



FACTORS AFFECTING PSYCHOLOGICAL RESILIENCE AND COPING EXPERIENCES OF CANCER PATIENTS: A PHENOMENOLOGICAL STUDY

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Abstract

Objective: The aim of this study was to evaluate the factors affecting psychological resilience and coping experiences of cancer patients.

Methods: In this study using the phenomenological research method, semi- structured in-depth interviews were conducted with 22 individuals with cancer living in a province in northern Turkey. Criterion sampling method, one of the purposive sampling methods, was used to reach the sample group. Interviews continued until data saturation was achieved. All interviews were audio recorded and then transcribed. The data of the study were evaluated using thematic analysis. The study was conducted and reported according to the COREQ checklist.

Results: Data analysis revealed three themes (effects of cancer, coping with cancer, psychological resilience and influencing factors) and eight sub-themes (mental, physical, social, perception of social support, treatment process, personal competence and future plans, spiritual disposition and perspective on negative events).

Conclusion: The results of the study showed that cancer has a negative psychosocial impact on individuals. The treatment and care process in cancer can negatively affect the psychological resilience of individuals. In this process, it was determined that situations such as perception of social support, coping resources, perspective on negative events, spirituality can affect psychological resilience.

Keywords: Cancer, coping, phenomenological study, psychological resilience, Turkey.

Introduction

Cancer, the second leading cause of death, is one of the most important and urgent problems of our time. Cancer incidence and global burden have steadily increased in the 21st century. The Globacan 2020 report on global cancer statistics estimates that 9.9 million people died from 19.3 million cancer cases.¹ Cancer, which negatively affects individuals' daily lives and their interaction with the world, is also a global disease.² The 2023 Cancer Statistics Report states that the most common types of cancer in men are prostate, lung, and colon cancer, while in women they are breast, lung, and colon cancer.³ Intensive and overwhelming treatments increase the burden on patients and their families, and psychological factors that cause distress, in addition to physical pain, contribute to the worsening of the existing situation.⁴ The disease also negatively affects the meaning of life and the individual's interaction with themselves and their environment. Patients experience fear and uncertainty during this process, and their stress levels increase.⁵ Furthermore, prolonged hospital stays, increased costs, side effects of medications, and the risk of recurrence bring with them many psychosocial, physiological, and economic problems.⁶ In this context, psychological resilience is the capacity to adapt by maintaining emotional and functional integrity in the face of stress, trauma, serious health problems, and crisis situations, and to emerge from these processes stronger.⁷ Psychological resilience can increase adaptive capacity, enhance personal well-being, and facilitate better coping with the cancer process.⁸ Recent studies have reported that cancer patients' resilience scores are significantly lower than those of the general population.⁹⁻¹⁰ Another study emphasized that increasing psychological resilience in cancer patients can significantly improve cognitive function and that resilience plays an important role in protecting physical and mental health.¹¹

The number of qualitative studies based on subjective experiences regarding how cancer patients experience this process, how they maintain their psychological resilience, and what coping mechanisms they develop is limited. Understanding how individuals interpret their inner worlds and deeply understanding their sources of resilience are important for planning comprehensive care and ensuring the effectiveness of psychosocial support. This study aims to evaluate the factors affecting cancer patients' psychological resilience and coping experiences using a phenomenological approach. It is believed that the findings of this study will guide healthcare professionals in terms of healthy disease management, creating alternatives, and empowering patients.

Methods

Throughout this study, the authors followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) and reported accordingly.¹²

Study Design

This study was conducted between January 2024 and February 2024 using an inductive qualitative design. Semi-structured in-depth individual interviews were conducted with 22 individuals living in a province in northern Turkey and undergoing cancer treatment.

Research Team and Reflexivity

Both members of the research team are active faculty members (doctoral faculty members) in nursing schools. Both

of the researchers have a PhD in psychiatric nursing. Both have experience working as clinical nurses in hospitals and both have received training in qualitative research methods.

