

STORIES OF SURVIVAL: EXPLORING THE FACTORS SHAPING HEALTH-PROMOTING LIFESTYLES AMONG CANCER SURVIVORS

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ABSTRACT: *This study explored the lived experiences of cancer survivors using exploratory qualitative design approach. Findings revealed that cancer survivors were generally motivated to adopt lifestyle changes in diet, physical activity, and medical compliance. However, barriers such as financial constraints, physical limitations, co-existing chronic conditions, transportation and time issues, and family responsibilities hindered consistent health-promoting behaviors. Older survivors faced added challenges due to mobility limitations and reliance on companions during consultations. Emotional and social burdens, especially for family breadwinners, further affected adherence to health recommendations. The study concludes that sustainable support systems and goal-oriented programs are essential to address survivors' medical, social, and economic challenges, enabling them to maintain healthier lifestyles and improve overall well-being.*

Keywords: cancer survivors, lifestyle change, qualitative research

INTRODUCTION

The way in which one lives is known as lifestyle. This entails trends on ways of social relationship, consumption, entertainment and dress. The term lifestyle also indicates the attitudes, beliefs and, more fundamentally, the way a person perceives himself/herself and, in some cases, how other people perceive the person as well.

This emerging trend in non-communicable diseases is the cause of 60 percent of all deaths in the world [1]. The progression of most of these lifestyle diseases is quite insidious and in most cases past the age of 30 years. When health interventions are planned and implemented it is late because by the time it is planned the damage has already been done. Teenagers are a distinct group of people that possess certain health issues and demands. The age at which the onset of serious mental conditions like depression and psychosis is highest is the adolescence stage. The body, the mind, the fellow human beings and sex all change, and adolescents are overwhelmed with stress resulting to worry, seclusion, violence, inability to handle issues and even physical sickness.

The health-promoting lifestyles can be taken to be multi-dimensional in that, they integrate a number of aspects of an individual in his/her lifestyle pattern such as food habits, recreation, cigarettes per day intake, physical activities, stress and health [2]. Thus, the health preventive lifestyle can be referred to as one of the central strategies of maintaining and enhancing the well-being of individuals and dealing with cancer [3].

LITERATURE REVIEW

Laudico and his colleagues [4] used the data in the Philippine Cancer Society-Manila Cancer Registry and the DOH-Rizal Cancer Registry to calculate age-adjusted and year-to-year cancer incidences since 1980. The incidence had shown an upward trend in both males and females. Among men, lung cancer was number one cancer. The colorectal and prostate cancer share an increasing trend and are most prevalent as opposed to liver cancer. Among females, the steady growth in incidence of breast cancer was experienced. The second most widespread type of cancer, cervical cancer also declined a little bit, and colorectal cancer gained the same popularity. Incidence of lung cancer among females achieved a maximum and thereafter reduced

slightly. The number of oral cavity cancer fell drastically in the recent period. The survivability rate was also found lower in the cases of leukemia in the Philippines, yet the helpful cure of certain types is proved but is notably expensive. The linkage between lifestyle risk factors including smoking, poor diet, physical inactivity, human papillomavirus and hepatitis B virus infection and their patterns of incidence are present. The causes of poor survival were largely due to late stage of diagnosis.

Study conducted by Redhwan et al. [5] using qualitative method and aimed at establishing whether there is any change in dietary and lifestyle of 15 breast cancer survivors in Malaysia. The research was conducted with the semi-structured interview. The information thus retrieved was classified in categories using a content analysis. It emerged that most survivors of breast cancer were consuming a lot more fruits and vegetables after being diagnosed. Some non-Malays switched as vegetarians, and all the Malays maintained the same pattern in their diet. Regarding exercise, it was found that not all Malays exercised before diagnosis but after diagnosis. The majority of the non-Malays did not engage in pre- and post-diagnostic exercise. A few drops were identified in dietary and lifestyle habits following diagnosis in some of the survivors. The variations were attributed to their differences in the kind of cultural and religious backgrounds.

In a study carried out by Farooqui et al., qualitative approach was used on Malay cancer patients [6]. The research provided an insight into cancer patients' perceptions towards screening and early detection of cancer. The specific patients were identified and recruited in the initial stage after securing institutional ethical approval with different types and stages of cancer of the three large groups (Malay, Chinese, and Indian). The process entailed the administration of 20 semi-structured interviews. Audio recording was undertaken to ensure that all interviews were captured verbatim and also translated into English to be subjected through thematic content analysis. The thematic content analysis revealed four themes, and they include (a) awareness of cancer screening, (b) perceived benefits of cancer screening, (c) perceived barriers to cancer screening, and (d) cues to action. Most of the participants had never heard about the cancer screening prior to a diagnosis. Apart of the respondents were aware of tests such as mammogram and Pap smear but still failed to

attend screening despite the personal vulnerability. Patients who received negative results in screening prior to diagnosis reported such tests to be unreliable. The report showed that lack of knowledge and financial constraints are the problems or challenges to cancer screen of the patients. Finally, there exist many recommendations on how to enhance screening behavior in healthy people, such as the mass media in spreading the prevention is better than cure message. The cases of the patients brought out some major concerns that were consistent with the Health Belief Model, which acted as the reason behind the adverse health behavior. The stories about the personal life of patients with cancer would serve as action clues to the previous non-exposed individuals.

