

## The Impact of Cancer Diagnosis and Its Treatment on Korean Women's Lives: A Meta-synthesis Study

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**Purpose:** Korean women, who have come to the forefront at a risk of cancer, have been notable objects for qualitative nursing research in last a couple of decades. Given the imparity and varieties of those findings, this study was aimed to synthesize the impact of cancer diagnosis and its treatment on Korean women's lives using a qualitative meta-synthesis method. **Methods:** By searching five English-based databases and four Korean databases, 21 qualitative studies on Korean women's particular experiences of cancer diagnosis and treatment since 2000 were included. Using a meta-synthesis process by Sandelowski & Barroso (2007), the selected studies were synthesized for interpretive integration of the findings. **Results:** The meta-synthesis elicited three themes: detachment from the usualness, awareness of profound desires, and redefinition of every relation. With destructive experiences of a diagnosis and its treatments, Korean women felt apart from their everyday life, daily roles, and even from their own body. They then grasped a strong desire for life and for beauty, and reconfirmed the sense of mission for being a mother. Those changes made them to reconstruct all relations surrounded them. **Conclusion:** The findings yield a substantive portrait of the given issue, which could be helpful for health care professionals.

**Key Words:** Korean, Woman, Qualitative research, Meta-synthesis, Cancer

### Introduction

Korean women in South Korea have come to the forefront for their sharp increase of cancer incidence, reporting 240% escalation in new cancer cases per 100,000 persons from 1999 to 2012[1]. Female cancer survivors have also dramatically increased in number, reaching up to 700,000 persons according to the Korean national cancer statistics[1]. On this account, the lives of women with cancer have been addressed in the plentiful numbers of research in Korea. Especially qualitative studies have reported Korean women's arduous lives with cancer diagnosis and its treatment, and persistent roles of being mother and a wife[a4,a8,a12].

The culture of Korea is historically patriarchal in nature similar to other Asian countries. Woman is rather

considered as a subservient assistant to her husband and other family members, than a parallel counterpart to man in history[2]. Family matters often take priority over women's self-identity or self-actualization, which attributes to woman's supporting role in the family[3]. Illness of woman, thus, not only affects a woman's own life specifically, but also requires the imperative modification on gender roles in the family, which may cause many cultural and interpersonal implications[3,4].

Numerous qualitative studies, as a matter of fact, have described the lives of Korean women with cancer as such culture-bounded and gender-oriented ones. Breast cancer diagnosis made a husband accept his traditional gender-role in the family to be changed[5]. Unfulfilled roles of daughter-in-law in extended families were stressful to women with breast cancer[a15]. Many women with

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cancer reported that they redefined themselves besides being mother and a wife, which might not occur without the illness experiences[a3,a10,a12,a13].

Although each qualitative study provides a valuable understanding of the given phenomenon as itself, the inconsistent features of accumulated studies on Korean women with cancer demand a rather comprehensive depiction through a synthesis of the findings. For that purpose, the methodology of synthesizing qualitative studies was suggested and increasingly used within the last decade[6,7]. Analyzing the research studies for producing an additional knowledge was initiated by quantitative researchers, which was so called a meta-analysis. As a counter part of the move, the method of meta-synthesis was proposed with an aim to analyze and synthesize qualitative studies[8].

Two different ways of synthesizing qualitative studies were widely used in nursing literature. One is a meta-summary, in which the qualitative studies were aggregated and summarized quantitatively in terms of method, participants, and findings[6]. The synthesis in this method denotes a summative integration of the thematic findings of each study. A meta-synthesis, on the other, composes a more interpretive integration of qualitative findings than a meta-summary. A qualitative study as a whole and each detailed component of the given study become data source for an interpretive synthesis. Then deconstruction and reconstruction process of garnered data follows[7]. A thorough literature search and the meticulous selection process of qualitative studies on a given topic are crucial to both methods[6,7].

Although profound numbers of qualitative studies were conducted in nursing research, there is a paucity of qualitative meta-synthesis study with an aim to portrait a comprehensive picture on the lives of Korean women who were diagnosed with cancer. Thus the purpose of this study was to investigate the impact of cancer diagnosis and its treatment on Korean women's lives using a qualitative meta-synthesis.

Research question was "what are the comprehensive and substantive impact of cancer diagnosis and its treatment on Korean women's lives?"