Working Group

Criterion sampling method, which is one of the purposeful sampling methods, was used to determine the study group of the research. Criterion sampling is the sampling of people, events, objects or situations that have the qualities determined for the problem.¹³ The study was conducted through semi-structured in-depth individual interviews with 22 individuals living in a province in northern Turkey and undergoing cancer treatment. The interviews continued until the data were repeated and were terminated when data saturation was reached by interviewing 22 individuals. The inclusion criteria were as follows: (a) having cancer and ongoing treatment, (b) being open to communication, c) agreeing to participate in the study.

Data Collection

A semi-structured interview form was prepared by the researchers based on the literature review. The form consists of two parts. The first part includes questions such as age, gender, marital status, occupation, socioeconomic status, and type of cancer. The second part consists of a form consisting of six basic open-ended questions to be used in the semi-structured interview. The questions in the semi-structured interview form were discussed with the individuals individually face-to-face.¹⁴ In the interviews, the individuals were asked to describe their psychological resilience and methods of coping with cancer and the effects of cancer on them, and the questions "Can you elaborate on your answer?" and "What do you mean by this?" were asked. All interviews were conducted by the (first author). The interviews were recorded using a Sony voice recorder and transcribed verbatim by the same two researchers. After all interviews were completed, the study data were transcribed for analysis.

Ethical Aspects of the Research

This study was approved by Giresun University Scientific Research and Publication Ethics Committee (E-95674917-108.99-223219) (13.12.2023-2023/6). Informed consent was obtained from the participants before starting the interview. Recordings and transcripts were stored on a password-protected device. The study was conducted in accordance with the Declaration of Helsinki and the ethical standards of the National Research Committee.

Data Analysis

In analyzing the qualitative data obtained from the interviews, the 7-step analysis method developed by Colaizzi (1978) for phenomenological studies was used.¹⁵ In this context, the interview texts were first read independently and repeatedly by two researchers. Thus, it was tried to understand what was explained in the data. Important statements in the interview texts were selected, reorganized and expressed in general terms. Then, the data that were tried to be explained in the statements were identified and analyzed. The researchers formulated and validated the meanings by discussing them until they reached a consensus. The researchers then identified and organized the themes into main and sub-themes. The themes and sub-themes of the study were developed through clear articulation. In addition, participants' statements were included so that the reader could verify the interpretation and analysis of the data.¹⁶

Results

The average age of the individuals included in the study was 57.86 ± 13.20 . Thirteen of the participants were female and all of them were not working. Eighteen of the participants

graduated from primary school. Eight of the participants had breast cancer and three had lung cancer. Demographic characteristics of the participants are presented in Table 1. (Table 1). As a result of the analysis of the data obtained from the semi-structured interviews, themes, sub-themes and codes were identified (Table 2).

