

## An Empirical Study of Patients' Perceptions of Encounters with Healthcare Professionals after Undergoing Cancer Surgery in the Gastrointestinal Tract - A Phenomenographic Study

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### Abstract

**Background:** To suffer from a tumor disease starts both physical and mental processes in the patient. These patients often need some form of surgical treatment or action. It is a group of patients who have often been through a lot, before, during, and after the surgery.

**Aim:** To describe patients' perceptions of encounters with healthcare professionals after undergoing cancer surgery in the gastrointestinal tract.

**Methods:** The study was an empirical study with a qualitative design and a phenomenographic approach. Eight patients recruited from a surgical department in a hospital in southern Sweden were interviewed, and data were analyzed according to a phenomenographic method.

**Results:** Patients described what the encounter means after undergoing cancer surgery, which resulted in three descriptive categories – *creating an adequate environment for care*, *paying attention to individual needs for care*, and *facilitating patient participation in care*. Patients perceived that the healthcare professionals are committed to the patient's situation and that their commitment has a positive effect on the patients' mood postoperatively when they felt seen.

**Conclusion:** The healthcare professionals' ability to be sensitive to the different needs of the patients was important for how the patient perceived their care in the ward. The possibility of some kind of activity that could help dispel negative thoughts and the patient's need for active participation in their own care were important aspects.

**Keywords:** cancer surgery, encounter, gastrointestinal, patient perception, perception, postoperative care, treatment.

### Introduction

Suffering from a tumor disease starts different processes in the patient, and in some cases, surgery may be necessary to investigate, cure, or alleviate the suffering in these patients. This is a group of patients

who have often been through a lot, both physically and mentally and both before, during, and after surgery, and it is important to highlight how patients perceive the treatment they receive postoperatively from the healthcare professionals they encounter in the surgical

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ward. A cancer diagnosis is described as one of life's most difficult experiences. The cancer diagnosis arouses emotions in the patient such as stress, guilt, shame, denial, anger, doubt, and/or shock. Causes of stress in a cancer patient in connection with surgery include emotional stress over the diagnosis they have received and concern about the possible spread of the cancer disease, postoperative complications, or the fear of, for example, having a stoma. Staying in hospital under these circumstances can be challenging while experiencing a lack of control over their lives. A strong fear of dying is not uncommon in connection with cancer (1).

Good care is often described in terms of competent healthcare professionals, which increases patients' sense of security and reduces their anxiety. It is important for the patients to receive information and have continuous communication with the healthcare professionals about their needs and care goals. It is also important for the patients to get the chance to ask questions and express their view of their situation (2). Patients are negatively affected by the healthcare professional's high workload and the stress level that exists in care as they feel that the healthcare professionals do not have time to answer questions (3).

Living with a cancer diagnosis can also result in mental stress, depression, and anxiety, and healthcare professionals must have a good ability to listen to the patient, to support the patient, and to prevent deterioration in their mental state (4). Patients are generally satisfied with the communication they have with the healthcare professionals, but they often feel a lack of information about side effects and treatment options (5).

Standardized care procedures in cancer is a national care program that includes investigations and treatments performed after a specific cancer diagnosis (6). The Patient-Reported Experience Measures is a national survey conducted every two years at different levels of care to evaluate patients' experiences of standardized care procedures and is conducted by the FOU (Region Kronoberg). The questionnaires show that the patients'

position towards care has improved thanks to the care procedure. Patients suffering from cancer need continuity and coordination during the investigation of their cancer disease, and the survey has shown that cancer patients are satisfied with a faster investigation but there is potential for improvement regarding their participation and influence (7).

Regardless of whether the operation takes place in a planned or acute manner, the patient must be assigned a contact nurse who, through the care chain, has the overall responsibility for the patient and their relatives. Providing access, informing about the different steps in the process, providing support, and helping to mediate contacts are part of the assignment as a contact nurse. Security, accessibility, continuity, and improved communication between care and the patient are the goal of having a contact nurse (8).

In connection with emergency surgery, there is not the same opportunity to inform the patient about what is happening. This can lead to shock and crisis postoperatively when the mental preparation has not been performed because their illness is acute, and the operation takes place immediately. Healthcare professionals may experience that the rapid course overwhelms the cancer patient who becomes inactive postoperatively and lacks motivation for recovery. This can lead them to want to stay in the hospital as long as possible because they do not feel safe going home (9).