## Methods

### 1. Design

A systematic review of literature and qualitative meta-synthesis proposed by Sandelowki & Barros[7] were used in the study.

### 2. Systematic Search and Screening

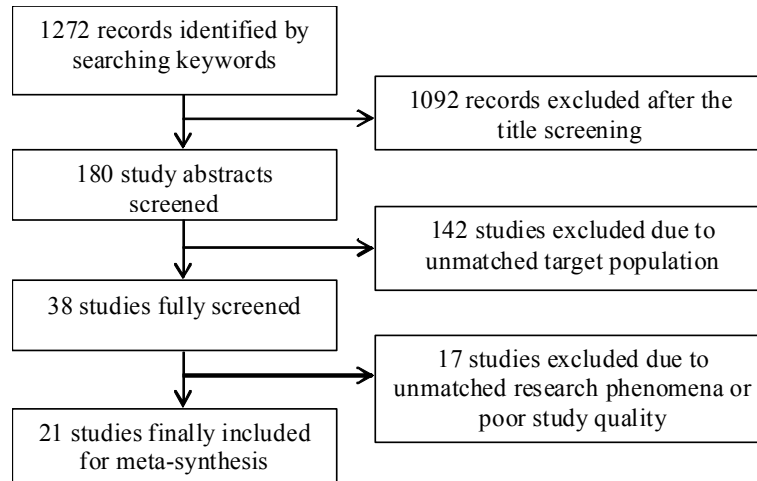
The literature was systemically searched from year 2000 to 2014 using five English-based search engines, i.e., CINAHL, PubMed, ProQuest Nursing, ProQuest Med, and Scopus, and four Korean's, i.e., DBpia, KISS (Korean Studies Information Service System), Korea Med, and RISS. The search terms used were "cancer," "qualitative research/study," "Korean," and "woman/women." Two terms among four in turn were searched and then the duplicates were excluded. Major nursing journals in Korea including Journal of Korean Association of Nursing, Korean Journal of Adult Nursing, and Korean Journal of Women Health Nursing, to name a few, were also searched using same keywords.

Study inclusion criteria were as follows: 1) research design: original qualitative research, 2) participants: Korean women who live in South Korea, 3) topic: the experiences of various aspects along the cancer continuum, 4) language: English or Korean. The studies on Korean American women who live in U.S. were excluded since the different cultural environment and the identity as Korean immigrants might influence the qualitative study findings. The qualitative studies on both genders, for example, the experiences of couples with breast cancer (5) or the experiences of living world of cancer patients (9), were included in the initial search, but excluded for the final meta-synthesis. The exclusion was decided after the appraisal of the studies, because the voices (text scripts) of women could not be differentiated from men's.

The initially searched list of the articles was examined by title and abstract and the articles who failed to meet the inclusion criteria were excluded. After the remained articles were reviewed in full-text to ensure the contents, the studies which perfectly met the inclusion criteria were selected for final meta-synthesis.

### 3. Search Outcome and Data Extraction

The systematic search and article selection process were done in four phases (Figure 1). Initial literature search using 9 different search engines produced the list with over twelve hundreds of articles. After reviewing them by title and abstract, 180 studies were selected which were representing qualitative studies about cancer experiences among Koreans. With a full-text reading, 142 studies were excluded either because the participants were Korean Americans or the studies did not recruit women exclusively. The selected 38 studies were



**Figure 1.** Flowchart of the search process.

reread considering the study phenomena and research quality, ending up excluding 17 studies, in which the findings of research did not describe women's experiences along the cancer continuum substantively. As a result, a total of 21 studies was selected finally for meta-synthesis (Appendix).

The details of 21 studies were summarized in a table for data extraction (Table 1). Two studies were written in English [4,7] and the rest were Koreans. The two thirds of studies were published in nursing journals, the rest in other disciplines, such as social work or women's studies. The selected studies represented a total of 253 Korean women with cancer. Fifteen studies exclusively targeted women with breast cancer, while one study was on thyroid cancer, and one on cervical cancer. Nine out of 21 studies used phenomenological methods, six grounded theory, five thematic analyses, and one triangulation. All studies recruited their participants using a convenient sampling method. Individual interviews were conducted predominantly in most of the studies, whereas focus group interviews were used only in two studies.