Table 1. Characteristics of participants

Participant number	Age	Gender	Marital status	Education status	Cancer type	Cancer stage	Treatments received	Duration of illness
K1	62	Woman	Married	Primary School	Breast cancer	Phase 3	Chemotherapy Surgical treatment	For more than 12 months
K2	68	Male	Married	Primary School	Stomach cancer	Phase 4	Chemotherapy Surgical treatment	1-6 months
K3	31	Male	Married	University	Colon cancer	Phase 4	Chemotherapy Surgical treatment	6-12 months
K4	61	Male	Married	Primary School	Lung cancer	Phase 4	Chemotherapy Radiotherapy	6-12 months
K5	65	Male	Single	Primary School	Stomach cancer	Phase 4	Chemotherapy	For more than 12 months
K6	65	Woman	Married	Primary School	Bone marrow cancer	Phase 1	Chemotherapy	For more than 12 months
K7	66	Woman	Married	Primary School	Uterine cancer	Phase 3	Chemotherapy Surgical treatment	6-12 months
K8	36	Woman	Married	High School	Hodking lymphoma	Phase 2	Chemotherapy	6-12 months
K9	72	Male	Married	Primary School	Colon cancer	Phase 4	Chemotherapy Surgical treatment	For more than 12 months
K10	65	Male	Married	Primary School	Head and neck cancer	Phase 4	Chemotherapy Surgical treatment	1-6 months
K11	71	Male	Married	Primary School	Lung cancer	Phase 4	Chemotherapy	1-6 months
K12	37	Male	Single	Primary School	Testicular cancer	Phase 1	Chemotherapy Surgical treatment	1-6 months
K13	42	Woman	Married	Primary School	Breast cancer	Phase 4	Chemotherapy Surgical treatment Radiotherapy	1-6 months
K14	52	Woman	Single	Primary School	Breast cancer	Phase 4	Chemotherapy Surgical treatment	1-6 months
K15	42	Woman	Married	University	Breast cancer	Phase 4	Chemotherapy Surgical treatment Radiotherapy	1-6 months
K16	66	Woman	Married	University	Breast cancer	Phase 4	Chemotherapy Surgical treatment Radiotherapy	1-6 months
K17	72	Woman	Married	Primary School	Breast cancer	Phase 4	Chemotherapy Surgical treatment	1-6 months
K18	53	Woman	Single	High School	Breast cancer	Phase 4	Chemotherapy	1-6 months
K19	67	Woman	Married	Primary School	Lymphoma	Phase 3	Chemotherapy	For more than 12 months
K20	75	Male	Married	Primary School	Lung cancer	Phase 4	Chemotherapy	1-6 months
K21	52	Woman	Married	Primary School	Ovarian cancer	Phase 2	Chemotherapy Surgical treatment	For more than 12 months
K22	53	Woman	Single	High School	Breast cancer	Phase 4	Chemotherapy	6-12 months

Table 2. Factors affecting psychological resilience and coping experiences of cancer patients

Themes	Sub-themes	Codes
1.Effects of cancer	A. Psychological	A1. Depression A2. Loneliness A3. Inefficiency A4. Despair A5. Future anxiety A6. Hopelessness A7. Bewilderment A8. Uncertainty A9. Unhappiness A10. Inability to enjoy life A11. Powerlessness A12. Fear
	B. Physical	B1. Nausea B2. Loss of appetite B3. Vomiting B4. General body pain B5. Weight loss B6. Crying B6. Job loss B7. Attempting suicide B8. Fatigue B9. Fatigue B10. Not being able to do favorite hobbies
	C. Social	C1. Difficulty coping C2. Decrease in social activities C3. Decreased social support C4. Social isolation C5. The desire to get away from people
2. Coping with cancer	Perception of social support	A1. Family support A2. Relative support A3. Accepting that the illness comes from God A4. The desire to get away from people A5. Desire to be alone A6. Fear of death
	Treatment process	B1. Stability B2. Hope B3. Increased motivation B4. Sense of competence B5. Believing that you will get better B6. Receiving psychological support B7. Patience
3.Psychological resilience and factors affecting it	Personal competence and future plans	A1. Inability to cope effectively A2. Sense of inadequacy A3. Future anxiety A4. Marrying off their children A5. Seeing your grandchildren grow up A6. To live as high a quality life as possible
	Spiritual disposition	B1. Praying B2. Prayer B3. Coping with fear of death B4. Thinking and accepting that the illness comes from God B5. Patience B6. Wanting a painless death
	Perspective on negative events	C1. Increased family/friend support C2. Not wanting to be dependent on others C3. Perceiving the disease as a minor illness and thinking that you will cope with it C4. Understanding the value of life

Theme 1. Effects of cancer

Sub-theme 1. Psychological

Interviews with patients revealed that individuals experience psychological problems such as depression, loneliness, inadequacy, helplessness, anxiety about the future, hopelessness, confusion, uncertainty, unhappiness, inability to enjoy life, weakness, and fear as a result of cancer.