In this study, the term healthcare professionals refer to nurses, assistant nurses, and doctors. A caregiver who focuses only on practical elements and routines can cause patients suffering when there is a lack of focus on the patient's mental state and well-being and on good treatment (10).

Healthcare professionals feel that it is a challenge to meet the acutely admitted patient. The basic things are done, but time and space are rarely available to go through everything. It is difficult in this situation to balance the need for information because one wants to be careful with the patient at the same time one wants to be realistic. Some patients react with anger when they

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receive their diagnosis, while others may become more apathetic. Healthcare professionals meet patients in crisis after a cancer diagnosis, and what weighs on the patient can be different from the diagnosis, such as concerns about the spread of the disease or concerns about relatives (9).

After the surgery is performed, various treatment complications can burden the patient, and these can be physical, such as wound leakage, a stoma that is difficult to bandage, pain, or nausea. For example, getting a stoma, something that can happen in both planned and acute surgeries, arouses emotions in the affected patient. Healthcare professionals have reported that the best way to relieve and support a patient postoperatively is by creating security through clear information, being available to the patient, and having a coordinating function. Motivating and supporting the patient in early mobilization is important to their being able to handle their new situation. Close relatives of the patient also need the support of the healthcare professionals to make it easier for the affected patient. This can include information about the disease and treatments and practical information about how it will work at home. There can be a concern among relatives about bringing home their loved one because they fear not being helpful enough or not being able to handle the new situation that has arisen (9).

The life world is the way we understand ourselves, others, and the world around us (11). The life world has a significant role in this study because it is the patient's perception and experiences that are in focus. The life world is what the healthcare professionals meet every day in their professional role, and the healthcare professionals gain an insight into the patient's life world through dialogue and relationships with the patient (12). It is the patient's life world that should form the basis for care (11). Healthcare professionals should be open to the patient's life world throughout the encounter with the patient to understand the patient's situation in a way that is not coloured by the healthcare professional's own experiences and knowledge (13).

Healthcare professionals have a responsibility for the encounter with the patient to give good treatment to their patients in a professional, empathetic, hopeful, and comforting way. It is also through good treatment that healthcare professionals create good relationships with the patient and in this way can provide person-centered care (14). Central to person-centered care is that the healthcare professionals, by listening to the patient, should try to understand reality from the patient's perspective, as the patient is the expert through the experience and perceptions of health (15).

In the work of a surgical ward with a focus on the gastrointestinal tract, the healthcare professionals meet daily the patients who have recently undergone surgery for various types of cancers of the gastrointestinal tract. These patients come to the surgical ward for postoperative care and to recover after the surgery. In the care ward, they meet the healthcare professionals who are to help with this but who are also focused on mobilization, routines, vital parameters, blood tests, and other important medical aspects of the postoperative care. Sometimes the above-mentioned parameters may mean that healthcare professionals do not have the knowledge, time, or focus on the mental and emotional journey that patients undergo in connection with their cancer surgery. This could perhaps lead to the healthcare professionals' response to the psychological and emotional effects of the care process that the patient goes through being overshadowed in favour of routines and the daily work in the ward. By showing different patient perceptions of postoperative encounters, this study will help clarify what care patients perceive as necessary to meet their needs.

### **Objectives**

This study aimed to describe patients' perceptions of their encounters with healthcare professionals after undergoing cancer surgery in the gastrointestinal tract.

## **Method**

### **Study design**

This was a qualitative empirical study with a phenomenographic approach based on interviews (15). Phenomenography is a well-established research approach in nursing research, for example, when it comes to understanding patients' experiences of their illness, patient education, nursing education, and clinical competence (17). Phenomenography has many similarities with empirical phenomenology. However, one fundamental difference is that empirical phenomenology (17) describes the essence of a phenomenon by reduction, whereas phenomenography describes variations in perceptions (16, 18).

Descriptions and categorizations in how the world are perceived are the result of phenomenographic research, and the set of categories forms an outcome space and should be seen as several qualitative ways of experiencing a phenomenon. The aim of this research approach is to explore questions about learning, experience and understanding in different contexts that are related to a specific phenomenon (patients' perceptions of their encounters with healthcare professionals after undergoing cancer surgery in the gastrointestinal tract)(19). The results are to be interpreted as a collective description from the informants (20). Therefore, a central aspect of this study was to understand how the informants perceived their encounter with healthcare professionals.