#### 4. Meta-synthesis

With the garnered 21 studies, three steps of data extraction, aggregation, and synthesis were conducted [7]. First, each study was read carefully in full-text for understanding of epistemological standpoints of original authors [8]. The first-level construct, including original authors' intention, language, methodology, and the findings were maximally taken into account for extracting meaning units. Second, the decontextualization and deconstruction of the concepts and meaning units were

followed. Then, the concepts and meaning units were aggregated into new categories. Relating and regrouping the concepts cross the categories were carried out for elicit a second-level construct [10]. In the final synthesis phase, the aggregated meanings, concepts, and categories were reconstructed through hermeneutic appraisal and interpretation. This abstraction is differentiated from a thematic analysis due to the essence of an interpretive reconstruction of the relationships between the concepts [8,11].

## Results

The fusion of selected qualitative studies produced three themes abstractly demonstrating the triangulated aspects of Korean women's lives with cancer: (1) spaced out from the usualness, (2) mindfulness on profound desires, and (3) redefinition of every relation.

### 1. Spaced out from the Usualness

Korean women who were diagnosed with cancer and underwent its treatments addressed in the original interviews that 'cancer took them apart and spaced them out from their usual life.' From the moment of diagnosis, 'an unforeseen journey with cancer' began without any bargain with them. The diagnosis of cancer was perceived either as 'a punishment for their wrong-doing or an unfortunate fate' to the women in the given studies. Being diagnosed with cancer implied not only that they were no longer ensured to ordinary and healthy life, but also they no longer belonged to the majority group that healthy people belonged to. Such thought of inferiority

**Table 1.** Summary of the Included Studies

No.	Author (Year)	Aim	Method	Participants	Analysis	Results
a1	Byun, Chung, & Park (2011)	To understand the sexuality among Korean women who are breast cancer survivors	Phenomenology	12 Breast cancer survivors	Colaizzi's phenomenological method	Main theme: Overcoming sexuality caused by distress and feeling of loss 4 categories - Negatively changed in sexuality - Feeling of great loss as a woman - Changed marital relations with husband - Turning to the happy life
a2	Chung, Byun, Kim, Kim, & Kim (2012)	To describe the experiences of the process of the change in cognitive function for women treated with chemotherapy for breast cancer	Grounded theory	10 women with breast cancer and chemotherapy	Grounded theory method	- Causal condition: sideeffects of chemotherapy, menopausal state - Contextual condition: mental fatigue, anxiety about recurrence - Core category: confronting with unexpected chaos - Intervening conditions: support from other people, lack of information on cognitive impairment - Interaction strategies: changing the habit of life, making efforts for living life seeking for medical information - Consequences: physical restriction, difficulty in social life, disturbed working ability, psychological distress
a3	Hwang (2006)	To describe how women experience living with cancer and to construct the dimensions of their existential experiences from their perspectives	Qualitative study using focus group and individual interviews	17 women with cancer	Grounded theory's constant comparison method	Elicited four themes: - Continuing a fight for life - Alienation from the healthy world - Women's distinctiveness - Existential transition
a4	Im, Lee, & Park (2002)	To describe the experiences of breast cancer among Korean women	Thematic analysis	10 women with breast cancer	Qualitative thematic analysis	Elicited four themes: - I did wrong - I cannot ask male physicians - I don't want to show the operation site to my husband - I do household tasks by myself
a5	Kim, Kim, & Kim (2014)	To investigate sexual behaviors and influencing factors affecting premenopausal women	Triangulation	10 women with breast cancer undergone surgery	Content analysis	Three issues were emerged: - Physical discomfort: dryness, dyspareunia - Emotional changes: decrease in sexual confidence - Interaction-related changes: mandatory sexual life, sexual intimacy with one's partner, being more active sexual behaviors
a6	Kim (2008)	To explore women's actual experiences of Dan Jeon Breathing after a cancer operation	Phenomenology	10 women undergone cancer surgery	Colaizzi's phenomenological method	Four themes were emerged: - Feeling of self-confidence - Positive acceptance - Expectation - Enervation
a7	Kim, Ko, & Jun (2012)	To explore the impact of breast cancer on Korean mothers and their children following diagnosis	Qualitative study	7 Korean women with breast cancer	Colaizzi's guidelines on content analysis	- The delicate balance of being able to focus on self, which also was a conflicting factor in their relationship with children - The continuing challenge of taking care of children, closely linked to supports, health condition, and cultural notions of parenting and lingering stigma - The importance of informing children in a timely manner - An overall shift in attitudes towards raising children as independent beings - Relinquishing and re-envisioning the future for their children and themselves