"...Honestly, I was devastated at first, but I recovered quickly. My friends and family supported me. I never sought psychological support. My checkups went well overall. I never expected to receive such a diagnosis, but it was God's will. When it recurred, I tried not to get overwhelmed. I thought it would come and go. I got through the last one, and I'll get through this one too, insha'Allah. Thankfully, there's nothing in my life that's stressing me out or making me sad... There's no need to stress myself out or make myself sad. To avoid getting infected with this disease, I can't really see anyone properly; I've cut myself off from everyone. (P1)

"...Even the name of this disease is scary and frightening. I didn't cry much when I heard about it, but there was a pressure on me. Visiting was forbidden. I can't even see my children, no one comes and no one goes, sometimes I feel like I am cornered. I feel very overwhelmed. No one comes, so that I don't get infected, and I can't go. talk to my children on the phone all the time... (P7).

"...The meaning of life has changed, life has lost its meaning, it has become more meaningless. I have a tracheostomy, I can't eat, I only eat watery things. Having to speak with a microphone and trying to express yourself is difficult, it makes me sad, but what can I do, I have to live with it...." (P10).

Sub-theme 2. Physical

The interviews revealed that individuals also experienced physical problems due to cancer. Some of these problems included nausea, loss of appetite, vomiting, general body pain, weight loss, crying, job loss, suicide attempts, weakness, and fatigue.

"....Actually, I tried not to be too affected, but when I first heard about it, I said, 'Am I going to start all over again? The chemotherapies were bad and affected me very badly. At first I had a lot of vomiting, nausea and loss of appetite, but it passed in time. Life is actually short, yesterday has passed and I am trying to live today. Life has become more meaningful with this disease. I didn't know its value before (P15).

"...I can't get the disease out of my head, I cry all the time, I only think about death. Yes, we will die, if not today, then tomorrow.... I have no hope for recovery I don't have any concerns other than death the thought of death haunts my brain a lot (P6)

"...Life goes on. I can't go out in public, so I talk to my friends on the phone. They are always there for me, supporting me. My daughter has been very affected by this process, which I attribute to her age... What could I do? During my treatment, I had to leave her alone a lot. My mother looks after her, but she has become more emotional and dependent on me... (P13)

Sub-theme 3. Social

Interviews with cancer patients revealed that their social lives were restricted due to their illness and that their social lives were significantly affected.

"....There haven't been any major changes in my life. I'm just a little restricted socially. I do my daily chores; I'm not a very social person anyway, I keep to myself. My son helps me. I talk to my friends and relatives on the phone... (P16).

"...I used to love traveling, now I can't travel, I'm locked up at home, I can't go anywhere, this restriction makes me sad. I used to be very clean and meticulous, but now not being able to do these things or doing them in a limited way makes me sad. My outlook on life has changed, after all, we are all going to die, but when you are sick, you feel death at your bedside (P21).

"...I am usually at home, I try not to be in crowds, I try to eat healthy, I continue my daily life as if I am not sick, I clean my house, I cook, I read books, I was receiving psychiatric support before I was diagnosed with the disease and I continue to receive support in the same way." (P19).

Theme 2. Coping with cancer

Sub-theme 1. Perception of social support

As a result of the interviews, it was determined that individuals need more social support when dealing with cancer, but that some patients' existing social support has decreased, which has had a very negative impact on them.

"....All the pain and sadness I have experienced broke out. I lost my friends one by one, it is very painful that this disease is fatal, my children do not call and ask, being alone in life makes this disease progress faster, unfortunately. Uncertainty about the disease, thoughts such as whether I will have surgery or how it will pass, thoughts of death always come to my mind and make me sad. When my disease progresses, thoughts of what will happen if I fall into bed and who will take care of me occupy my mind all the time (P22).

"....I am very afraid of what will happen if I don't live. My husband is not really interested in me. I have a colostomy bag and I am very embarrassed that I will smell to others, God should not make me dependent on anyone. (P9).

"...I have never received psychiatric support. I knit gifts for my loved ones. My armpits hurt, so I can't do it very often, but giving gifts makes me happy. It relaxes me mentally. At home, I cook and clean as much as I can, and I watch TV. When you do these things, you find things to do around the house... (P16).

Sub-theme 2. Treatment process

As a result of the interviews, it was determined that patients experienced many different emotions and situations during the process of coping with cancer, such as determination, hope, increased motivation, a sense of competence, belief in recovery, receiving psychological support, and patience.