### **Participants and Setting**

A theoretical selection of participants was chosen to get as many variations as possible in terms of critical aspects of the meeting with healthcare professionals (18). Inclusion criteria were adult patients in the pathway of standardized care procedures who have undergone any form of gastrointestinal cancer surgery, regardless of whether it is curative, symptomatic, or exploratory and have been treated in a surgical ward in a hospital in south-eastern Sweden. The participants in the study were eight patients being cared for in the ward after undergoing cancer surgery. The patient's received information about the study during their care time at the hospital or when they were sent home after discharge from the ward by a so-called gatekeeper, who was a healthcare professional in the ward.

### **Data Collection**

The interviews were conducted 3–12 weeks after the patients were cared for in the ward so that the patients had had time to reflect on their care time. The data in the study were based on interviews conducted by one of the authors (ESJ) in 2021. The data were collected using a semi-structured interview, and the same questions were asked to all participants, after which they were able to speak freely in their own words on the topic. The questions were (Figure 1):

- Describe your perception of the care by healthcare professionals on the ward after your surgery.
- How did you perceive the encounter of the healthcare professionals after your surgery?
- How did you perceive your recovery after the operation?
- Describe your perception of how the encounter of the healthcare professionals affected your recovery after the operation.

**Figure1.** The semi structured interview – questions

Probing questions were used to get the interviewee to reflect on their experience. The answers to the main questions were followed up by probing questions, i.e., for clarity, further descriptions, and explanations to reach a deeper understanding of the phenomenon.

Each interview questions were equal valuable for the study. The interviews were characterized by a permissive atmosphere, and the participants were able to speak freely in their own words. All interviews were conducted by telephone according to the patients' wishes, and the interviews

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lasted between 15 and 50 minutes with a median length of 20 minutes. The interviews were audio-recorded and subsequently transcribed verbatim.

During the interviews, the interviewer took a second-order perspective. This means that the interviewer sought to manage their own pre-understanding in terms of using one's own knowledge in the field as a tool to discern interesting aspects of the phenomenon. The interview situation can be seen as a learning process between the interviewer and the person being interviewed (21).

### Data Analysis

Data were analysed using phenomenographic analysis as described by Sjöström and Dahlgren (16). The analysis and creation of descriptive categories is based on the informant's experiences of the phenomenon. This means that the participant's experiences were in focus and the categories are not determined in advance but was identified from the data, in relationship with the researcher. This means that the informant's experiences are in focus and the categories are not determined in advance but emerge from the data in relationship with the researcher (16). Such descriptive categories represent the differences and similarities in how the world is perceived and constitute the results of phenomenographic research. This set of categories forms an outcome space that should be seen as the qualitative ways of experiencing a phenomenon. The outcome space is the complex of categories of the description comprising distinct groupings of aspect of the relation between them (21). The analysis consisted of distinctive stages.

*Familiarization* involved reading the text and listening to the audio recording and making any corrections in the transcript. Some adjustments and additions to the transcript were made. Thereafter, all investigators familiarized themselves with the material by carefully reading the transcribed interviews and discussing the results with each other. *Compilation* involved compiling all answers to the main questions and identifying the most significant elements given by each informant. Each element was named in the

interviewees' own words, and the amount of interpretation by the researcher was kept to a minimum. *Condensation* involved condensing and reducing to identify the essential parts of longer answers. There may be a risk of important information being lost by condensation of the participant's answers, so this step was performed carefully. *Grouping* involved a preliminary grouping or classification of similar answers. A *preliminary comparison* of categories was undertaken to identify qualitative variations such as differences and similarities in the patient's encounter and to create qualitatively separate boundaries between the categories, which resulted in an additional grouping. *Naming* involved giving names to the categories to emphasize their essence. *Contrastive comparison* involved a comparison of similarities and differences between the categories. Steps 3–6 are repeated in an iterative procedure to make sure that the similarities within and differences between categories are established. This analysis resulted in an outcome space of three categories of description and their interrelationship. The categories are a way of understanding and expressing the informants' perception as a group and not based on the individual's way of understanding the phenomenon (21). This means that the interpretation or categorization of an individual interview cannot be fully understood without a sense of the group of interviews and not based on the individual's way of understanding the phenomenon (19). During the analysis process, negotiated consensus was used by the authors (22) which means that the categories were tested against data and re-adjusted, which led to a stabilization of the categories (23). The categories were checked from a linguistic point of view and for their content. The descriptions of the categories include significant excerpts from the interviews integrated into the text in italic script.