In a nutshell, the health-promoting lifestyle behavioral traits referenced will include spiritual growth, interpersonal relations, nutrition, physical activity, health responsibility, and stress management in accordance with its theoretical framework that has served as the foundation paper in the study. The latter are determined by other external factors which include smoking, poor diet, physical inactivity or lack of exercise, infections, advanced stages of cancer as a result of ignorance or lack of information and understanding about cancer, among others.

METHODOLOGY

This study employed an exploratory qualitative research design to examine the factors influencing health-promoting behaviors and lifestyle characteristics among cancer survivors. The approach was chosen because it allows for a deeper understanding of personal experiences, perceptions, and challenges that cannot be fully captured through quantitative methods.

In-depth interviews (IDI) were used as the primary data collection method. An IDI guide was prepared to ensure that essential themes were covered while still allowing flexibility for participants to freely share their thoughts and experiences. Each interview lasted approximately 30 to 45 minutes to one hour, providing sufficient time to elicit natural and meaningful responses to the questions.

The interviews mainly took the form of English owing to the fact that the participants used the language as well. Participants were however free to respond in Filipino or Chabacano or any language they felt most comfortable with, to promote openness, and sincerity in their story. The availability of English proceeded to aid in smoothing communication borders and the realization that the participants can communicate their sentiments and perceptions freely. In such a way, it was possible to retrieve valuable qualitative data that could provide insight into the facilitators and inhibitors of acquiring a health-promoting lifestyle following cancer diagnosis and treatment. Ethics review committee clearance was granted from St. Paul University Philippines, Tuguegarao City, Cagayan.

RESULTS AND DISCUSSIONS

Cancer survivorship can be considered as a twist in the perception of people towards health, relationships and life. The experience in diagnosis and treatment may have many survivors adapt health promoting lifestyles that incorporate the spiritual beliefs, family support, medical adherence, nutrition, physical exercise, self-responsibility, effective stress management. These variables come into play with

complex interrelationships that make survivors more motivated to live a meaningful and healthier life.

Spirituality is one of the deepest factors that affect the way of life of the survivors. Prayer, meditation, reading the Bible, and engagement in the religious process are thus another source of comfort as well as a framework of resilience. One of the participants mentioned the following: *"I am grateful to God every night that I have another day of life. My sickness has brought me nearer to Him and this has made me stronger to take care of myself."* Faith can give hope and psychological steadiness to numerous survivors as they are able to recast illness as a tool of self-improvement.

Next to spirituality, family and social relationships are a strong means of support. It is common that cancer makes the relation between survivors and their family/friends stronger. One of them noted: *"My family has never abandoned me. They shared my financial burden when I was not able to work as well as standing with me emotionally. This is why I do my best to remain healthy on their behalf."* Family and friends can be used to render not only support but also emotional support that helps an addict to persevere during treatment and recovery.

Support in medicine itself also makes a central part playing role. The health-promoting behaviors of the survivors strictly relate to their situation with the treatment and adherence. Walking through the chemotherapy, radiation and surgery cycles is a persistence. *"It was agonizing and draining and my doctor kept telling me to not make up. My children stimulated me to keep going on. I would not have continued my treatment without them."* Follow-ups and medication compliances create a sense of responsibility and commitment on their part with regard to maintaining health.

Nutrition and diet are important aspects. Engagements in shift toward healthier food choices is common by the survivors. One of the participants described how it was before: *"I used to like soft drinks and processed foods. However, following my diagnosis, I have been taught to eat vegetables, fruits and fish. I am now lighter and healthier."* These voluntary corrections are in tandem with care recommendations and a manifestation of order and the value of life once more.

Physical activity is also a very fundamental aspect of a health promoting lifestyle. Survivors do not like strenuous exercise routines instead they prefer moderate yet regular exercise routines. As an example, one of the participants has mentioned: *"I began to walk regularly in the morning. Sometimes I just opt to do house chores or gardening, but I ensure I do not remain idle."* Such activities have the benefit of not only enhancing their health but also reminding them that despite all the changes, they still can take charge of their bodies.

Strictly connected with these practices is the importance of personal responsibility. Survivors admit that they have a part to play in their own health. One of the participants commented: *"I became more responsible. I remember to take my medicines at the right time, I control my food as well and I do not go without a check-up anymore."* Such a sense of ownership shows how well they understand how the choices they make regarding how they live would affect their overall long-term well-being.