"...I received online psychological support. My family supported me. I have a colostomy, I am trying to get used to it, but I cannot get used to it. It restricts one's movement. Being dependent on others, even if it is your spouse or family, makes me sad and makes this process more difficult (P3).

"...When I was first diagnosed, I was not affected because I had no fear of death, I think of it as an ordinary disease, like the flu. My outlook on life or the meaning of life has not changed, but my family is very sad... this situation affects me a lot. I am positive and optimistic about life (P4.)

"...Of course, those worries and negative thoughts occasionally cross my mind. Everything has been turned upside down. I hope it will end well, and things are going well, but right now the priority is to shrink the tumor... So I don't actually think about it day and night. It's just that when I go to the hospital, I feel anxious. (P17).

Theme 3. Psychological resilience and influencing factors

Sub-theme 1. Personal competence and future plans

As a result of the interviews, it was determined that individuals' psychological resilience was affected by their personal competence and future plans, including feelings of inadequacy, anxiety about the future, marrying off their

children, seeing their grandchildren grow up, and living a quality life for as long as possible.

"...My only expectation from life is to get my children married and to be able to continue to live a healthy life without needing anyone and without being a burden on anyone, this is my biggest wish, I have no plans or expectations other than that." (P18).

"...I see myself as helpless, weak and negative, there is nothing that makes me happy, nothing that gives me hope for life or excites me, I don't feel good at all and I don't feel like doing anything to get better spiritually." (P15).

"...Yes, I feel strong. But for some reason, I can't look in the mirror. I'm actually a sensitive and emotional person, and maybe I don't want to see the changes that have taken place in me. It's like I'm running away from myself... No one needs to say anything because I always reassure myself. By the way, I think I'm a very loved person, and that feels good." (P17)

Sub-theme 2. Spiritual inclination

The interviews revealed that spirituality plays an important role in situations that affect individuals' psychological well-being.

"...I pray to God for my future plans. I have no expectations from life, nor do I have any plans. No one is a friend to those who have fallen. May God not give me any troubles that I cannot bear. Neither my daughter-in-law nor my children have helped or supported me in any way. I try to do everything myself, for better or worse. (P9).

"...Well, I was devastated at first, but I recovered quickly. My friends, my wife and friends supported me. I didn't get any psychological support. When I did my controls, it went well in general. Although I never expected to get such a diagnosis, but it was from God. I tried not to collapse when it relapsed again. I thought it would come and go. I got over the other one and I will get over this one, insha'Allah. Thank God, something that bores and upsets me, my life is comfortable... There is no need to upset myself. In order not to get infected with this disease, I can't see anyone properly and I have withdrawn from everyone (P1).

"...I always feel strong. Even if I am down inside, I don't show it to anyone, I owe this to my religious belief. If God gives a problem, He also gives a solution and patience. We came from Allah and we will go back to Him (P12).

Sub-theme 3. Perspective on negative events

Interviews with patients revealed that individuals' psychological resilience is affected by their perspective on events. It was found that factors such as increased family support, not wanting to be dependent on others, perceiving the disease as a minor illness, believing that one can cope with it, and understanding the value of life affect individuals' psychological resilience.

"...I don't know, sometimes I feel mentally strong and sometimes I feel weak. It's something internal, sometimes you feel good and sometimes you feel bad. I don't do anything different about it (P11).

"...I feel psychologically sound, but sometimes I lose sleep, for example last night I couldn't sleep. I feel relieved when I hear positive things, but sometimes people want to support me with good intentions, but sometimes I feel very relieved by this. My biggest fear and sadness is the thought that my children will be left without a mother (P8).

"...Yes, I feel strong, but for some reason I can't look in the mirror, I'm actually a sensitive and emotional person, maybe I don't want to see the changes in me, maybe it's like an escape from myself.... I don't need anyone to say anything, I am always suggesting myself. By the way, I think I am a very popular person and that makes me feel good (P15).