### Ethics Approval Statement

Research ethics approval was received from the Ethical Review Board, Sweden (nr: 2021-02230). According to the ethical principles for medical research, Oral and written information about the purpose and design of the study was provided, and

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written informed consent was received from all patients before taking part in this study. Confidentiality was followed during

the study, and the interviewer had no caring relationships with the informants.

### Results

A total of eight patients were assessed for eligibility and included in the study. The median age was 72.5 years (range 55-86 years)(Table 1).

**Table 1.** Patient characteristics (N=8).

<i>Sex (n)</i>	
male	6
woman	2
<i>Age (Md, range)</i>	72.5 (range 55-86 years)
<i>Type of cancer (n, %)</i>	
Gastric and esophageal cancer	1 (12.5)
Rectal cancer	1 (12.5)
Suspected coloncancer	1 (12.5)
Coloncancer	5 (62.5)
<i>Surgery (n, %)</i>	
Gastrectomy	1 (12.5)
Rectal amputation and stoma	1 (12.5)
Bowel resection	2 (25)
Bowel resection and stoma	3 (37.5)
Not known	1 (12.5)

The analysis of the answers to the aim, "What is the patients' perceptions of their encounters with healthcare professionals after undergoing cancer surgery?", yielded three categories of description: (1) creating an adequate environment for care, (2) paying attention to individual needs for care, and (3) facilitating patient participation in care.

#### **Creating an Adequate Environment for Care**

In this descriptive category, aspects emerged such as reducing disturbing elements in the ward during both the day and night. It emerged that the healthcare professionals should prevent disturbing moments that may arise during the care period. There was a need for several types of activity to get the patient thinking about other things.

*".. this thing with sharing a room with another patient when you've just had surgery and might need peace and quiet."*

*"... something to occupy your thoughts because after all a lot of people are thinking about their illness and all this right*

*now ... but if you get something that you find amusing or interesting, you might forget half of the bad stuff."*

#### **Paying Attention to Individual Needs for Care**

This category revealed several aspects of the patient's care needs. The patients wished that the healthcare professional started from a human perspective and were available when patients felt depressed or sad about their situation.

There were wishes that the healthcare professionals were well informed about the medical diagnosis, the patients care needs and were available to follow up on any problems that may arise. Positive words from the healthcare professionals were perceived as valuable because they helped to regain energy after surgery. There was an awareness that the time was not always enough and that one accepted the situation that had arisen.

*"...at some point, I was walking in the hall and there was a nurse who noted that 'oh,*

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*you're in too much pain, you shouldn't be in so much pain, now you should take a tablet here.' That was observant of her and nothing I would have known on my own... they kept an eye on me and helped me progress."*

*"I would imagine that you could say 'this is how I would like it to be', that they themselves could imagine how they would feel in the same situation. What they themselves would feel or think if they themselves were in bed and something happens. That you don't just go in as a professional, but as a human being..."*

### **Facilitating Patient Participation in Care**

Several aspects of participation emerged within this description category. The importance of providing both oral and written information about simpler care measures before and after the operation was emphasized. This provided a feeling of security and increased participation in the daily life at the ward. There was a request for support and help in managing their medication, diet, and care of the stoma to increase the feeling of control over their situation. Furthermore, it emerged that taking personal responsibility with the support of healthcare professionals gave a feeling of faster recovery.

It was felt that there was a need for regular information to deal with their situation during and after the care process. It was perceived that there was good dialogue between nurses and doctors, and it was appreciated when doctors took time for the patient. However, it was sometimes felt that the information was more complicated than it really needed to be. Furthermore, the importance of how the information was designed in the event of difficult messages to the patient emerged. Unclear wording created concern because there was uncertainty about what was really meant, which resulted in unnecessary worry.