Lastly, good stress management helps the survivors to maintain good changes. Coping styles are quite different,

although prayer, relaxation and positive thinking are often part of coping styles. One of the participants said: *"When I feel stressed, I pray and listen to gospel songs. It relaxes and takes away the stresses."* When analyzing how to cope with stress, the survivors transform their balance, safeguard their mental well-being, and revitalize healthy practices.

The unsurpassed health promoting lifestyle of survivors of cancer is not due to one independent variable but due to the interaction of the variables: spirituality and family support, compliance with medical care, diet, physical activity, self-accountability and stress management levels. The voices of the survivors can be used to understand how these aspects synergize to make them stronger and help achieve a better lifestyle and maintain long-term recovery.

Lifestyle modification following cancer diagnosis and treatment may be a key aspect in the prevention of morbidity and mortality and overall well-being of cancer patients. Some evidence indicates that many cancer survivors are highly (or, at least, extremely) motivated to change their behavior toward a healthier lifestyle in nutrition, physical exercise, and dietary supplements use following their diagnosis [7, 8]. Nonetheless, the results of particular studies are still contradictory. In their research, Pinto et al. [9] found that women treated as a result of breast cancer adhered to a low-fat diet and were physically active only in one-third of cases. This means that in as much as there is motivation, certain barriers may impede the behavioral changes.

Financial constraint was one of the most widely said problems that the participants of this study encountered. Some cancer survivors go through a difficult time and find it hard to comply with the advice of their medical practitioners because of financial constraints. One of the participants said, *"Sometimes, financial problems force me to miss my medical appointment."* Similarly, a second one opined, *"Sometimes I feel like missing my medications because I do not have enough money."* These testimonies demonstrate that although survivors may be compelled (through motivation) to participate in a health-enhancing lifestyle, money may be one of the major obstacles that deprive them of the desired medical attention and compliance with treatment.

Health responsibility is another factor that has a great role to play. A related study of Al-Khawaldeh [10] focused on the issue that health responsibility is highly linked with the improvement of nutrition and exercising. Cancer survivors that had high health responsibility levels engaged in healthier habits. Nevertheless, several survivors confessed that they could not implement regular healthy behavior all the time due to life situations. One participant mentioned that *"there are times I do not like to work but cannot because people are relying on me."* This throws attention to the balance that the cancer survivors have to achieve between their health and their family. The former too often takes a back seat to the latter.

Age and physical limitations were identified as obstacles. The participants who were older tended to deter that they had an uphill task in attending consultations without aids. One survivor argued that, due to her age, she is unable to visit the doctor clinic on her own, and she has to wait until one of her children or grandchildren becomes free to accompany her. A third one complained that her knees

sometimes get in the way of walking thus, at times, she could not keep up with the timetable of her oncologist. These experiences contribute to the detrimental effects of aging, which is worsened by cancer complications by decreasing mobility and independence, and hence impeding the ability to keep up with regular medical visits and maintain physical activity.

Lifestyle outcomes are also due to medical history. Survivors with cancer in the lungs, leukemia or lymphoma stated that their health was worse than others, which was usually complicated by other chronic diseases. Previous cancer correlates with a doubling of the risk of poor health and disability, and, when combined with the existence of another chronic disease, that risk is increased five to tenfold, according to medical studies. Through such circumstances, it is even more difficult to the survivor to maintain lifestyle which promotes health.

Availability of health amenities only makes the scenario worse, especially with the rural inhabitants. Survivors tend to experience long travelling hours and lack of proper transport. One of them added, *"The common barrier I have in receiving the right medicines and consultations is time and transportation because I live in a long distance to the city."* Hospitals and cancer treatment centers are mostly concentrated in urban areas, and patients have to be transferred multiple times, especially those in other faraway provinces. Not only does this limit prompt consultations but it also inflicts financial and physical stresses.

CONCLUSIONS AND RECOMMENDATIONS

The health-promoting lifestyle of cancer survivors is influenced by both enabling and constraining factors. Key enablers include spirituality, family and social support, medical adherence, nutrition, physical activity, self-responsibility, and stress management, which help survivors find strength, resilience, and motivation to live healthier lives. At the same time, barriers such as financial difficulties, age and physical limitations, comorbidities, and limited access to healthcare services hinder consistent engagement in health-promoting behaviors. Overall, survivors are motivated to pursue healthier lifestyles, but sustaining these changes requires addressing financial, structural, and accessibility challenges through supportive policies and community-based interventions.

The study recommends strengthening financial assistance, improving access to healthcare through satellite clinics and telemedicine, and implementing structured programs on nutrition, physical activity, and stress management for cancer survivors. It also highlights the need for stronger family and psychosocial support through counseling and caregiver training, while ensuring that interventions are sensitive to the age and physical limitations of survivors. These efforts can empower survivors to adopt healthier lifestyles and improve their overall quality of life.

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