**Table 1.** Summary of the Included Studies (Continued)

No.	Author (Year)	Aim	Method	Participants	Analysis	Results
a8	Kim (2011)	To understand daily life experiences of patients admitted to hospital with recurrent breast cancer	Grounded theory	8 women	Grounded theory method	<ul style="list-style-type: none"> <li>- Main theme: a co-existence of life suffering and fear of death</li> <li>- The causal condition: patient's response to cancer recurrence (acceptance/despair)</li> <li>- Contextual conditions: previous experience with cancer treatment, patient's current physical condition, and treatment methods for recurrent cancer</li> <li>- Intervening conditions: a strong will to live, family support, moral support providers</li> <li>- Action/interaction strategies: a strength to live</li> </ul>
a9	Lee & Lee (2011)	To describe and interpret the nature of the experience inherent in the sex life of female breast cancer patients after treatment	Phenomenology	10 women with breast cancer	van Manen's hermeneutic phenomenology	<p>Four essential topics were elicited:</p> <ul style="list-style-type: none"> <li>- 'Sex life alert' was a result of negative changes in sexual relationships with spouse that they had never experienced before the diagnosis.</li> <li>- 'Precarious situation for pending divorce' was an experience of deteriorated sex life because of the failure to overcome 'sex life alert'</li> <li>- 'Sublimation of the difficulties by discovering an alternative solution' was an experience of discovering a solution to overcome the crisis.</li> <li>- 'Leaving it as unsettled' was an experience of a condition in which the participants did not have any intention to resolve the difficulties in sex life.</li> </ul>
a10	Lee (2014)	To explore the experience of a struggle against breast cancer of low-income single mother	Grounded theory	6 women with breast cancer	Grounded theory method	<ul style="list-style-type: none"> <li>- A core category: passing through hash wind with responsibility on thin ice</li> <li>- The process of struggle against breast cancer of single mother takes stage of diagnosis, stage of confusion and hardship, stage of coping, and stage of hope or despair</li> </ul>
a11	Lee & Lee (2013)	To identify the common themes of the experiences of women with thyroidectomies in Korea	Phenomenology	6 women with thyroid cancer with surgery	Colaizzi's phenomenological method	<p>Five theme clusters were derived:</p> <ul style="list-style-type: none"> <li>- Uninvited guest came without notice</li> <li>- Feeling of confinement</li> <li>- Suffering and endurance to live</li> <li>- Added suffering for a woman</li> <li>- The crossover of anxiety and affirmation</li> </ul>
a12	Lee, et al. (2004)	To explore and describe the process of life adaptation in women with cervical cancer.	Grounded theory	15 women with cervical cancer	Grounded theory method	<ul style="list-style-type: none"> <li>- The core category: 'overcoming cancer' named as a process of life adaptation of the participants</li> <li>- Three stages: admitting reality, attempting health-care, and continuing health-care</li> <li>- The central phenomena of the experiences: powerlessness</li> <li>- The internal factors: denial of cancer and desire for life</li> <li>- Strategies for overcoming cancer: living as a cancer patient, selective food eating, steady exercising, getting rid of stress, and preparing for death</li> <li>- The intervening conditions: supportive system, forms of life, and burden on family</li> </ul>
a13	Lim (2006)	To investigate the sense of crisis due to physical changes in the process of diagnosis and treatment of breast cancer	Qualitative study	20 women with breast cancer	Qualitative thematic analysis	<ul style="list-style-type: none"> <li>- Physical changes: disappearance of breast and its scars, loss of hair, sudden interruption of menstruation</li> <li>- Psychological changes: the sense of femininity loss, self-accusation, and relative deprivation</li> <li>- Social changes: negatively affected marital sexual relationship, and strongly taking the responsibility of mother</li> <li>- Women carefully listen to their own desires rather than taken their sacrificing role for family for granted</li> </ul>