*"I think it would be good if you engaged the patient in things like the medication so that the patient is aware of which tablets you have in mind, what the plan is ... now all of this was presented orally and it was hard for me to get a grasp of it."*

*"this whole thing with the colostomy bag, that there were some of them, one or two of the staff, who then somehow took responsibility for it and who came back and made sure that I learned how to do this and that was such a positive thing. That there was, like, some planned rehabilitation there in it"*

*"I bear some of the responsibility myself for my own recovery, since it's for my own well-being, I can't just leave everything be and believe and say that now I don't care, now you guys have to take care of this."*

*"In some way, it might be a little easier for me to communicate with a doctor and a little easier to communicate with nurses and perhaps a little harder for me to communicate with assistant nurses. It's another conversation, another kind of conversation perhaps. These occupational categories have slightly different roles and this also means that they communicate in slightly different ways."*

### **Discussion**

The findings showed that the care environment was important for recovery. Sharing a room with other patients could mean both a sense of community and companionship, but also that the patient's privacy was disturbed by the roommates. Discussions with healthcare professionals of a sensitive nature could be difficult to bring up when fellow patients are in the room. These findings are supported by other research, it is important that the healthcare professionals contribute to protecting the patient's privacy and support them so that they could talk undisturbed with, for example, doctors. Disturbing noise and activities in the hall affect fellow patients who need to rest. Then it is important that healthcare professionals pay attention to this and remedy if it is necessary. The possibility of gaining access to activities, for example, TV or radio can make it easier for the patient to keep up with reality outside the hospital (3).

From the result it emerged that it was important that the healthcare professionals that the patient met were engaged and showed interest in the patient's situation. This commitment had a

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positive effect on the patients' postoperative mood as they felt seen by the healthcare professionals. These findings are supported by research, that healthcare professionals who meet these people after undergoing surgery should start from a patient perspective to understand each patient's reality. What the person has experienced and is experiencing affect how the patient handles what is happening, and each patient is an expert on himself and is a unique person. Collaboration with healthcare professionals and taking personal responsibility create the conditions for the patient's recovery (13).

It appeared in the result that the patients felt that they have better contact with certain professions than others, and different responses from different healthcare professionals make the patient feel insecure and that the healthcare professionals lack competence. The quality of contact with healthcare professionals is significant for the patient. These findings are supported by Mako et al. (24) arguing that as a patient it is not easy to know which healthcare professionals are responsible for what and that there is a need for clarification of this among patients. It is important to know what roles the different healthcare professionals play to know who to ask (24). Attentive healthcare professionals who communicate with the patient contribute to the feeling like a part of the healthcare team. They perceive themselves as being involved in their own care (25).

The findings showed that continuous information and the opportunity to reach the healthcare professionals when the need arose were perceived as important for the patient's well-being. Patients request both written and oral information and that they should be given the opportunity to ask questions if necessary. Other research shows that some patients prefer to have all the information immediately while others want it broken down on several occasions during the disease process (9, 26). The patients who do not receive answers to their questions experience the care as unsatisfactory (9). Helping patients gain more control over their situation is crucial in aiding their recovery. They require

tailored information and an active dialogue about their care to navigate the process they are going through (24).

The findings showed that it was valuable in which way and in what words information was given and that it was important to be visible and talk about what felt difficult. Another finding was that the patients noticed that they felt that different categories of care professionals communicate in different ways. These findings are supported by Lithner et al. (26), that it is appreciated to get honest and straightforward answers from the healthcare professionals, and this helps to create trust in the healthcare professionals (26). If the patient is shown respect, listened to, and feels that their thoughts are taken seriously, this gives them a sense of security. Thorough and repeated information has also been shown to be important to help patients in their recovery (24), and experiencing that doctors take the time for continuous conversations even if they are not that long is perceived as good care from the doctor (26). Good care is experienced when the healthcare professionals take time for the patient's needs without showing stress. If there is not enough time, it is appreciated if the healthcare professionals say so and ask the patient to return. They also report that there are patients who feel that they want more present healthcare professionals (24, 25).

Another finding showed the patient's need for participation in their own care. It could be about gaining more control over their medication, food situation, or mobilization, but also having the opportunity to take personal responsibility for their recovery. These findings are supported that recovery are facilitated by gaining access to the skills required, such as having an ostomy nurse and dietitian and being offered home care when needed (24). Patients need information about impact of pain medications on bowel movements, how to obtain medical supplies for self-care activities at home, dietary or exercise support at discharge and follow-up and emotional support at follow-up (27). Lithner et al. (26) address the importance of being given the opportunity to take responsibility for their own recovery, which



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makes it easier for patients to handle their situation postoperatively. The opportunity for self-control over what happens and to receive continuous information about the postoperative process strengthens the patient's own sense of participation (26). The opportunity to influence oneself is perceived as good care. This could be about being able to choose which food one wants and to be able to participate in how the recovery takes place in the best way through, for example, training with a physiotherapist or an ostomy nurse. It is appreciated that the healthcare professionals ask the patients what they think and feel because information and education in self-care are highly valued by the patients. The need to participate in their own care is great in many patients because it gives a feeling of being able to influence themselves, to understand what is happening, and to provide security. Such influence has a positive effect on patient recovery and increases their understanding of what they are going through (24). Patients experience a profound sense of being valued and respected when healthcare professionals engage with them as equals. By conversing on the same level, patients feel recognized as individuals rather than objects, and their holistic well-being is prioritized beyond their diagnosis (15).