Discussion

In this study, in which the factors affecting the psychological resilience and coping experiences of cancer patients were evaluated with a phenomenological approach, the data obtained were discussed under 3 main themes.

1. Discussion of the Effects of Cancer

In this study, the effects of cancer are examined within the framework of spiritual, physical, and social subthemes. Cancer is a multidimensional crisis process that profoundly affects not only the individual but also the lives of those close to them. Each stage of the disease creates intense stress for both the patient and their loved ones, significantly complicating daily life. The shock, uncertainty, and concerns about the future that accompany a cancer diagnosis create a ripple effect in many areas of an individual's life.¹⁷ In terms of physical effects, cancer and its treatments cause a significant decline in patients' physical functioning. A cohort study with cancer patients reported a significant decline in physical functioning levels, which negatively impacted daily living activities and overall quality of life.¹⁸ In terms of psychological effects, depression, anxiety, and fear of cancer progression are the most commonly observed psychological issues. According to the findings of Zhang and colleagues (2022), the prevalence of depression in cancer patients was 32.5%, the rate of anxiety was 31.3%, and the rate of fear of disease progression was 67.4%.¹⁹ These data demonstrate the serious psychological burden of cancer. In terms of social effects, it is emphasized that low income, limited educational opportunities, and restricted access to quality care are important determinants that reduce the quality of life both physically and mentally.²⁰ Insufficient social support and increased social isolation during the cancer process can deepen patients' feelings of loneliness and negatively affect their psychological well-being.²¹ Meta-analysis studies in the literature also support these findings and reveal a significant decline in physical functioning in cancer.²² Furthermore, as noted by Riba and colleagues (2023), the psychological distress caused by cancer leads to an imbalance in social, physical, relational, and spiritual areas, often described by individuals as an "unpleasant" and exhausting experience.²³ The theme of "the effects of cancer" largely aligns with findings in the literature regarding the multidimensional effects of cancer, such as loss of physical functioning, depression, anxiety, and social isolation. The psychological, physical, and social subthemes that emerged in your study support the holistic life effects of cancer emphasized in current research.

2. Coping with Cancer

The findings of this study show that the process of coping with cancer is multidimensional and that factors such as family support, relative support, spiritual beliefs (acceptance that the disease comes from God), tendency toward isolation (desire to be alone or away from people), and fear of death are prominent. Similarly, the literature frequently emphasizes that social support, and especially family support, plays a protective and empowering role in coping strategies.²⁴⁻²⁵ Spirituality and religious beliefs are also highlighted in other studies as effective factors in making sense of the illness experience and enhancing psychological resilience.²⁶⁻²⁷ However, the desire to distance oneself from others and the tendency to isolate oneself, which are prominently evident in this study, differ from some literature findings. While some studies indicate that cancer patients generally seek more

social support, this study highlights a tendency toward isolation as a prominent theme.²⁸ This may be due to variables such as individual differences, the stage of the disease, cultural characteristics, or the nature of the social environment. While the prominent role of social support and spirituality in coping strategies with cancer aligns with the literature, the stronger emphasis on isolation and the desire to be alone stands out as a notable difference. This situation can be explained by cultural dynamics, individual coping styles, and differing interpretations of the psychosocial burden brought on by the disease process.