**Table 1.** Summary of the Included Studies (Continued)

No.	Author (Year)	Aim	Method	Participants	Analysis	Results
a14	Lim, Yoon, & Baik (2011)	To explore the illness experiences, health behaviors, and health beliefs	Qualitative study	16 breast cancer survivors	Grounded theory method	<ul style="list-style-type: none"> <li>- The disease experience: physical consequences, negative emotions, affection and relation to family, attitude for self-identity as a cancer survivor</li> <li>- Health beliefs on cause to cancer: life styles, genetics, personality, stress of social relationships and financial problems, beliefs on destiny</li> <li>- Health behaviors: changes in health behaviors and life styles, the way of thinking, social relationships, and religious life</li> </ul>
a15	Park & Yi (2009)	To explore the illness experience of Korean women with breast cancer	Feminist Phenomenology	10 women with breast cancer & total mastectomy	Colaizzi's phenomenological method	<p>Two categories and seven major themes emerged:</p> <ul style="list-style-type: none"> <li>- Cancer-related experience: unfairness of having breast cancer, being confined to the gaze of the others</li> <li>- Patriarchy-related experience: hardness of being daughter-in-law, struggling to keep on being good mother, continued housework as duty, recognizing self as precious wife, and awakening of true self</li> </ul>
a16	Park (2013)	To understand and explore the physical disabled women who have been suffering from a cancer experience.	Interpretive phenomenology	4 physically disabled women with cancer	Giorgi's phenomenological method	Sixteen themes and eight focal meanings were elicited: exists of shrieks in despair, chose not for death but for the painfulness of cancer treatment, severe pain from diseases in deeper despair, struggled single-handed in agony, finding the positiveness from the darkness, living with death, meaningfulness in the community, and remained femaleness
a17	Suh (2008)	To explore and describe the processes of coping with breast cancer among Korea women	Grounded theory	17 women with breast cancer	Grounded theory method	<p>The overriding theme: accepting and enduring the transient suffering with a lowered mind</p> <p>Two sub-themes:</p> <ul style="list-style-type: none"> <li>- Clear one's mind of distraction and live unboundedly as water flows down</li> <li>- Make up one's mind to accepting reality</li> </ul>
a18	Suh, Park, & Kim (2008)	To investigate the trajectory of breast cancer diagnosis and patients' experiences in the pre-treatment period	Thematic analysis	19 women with breast cancer	Qualitative thematic analysis	<p>Major theme: The scattered life in an unforeseen swirl</p> <p>Two subthemes</p> <ul style="list-style-type: none"> <li>- Falling into an unavoidable journey: unexpected probability, nagging nodularity, and ominous presentiment</li> <li>- Staggering in a muddle with urgency: emotional upheaval, bad thought intrusion, and a sense of urgency</li> </ul>
a19	Yi, Ryu, & Hwang (2014)	To explore and describe the experience of breast cancer self-help group activities in Korea	Phenomenology	8 women with breast cancer	Colaizzi's phenomenological method	<p>Six theme clusters were identified:</p> <ul style="list-style-type: none"> <li>- Breakthrough toward survival</li> <li>- Genuine comfort obtained by the company</li> <li>- New life fully recharged</li> <li>- Rebirth in family</li> <li>- Societal change by raising collective consciousness</li> <li>- Obstacles to the group harmony</li> </ul>
a20	Yi & Son (2010)	To describe experiences of sexual life among Korean women with breast cancer	Qualitative study	13 women with breast cancer	Qualitative thematic analysis	<p>Four major categories were discovered:</p> <ul style="list-style-type: none"> <li>- Not interested in sexual life at all</li> <li>- Sexual life that could not go back to previous normal life</li> <li>- Dangerous marriage due to no sexual life</li> <li>- Rediscovery of sexual life as a vital element in life</li> </ul>
a21	Yoon & Song (2013)	To understand the characteristics and the meaning of the illness experience of breast cancer survivors	Phenomenology	25 breast cancer survivors	Giorgi's phenomenological method	<p>6 major categories were emerged:</p> <ul style="list-style-type: none"> <li>- Acceptance of the illness</li> <li>- Active coping with reality</li> <li>- Gaining strength through the support of surrounding people</li> <li>- Struggling to overcome a negative mindset</li> <li>- Self-reflection</li> <li>- The pursuit of a meaningful new life</li> </ul>

and a sense of shame consistently intruded upon their emotional tranquility.

