chemotherapy. (P4)

The doctor told me that they would treat with drugs, I did understand nothing. I had't heard about such a treatment. (P10)

Expectations from chemotherapy

All of the participant told they wanted to get better after the treatment. Some stated that they did not want to experience loosing hair, a side effect of chemotherapy following the treatment.

I expect to get better. I expect my sickness to stop. I expect other side effects to stop. (P1)

I thought positively and I got better. (P1)

They said it was a cancer. I hoped that this treatment would kill that cancer. (P4)

Changes in thinking following chemotherapy

The participants keep their positive expectations they had before starting chemotherapy and that they feel better considering the symptoms they experienced at first, for example:

I feel much more comfortable compared to the first chemotherapy. The symptoms I experienced aren't affecting me so much anymore. (P3)

I am beginning to feel that the treatment is going well. (P11)

I have thought that I will live better tomorrow, I will be able to visit my relatives and friends, I will live a life without regrets. (P15)

Negative effects of chemotherapy

The participant that they experienced the symptoms in the literature and told the negative effects of the symptoms on their life. For example, some experienced a fear of falling down due to dizziness, some thought that their image would be deteriorated because of the loosened clothes after the weight loss, some stated that their aggressive mood affected their family members and friends, some told that they had to change their eating habits.

My muscles are tingling as if I had been sitting for a long time. Also, they strain like a stone when I drink water. I can't swallow or drink anything. (P1)

I stagger after chemotherapy and get afraid of falling down. (P6)

I can't sleep till morning at some nights. (P7)

I used to take and eat whatever I wish, but I can't now. (P11)

It causes a little aggressive mood, but my family and close friends try hard not to do anything which can tease me. (P12)

Medical care at home

Three sub-themes, To be at Home, Thoughts about Home visit, Expectations from Health Care Professional were emerged from the main theme Medical Care at Home.

To be at home

All the patients in the interviews stressed the importance of going on receiving chemotherapy at home in their lives. The coldness of the environment in the hospital, meeting patients with similar diseases in a worse situation, limitation of their freedom and feeling healthier in a family environment were stated as the superior features to hospital environment.

I am fed up with going to and coming from the hospital all the time. I feel more comfortable at home psychologically. I had such fears at hospital as whether the nurses came in order to take blood again. I don't have any fears at home about whether they will do something to me. (P1)

Each day somebody dies in the hospital. One wonders whether it is my turn during the stay at hospital. Staying home gives you peace. (P5)

The service, weaker as it is, at home is more comfortable than it is at hospital. (P7)

Since we stay at home, nobody looks at us as patients. I wouldn't like to associate the term confined to bed with me. (P11)

Thoughts about home visit

The patients said in the interviews that they were happy with the visits of medical staffs at their home, these visits made them feel more valuable, their need would be met better during the treatment process.

The visit of medical staffs is good for me, I believe they will be helpful to me. (P1)

I would think they will help me if I were told about the home visits and the medical staffs will come to me. It is a nice feeling. (P2)

I would feel it means there are some people thinking about us. (P5)

Expectations from health care professional

The patients expected the health care professional to learn the ways to cope with the side effects they encounter, to have positive communication and to support them morally.

What does a patient expect from doctors and nurses? Interest, smiles on their faces. We also expect these from you. (P5)

It is a matter of searching for a solution. I believe that I will get healthier with the advices of medical staffs. (P11)

I need your emotional support and motivation. I need nothing else. (P15)

DISCUSSION

The results of this study revealed the experiences of persons with colorectal cancer receiving chemotherapy and their expectations from the health care professional during the chemotherapy treatment. Considering other interviews carried out on patients with cancer individually and in focus group, it is seen that they also revealed similar results.

Cancer is regarded as a disease, the diagnosis of which is rather devastating for the patients and their families. Accepting the disease immediately, learning to live with it and being able to cope with are a time consuming process. It was seen, similarly, in qualitative study carried out with cancer patients that the patients got very furious when they were first told that they have cancer, they got upset and they said that they had been punished by Allah with this disease [7]. It was seen that the patients experience a denial phase at first and later they accept it and then that they even thank Allah thinking about other patients in a worse condition [7].In a qualitative study it the patients emphasized that living was more important than cancer [27]. It was known that especially traditional communities had some traditional habits and beliefs. Acceptance of cancer disease is very difficult. Sometimes, patients have some coping strategies. Beliefs of external forces (Allah, God, etc.) can effect on coping mechanism of patients.