3. Psychological Resilience and Influencing Factors

Three main themes affecting psychological resilience were identified in the study: personal competence and future anxiety, spiritual inclination, and perspective on negative events. Psychological resilience is defined as an individual's potential to maintain mental health in the face of negative or risky situations; it supports personal well-being by increasing adaptive capacity.²⁹ Cancer can leave individuals vulnerable to negative psychological outcomes due to its highly stressful nature.³⁰ In a study conducted by Fernandez and colleagues (2021) with Spanish nursing students, resilience was highlighted as an important emotional competence in managing death-related anxieties.³¹ Similarly, Li and colleagues (2020) reported that resilience plays a mediating role in regulating mental states and strengthening perceptions of social support in cancer patients.³² The literature emphasizes that cancer patients' expectations and goals for the future are important factors in increasing psychological resilience. For example, thoughts and desires about the future, such as living long enough to see one's grandchildren, attending one's children's weddings, visiting sacred places, or meeting old friends, have been reported to strengthen coping motivation.³³ Spirituality is defined as an individual resource that can be effective in coping with stressful situations, shaped by a person's values, beliefs, and meaning of life. Pahlevan Sharif and colleagues (2021) and Yıldırım Üşenmez and colleagues (2023) emphasized that spirituality is an important factor in strengthening psychological resilience in women with breast cancer.³⁴⁻³⁵ Similarly, Akuoko and colleagues (2022) reported that 92.1% of women with cancer needed spiritual support and that spirituality had positive effects on the coping process.³⁶ When these findings are evaluated together, it can be said that the themes identified in our study, such as personal competence, positive expectations for the future, and spiritual tendencies, are the main factors supporting the psychological resilience of cancer patients and are consistent with existing research in the literature. This study also reveals regional and cultural differences through patients' spiritual tendencies and perceptions of social support. For example, patients' spiritual approaches, such as "accepting that the disease comes from God," emerged as a strong coping resource based on cultural belief systems. Additionally, the importance of family and relative support in the perception of social support reflects the influence of the extended family structure and social solidarity in the cultural context. Furthermore, themes such as the desire to be alone and to distance oneself from others provide clues as to how individual and cultural differences are reflected in psychosocial experiences. Therefore, the impact of regional and cultural contexts on the psychological resilience and coping processes revealed in the study should be considered an important determinant in interpreting patients' experiences.

Conclusion

Cancer patients face significant physical and psychosocial challenges due to complex and lengthy treatment processes. In this context, psychological resilience emerges as a key factor in patients' ability to cope with the difficulties they encounter during the course of their illness and treatment. The study findings indicate that cancer affects psychological resilience through factors such as individuals' perception of social support, coping resources, perspective on adverse events, and spiritual tendencies. These results, which are generally consistent with the literature, highlight the need for further research to better understand the impact of regional and cultural differences on these dynamics. The fact that the study was conducted at a single center may reflect the cultural values and belief systems of that region. Differences in cultural values, belief systems, and social structures shape the psychosocial experiences and support-seeking behaviors of cancer patients; therefore, research conducted in different geographical and cultural contexts will enable the development of individualized and culturally sensitive interventions. From a psychiatric nursing perspective, providing individual counseling services to address the psychosocial needs of cancer patients is of great importance. In addition, family-based interventions can strengthen patients' social support systems and enhance their coping skills. Group-based psychosocial support programs offer an effective approach for patients to share their experiences, reduce social isolation, and strengthen their resilience. Including spiritual support elements in these programs can contribute to enhancing patients' sense of meaning and hope in life. In conclusion, education, guidance, and support efforts in the field of psychiatric nursing are critical for improving the psychological resilience and quality of life of cancer patients. The integration of these approaches into clinical practice will facilitate patient compliance with treatment and contribute to the sustainability of their psychosocial well-being.

Limitations

One of the limitations of the study is that all participants were selected from a province in northern Turkey. The results depend on the participants and the setting in which the study was conducted. The participant group is not representative of the entire population of people with cancer.

Acknowledgement

This study was presented as an oral presentation at the 1st International Oncology Nursing Association Congress held in Ankara on May 21-23, 2025.

Conflict of Interest

The authors have no conflicts of interest to disclose.

Compliance of Ethical Statement

This study was approved by Giresun University Scientific Research and Publication Ethics Committee (E-95674917-108.99-223219) (13.12.2023-2023/6). Informed consent was obtained from the participants before starting the interview. Recordings and transcripts were stored on a password-protected device. The study was conducted in accordance with the Declaration of Helsinki and the ethical standards of the National Research Committee.

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Author's Contributions

Author Contributions N.G.B.; S.U.: Study idea/Hypothesis; N.G.B., S.U.: Design; N.G.B.: Data Collection; N.G.B.: Analysis; S.U.: Literature review; N.G.B., S.U.: Writing; N.G.B., S.U.: Critical review; N.G.B; S.U.

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