The emotional burden of having a diagnosis of cancer was rather easy to endure than the actual suffering from cancer treatments. Serial cancer treatments gradually deteriorated the women's everyday routines, relationships, and even their mind and body. The women's day to day was fully scheduled with 'never-ending hospital appointments.' Their routines were 'withheld from the moment of cancer diagnosis.' The women were no longer able to fulfill their culturally-expected roles of mother and a wife, with which they once identified themselves. The roles in the family were pushed to be changed irresistibly. The fact that they were 'unable to fulfill the role of mother' broke the women's heart. Emotionally and sexually unsatisfied relationships with husband situated the women facing 'a marital crisis' with different levels, which they never thought they might encounter.

The women's mind and body were no longer like as they used to be. 'Emotional turmoil,' 'the feeling of being on edge,' 'chemo-brain' (forgetfulness and malfunction), and 'consistently intruding bad thoughts' made the women feel like standing on the edge of a cliff by oneself. In most women, their body was unable to abide by striking symptoms induced by cancer treatment. To sum up, a cancer diagnosis and its treatment experiences dismantled the women's usualness, i.e., their usual life, usual mother and a wife role, and even their usual mind and body, and pushed the women to feel spaced out from their routineness.

## 2. Mindfulness on Profound Desires

Nonetheless the women wanted to avoid it if they could, they had to inevitably suffer from cancer diagnosis and its treatment. The painful suffering they had was felt like that 'they were walking through an inflamed tunnel' in a tough life. As a result, unnecessary, small things, and superficial relationships were taken apart. Evidently dismantled relationships involved marital relationships and social get-togethers.

On the contrary, the women become aware of their apparent, even reinforced innate desires. After they got 'a sense of mortality at cancer diagnosis,' they realized their 'strong desire for life.' 'Every moment with a breath became meaningful,' and the routines in each day were felt renewed. They confessed that they would take any troubles for the cost of life. Moreover, the women viewed 'their inner self of longing for feminine beauty' with different levels. Experiencing serious harm

on the women's beauty such as breast deformation, surgical scars, hair loss, and darkened skin due to medical treatment shook them enough emotionally and psychologically. Motivations for actions, information seeking, or get-togethers were rooted on the desire for recovering their feminine beauty.

Unlike the marital relations, the maternal affection of being a mother is never weakened. With the diagnosis and even with the recurrence of cancer, the women denied their mothering role to be burdensome. Rather, fulfilling her role as a mother in the family has 'a priority over anything.' As they become aware of their physical limitations and mortality, they 'lowered their expectation on their children's achievement' as well. In sum, the women, who went through the hurdle of cancer treatment, became more mindful on their profound desires for life, beauty, and motherhood.

## 3. Redefinition of Every Relation

Despite cancer treatments were completed and the women came back to their routines, their lives had been changed so much from what they used to be. The women obtained 'better insights into their own identity' apart from traditional women-should-be. After the women 'saw their bottommost limitation' in terms of physical, emotional, and social stances, they were then aware of their profound desires. Those changes made them to re-define all relations surrounded them.

The relationships between the women and their family members were redefined. Some ensured the marital affection, while the other faced severe cracks in their marital life. The women reconfirmed 'their duty of being a mother,' which made them even stronger. They 'rearranged their social relationships' no longer spending time on superficial relationships, instead, having new relationships such as survivors' group or religious meetings.

The women's relations with environment for a healthy lifestyle were redefined as well. The women tried to 'make harmonious relations with others, foods, and the environment' as much as possible. They pursued a healthier lifestyle by eating fresh food, doing physical exercise, maintaining proper body weight, and managing everyday stresses. In sum, the women took the advantage of illness experience for rearranging their relations with surrounded world.

## Discussion

The voices of 253 Korean women with cancer in 21

qualitative studies were reviewed and meta-synthesized in this study. This study contributes to nursing knowledge by adding the foremost meta-synthesis findings to the given topic. The elicited three themes provide a deeper and broader picture on the lives of Korean women with cancer. Through the illness experience, the women discovered themselves for the first time in such way. After they realized that they have some desires more profoundly than any other needs, the women rearranged all relations surrounded them.