Participants express that their life will no longer be the same as it used to be and won't be a normal one when they start cancer treatment and chemotherapy. In qualitative study it was seen that the patients state that receiving chemotherapy defeated every fields of their life, they need consistency, stability and persistence in order to feel better again [36]. Cancer treatment is a degenerative process. For this reason, patients can live some hopelessness regarding to their future. This results are similar with other studies.

Living with a stoma, a sub-theme of the theme *Living with cancer*, is seen to be of significant importance for colorectal cancer patients. In the study it is seen that the husbands or wives of the patients mostly take the responsibility of the maintenance of the stoma while the patients avoid learning how to do it. This may result from cultural factors. Also, it was found in the interviews that living with a stoma is rather hard, the patients avoid taking the responsibility of caring themselves and that they cannot even put up with seeing their colostomy wound. It can be thought that accepting the stoma is very difficult for the patients, for it ruins their bodily image and is an obstacle to their socialisation, for example, they have to use a bag for defection rather than a natural way, which causes malodour and louder gas incontinence.

It is seen that the expectations of the patients from chemotherapy are positive. It is also seen in qualitative a study that although the patients look much more nervous before starting chemotherapy, they feel more relaxed after the first session of the therapy [38]. It was also expressed by the patients that feeling better is associated with experiencing the side effects of chemotherapy. There are similar expressions in our study, too. The vagueness before the therapy and what they have heard about chemotherapy around may lead to increasing the stress level. It was seen that accepting chemotherapy and related symptoms and coping with them is a processed experienced by the patients, and they learn in time how to cope with the side effects when they appear [31]. The symptoms vary according to their sensitivity, duration of the symptoms, their seriousness, their frequency and to what extent they effect the patients' daily lives. The patients said that they had felt worse in the first week, experienced the symptoms much more severely, but they had felt better in the second week and the symptoms had decreased [31].

It was seen in the studies carried out that the side effects appearing after the chemotherapy and the patients' complaints are similar [7,31,36,37]. It can be said that social insensitiveness is an important obstacle to the socialisation of the patients especially in the cases of fecal-incontinence. Sometimes, incontinence can accept an insufficient by patients. This situation (fear of fecal incontinence), can cause social isolation.

In this study it is notice able that the patients in the interviews said that they and their caregivers got very happy with the visits of medical staffs and nurses to them in their houses, they felt valuable due to these visits and that knowing someone professionally dealt with them made them feel safer. It was seen that the patients could share some of their problems which they couldn't tell their doctors with the medical staffs at home and made an effort to solve them, which indicates once more how important providing health services at home is for cancer patients who go on their treatment at home. In a qualitative study it was found that positive relationships with nurses made the process of treatment and the service they were treated in more positive and made it easier to adapt to the process [27].

The results of the study reflect only this group because this study is of a qualitative research type and does not generalize to all colorectal patients receiving chemotherapy.

The experiences of person with cancer receiving chemotherapy were revealed through the study results and their satisfaction with the health services at home and expectations from the medical staffs were determined. When the findings of the study are examined, it was found that initially the patients had a hard time associating themselves with the diagnosis of cancer; however, after a while, they entered a process of acceptance and confrontation, and they were found to emphasize how important early diagnosis was at this point. They pointed out that especially living with stoma influenced their quality of life negatively, with the state of faecal incontinence causing serious discomfort and also the insensitivity of the society on this subject. One of the important results of the study was that the participants thought that chemotherapy treatment would have a positive contribution to the process of recovery; thus, the patients stated that they had high expectations from the treatment and they also stated that they needed the support of the health personnel in this process. Conducting more qualitative studies in different regions by different researchers with the same sample group can make valuable contributions to literature in terms of presenting the knowledge and attitudes of different colorectal cancer patients on this subject. The results of the study are thought to be of great importance in terms of leading prospective studies. It is recommended to carry out more projects dealing with health services at home and aiming at complementing symptom management and treatment process positively.

Considering the results of qualitative studies on colorectal cancer patients, projects which aim to increase adaptation to the disease and treatment process, patients' quality of life and social sensitivity on the subject, also projects in which health personnel and patients' families are in cooperation and patients get through the process more easily and healthily should be developed and implemented.

Yazar Katkıları: Çalışma konsepti/Tasarımı: İAA; Veri toplama: FÇ, AÇ; Veri analizi ve yorumlama: FÇ, İAA, AÇ; Yazı taslağı: FÇ, AÇ, İAA; İçeriğin eleştirel incelenmesi: İAA; Son onay ve sorumluluk: FÇ, İAA, AÇ; Teknik ve malzeme desteği: FÇ, AÇ Süpervizyon: İAA; Fon sağlama (mevcut ise): yok.

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