The findings showed that it was in demand to have the possibility of some kind of activity that could help dispel negative thoughts. Appleton et al. (28) argues that healthcare professionals play an important role in dispelling negative thoughts and keeping courage up. If the healthcare professional motivates the patient to believe in them self, this facilitates the situation the patient is in after undergoing cancer surgery (25). An active dialogue and repeated information tailored to the patient's needs and enhance the patient's own engagement in their cancer surgery care (22). Ekebergh (13) address the importance of experiencing context and meaning with what is happening, to create a balance in life, and to have help in making life return to normal. Most people look for a context in what is happening, and without context many feel lonely and lost. Appelton et al. (28) state that exchanging experiences with healthcare professionals and other patients

is a good basis for creating an understanding of what has happened. A sense of solidarity is linked to meeting other patients in the same situation, and the knowledge of not being alone in going through a cancer course is perceived as calming.

For many patients the hospital is an unfamiliar environment where it is easier if the healthcare professionals help to convey what is expected of the patient. All aspects together are essential to create good care and that the patient's own commitment, available healthcare professionals, and receiving information and education together create a feeling of good and safe care (24).

### **Strength and Limitations**

According to trustworthiness the research group members consisted of academics and specialist nurses with clinical experience in cancer care, and experience of nursing care in universities and in hospitals. Critical discussions were held between the authors to keep preconceptions at a minimum and to maintain reflexivity throughout the analysis process. In phenomenography, the researcher must understand the phenomenon under investigation to be able to follow up the interview responses and to capture the critical aspects of the phenomenon (29).

The patients were recruited from one hospital in a region representing over most of the colorectal cancer surgical patients in the region. More men participated, however data on colorectal cancer show higher incidence rates in males than females (30). The significance of the number of informants has previously been discussed in phenomenography, where the balance between handling a larger amount of data can be problematic from a qualitative aspect. Even smaller numbers of interviews can generate aspects of caring for cancer patients (21). The patients were selected because of the experience they had with the phenomenon and these patients wanted to participate in the study after cancer surgery during this period; the results of this study should be of value in providing useful knowledge about encounters after

undergoing cancer surgery. The results of how a phenomenon is experienced can very well be transferred to similar groups, which is confirmed by previous phenomenographic research (19).

## Conclusions

The healthcare professional's ability to care for the patients who have undergone cancer surgery in the gastro-intestinal tract leads to an encounter of trust. The commitment had a positive effect on the patients' postoperative mood as they felt seen by the healthcare professionals' caring for them. The healthcare professionals' ability to be sensitive to the different needs of the patients was important for how the patient perceived their care in the ward. The possibility of some kind of activity that could help dispel negative thoughts and the patient's need for participation in their own care were major aspects.

## Clinical Implications

It is important to shed light on patients' perception of how they are treated. The results of this study provide increased knowledge and deeper understanding about how this patient group perceives the encounter with healthcare professionals. Increased knowledge of patients' perceptions after undergoing cancer surgery can lead to better support and nursing in the form of good information and person-centered nursing in the future.

## Acknowledgments

We are grateful for all patients who participated in this study and the gatekeeper Frida Palm. Thanks to Region Kronoberg, FOU- unit for grants.

## Author Contributions

We declare that all authors contributed substantially to the conception and design, or acquisition of data, analysis, and interpretation. All authors were involved in drafting the manuscript, revising it critically, and giving final approval of the final version.

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## **An Empirical Study of Patients' Perceptions of Encounters with Healthcare Professionals after Undergoing Cancer Surgery in the Gastrointestinal Tract - A Phenomenographic Study**

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**Citation:** Ann Olsson Nydén et al., (2023), “ An Empirical Study of Patients' Perceptions of Encounters with Healthcare Professionals after Undergoing Cancer Surgery in the Gastrointestinal Tract - A Phenomenographic Study”, *Arch Health Sci*; 7(1): 1-12.

**DOI:** 10.31829/2641-7456/ahs2023-7(1)-027

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