Due to the lack of existing literature, it is unable to conduct a direct comparison with other meta-synthesis studies on Korean women's lives with cancer. However, the similarities and differences were found in several meta-synthesis studies on similar topics. The primary difference was found in the definition of self. In this study, the women used not to differentiate themselves from their family until the time point of cancer diagnosis. The diagnosis and its treatments were considered the reason why the women began to think about themselves besides being mother and a wife. On contrary, the self was changed due to the illness, not newly discovered in the meta-synthesis on Western people[12, 13]. The culture of collectivism in Korea was reflected in the findings of this study. On the same line, the relationships with others and environments were considered as an imperative entity that made the Korean women exist[a1-a21]. However, the relationships were considered narrowly as a parallel object to oneself in people of Western culture[12,13].

Similarities between this study findings and those of other meta-synthesis lay on the fact that the illness experience of cancer or other tragic diseases made people to face their bottommost existential skepticism, which made people to reconstruct their beliefs, attitudes, and behaviors[12-14]. All meta-synthesis on patients with cancer or other kinds of fatal diseases reported that the illness experiences were something very painful, but at the same time, the bare essentials for transcending the limits of themselves[12-15]. In terms of comparison with other studies using quantitative methods is hardly done since the incommensurability between the methodologies. Meanwhile, the qualitative comparison to other quantitative studies is omitted because it is beyond the scope of this study.

Although this study strictly complied with the process suggested in the well-known methods[7,8], this qualitative meta-synthesis demands caution against generalization of the findings. Including Korean Americans or other Asian people as target populations is to be consid-

ered in nursing research in future.

## Conclusion

Women who live within the context of Korean patriarchal culture and norms perceived their cancer diagnosis and its treatment in such a culturally specified way. Painful suffering such as cancer pushes a Korean woman to break her culturally-formed role and search for a genuine self. In this qualitative meta-synthesis, 21 qualitative studies on Korean women with cancer were evaluated and synthesized with an aim to investigate the impact of cancer diagnosis and its treatment. The three themes emerged include (1) spaced out from the usualness, (2) mindfulness on profound desires, and (3) redefinition of every relation. The findings of the study are hoped to be helpful to health care professionals for understanding, coaching, and counseling the given population.

## REFERENCES

1. Korea Central Cancer Registry. National Cancer Statistics in 2012. Goyang-si, Gyeonggi-do: National Cancer Information Center; 2014 [cited 2014 December 14]. Available from: <http://www.cancer.go.kr/mbs/cancer/>
2. Sim Y, Jeong J, Yun J. Discourse and reality of motherhood. Seoul, Korea: Nanam; 2000.
3. Spector RE. Cultural diversity in health and illness. 6th ed. Upper Saddle River, NJ: Pearson Education Inc.; 2004.
4. Helman CG. Culture, health, and illness. 4th ed. Woburn, MA: Butterworth-Heinemann; 2000.
5. Chung CW, Hwang EK. Couples' experiences of breast cancer in Korea. *Cancer Nursing*. 2012;35(3):211-20.
6. Paterson BL, Thorne SE, Canam C, Jillins C. Meta-study of qualitative health research: a practical guide to meta-analysis and meta-synthesis. Thousand Oaks, CA: Sage Publications; 2001.
7. Sandelowski M, Barroso J. Handbook for synthesizing qualitative research. New York, NY: Springer; 2007.
8. Finfgeld DL. Metasynthesis: the state of the art - so far. *Qualitative Health Research*. 2003;13(7):893-904.
9. Yang JH. The actual experiences of the living world among cancer patients. *Journal of Korean Academy of Nursing*. 2008; 38(1):140-51.
10. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures, and measures to achieve trustworthiness. *Nursing Education Today*. 2004;24:105-12.
11. Zimmer L. Qualitative meta-synthesis: a question of dialo-



- guing with texts. *Journal of Advanced Nursing*. 2006;53(3): 311-8.
12. Bennion AE, Molassiotis A. Qualitative research into the symptom experiences of adult cancer patients after treatments: a systematic review and meta-synthesis. *Supportive Care in Cancer*. 2013;21(1):9-25.  
<http://dx.doi.org/10.1007/s00520-012-1573-x>.
13. Berterö C, Wilmoth MC. Breast cancer diagnosis and its treatment affecting the self: a meta-synthesis. *Cancer Nursing*. 2007; 30(3):194-202.
14. Wilkinson HR, das Nair R. The psychological impact of the unpredictability of multiple sclerosis: a qualitative literature meta-synthesis. *British Journal of Neuroscience Nursing*. 2013;9(4): 172-8.
15. Wells M, Williams B, Firnigl D, Lang H, Coyle J, Kroll T, et al. Supporting 'work-related goals' rather than 'return to work' after cancer? A systematic review and meta-synthesis of 25 qualitative studies. *Psycho-Oncology*. 2013;22(6):1208-19.  
<http://dx.doi.org/10.1002/pon.3148>

## Appendix

- a1. Byun HS, Chung BY, Park HJ. Experiences of sexuality of women in breast cancer survivors. *Korean Journal of Adult Nursing*. 2011;23(5):445-59.
- a2. Chung BY, Byun HS, Kim GD, Kim KH, Choi EH. Experiences of changes in cognitive function for women treated with chemotherapy for breast cancer. *Korean Journal of Women Health Nursing*. 2012;18(1):1-16.
- a3. Hwang SY. An exploratory analysis of the existential experiences of women with cancer. *Journal of Korean Neuropsychiatric Association*. 2006;45(6):554-64.
- a4. Im EO, Lee EO, Park YS. Korean women's breast cancer experience. *Western Journal of Nursing Research*. 2002;24(7):751-71.
- a5. Kim EJ, Kim MA, Kim NH. Study of the sexual behaviors and influential factors affecting premenopausal women with breast cancer: Application of the method of triangulation. *Korean Journal of Women Health Nursing*. 2014;20(1):72-82.
- a6. Kim KW. Women's actual experiences of Dan Jeon breathing after a cancer operation. *Korean Journal of Women Health Nursing*. 2008;14(2):114-23.
- a7. Kim S, Ko YH, Jun EY. The impact of breast cancer on mother-child relationships in Korea. *Psycho-Oncology*. 2012; 21(6):640-6. <http://dx.doi.org/10.1002/pon.1941>.
- a8. Kim YJ. Life experience of inpatients with recurrent breast cancer. *Journal of Korean Academy of Nursing*. 2011;41(2): 214-24.
- a9. Lee GN, Lee DS. Sexual experiences of women with breast cancer. *Journal of Korean Oncology Nursing*. 2011;11(3): 210-20.
- a10. Lee IJ. A grounded theory approach on the experience of a struggle against breast cancer in low-income single mother. *Korean Journal of Social Welfare Studies*. 2014;45(1):103-40.
- a11. Lee KM, Lee GJ. Phenomenology of the experiences of women with thyroidectomy. *Asian Oncology Nursing*. 2013; 13(3):152-62.
- a12. Lee SH, Kim JI, Lee HK, Kang NM, Kim HW, Lee EH, et al. A grounded theory approach to the process of life adaptation in women with cervical cancer. *Korean Journal of Women Health Nursing*. 2004;10(1):32-41.
- a13. Lim IS. Breast cancer, demaged body and sense of femininity crisis. *Journal of Korean Women's Studies*. 2006;22(4):5-46.
- a14. Lim JW, Yoon HS, Baik OM, Cho JH, Park SH, Lee SW. A qualitative study of health beliefs and health behaviors among Korean breast cancer survivors. *Korean Journal of Social Welfare*. 2011;63(4):155-81.
- a15. Park EY, Yi MS. Illness experience of women with breast cancer in Korea: Using feminist phenomenology. *Korean Journal of Adult Nursing*. 2009;21(5):504-18.
- a16. Park MO. A phenomenological study on the physical disabled women experienced cancer. *Journal of Disability and Welfare*. 2013;22:5-24.
- a17. Suh EE. The processes of coping with breast cancer among Korean women. *The Korean Journal of Stress Research*. 2008;16(4):305-15.
- a18. Suh EE, Park YH, Kim SJ. The patients' experiences of the diagnosis and pre-treatment period of breast cancer. *Journal of Korean Academy of Fundamental Nursing*. 2008;15(4): 495-503.
- a19. Yi MS, Ryu YM, Hwang EK. The experience of self-help group activities among women with breast cancer in Korea. *Korean Journal of Adult Nursing*. 2014;26(4):466-78.
- a20. Yi MS, Son HM. Experiences of sexual life of Korean women with breast cancer: Descriptions from focus groups and interviews. *Journal of Korean Academy of Fundamental Nursing*. 2010;17(2):187-99.
- a21. Yun M, Song MS. A qualitative study on breast cancer survivors' experiences. *Perspectives in Nursing Science*. 2013;10 (1):41-51.