

Care Beyond Limitations: Lived Experiences of Non-Specialized Nurse Practitioners Handling Breast Cancer Patients

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Abstract

The increasing prevalence of breast cancer, coupled with the shortage of oncology nurses, places the responsibility of patient care on non-specialized nurse practitioners. Despite limited training and expertise, these nurses strive to address the multifaceted needs of breast cancer patients. This study explores the lived experiences of non-specialized nurse practitioners in providing care for breast cancer patients within various health settings in Malaybalay City, Bukidnon. Employing a qualitative descriptive phenomenological research design, the study

used purposive sampling to select seven (7) non-specialized nurse practitioners as participants. Data were collected through in-depth, face-to-face interviews, which were recorded, transcribed, validated, and refined for accuracy. Colaizzi's descriptive phenomenological method guided the data coding process, while Van Manen's lifeworld existential framework informed the analysis. Three themes emerged from the findings: (1) caring with caution, (2) caring with grit, and (3) caring with confidence. The results reveal that non-specialized nurse practitioners evolve through their experiences in breast cancer care, overcoming initial limitations and progressively building competence and confidence. Continuous patient interactions serve as a catalyst for professional growth, with experience becoming their greatest teacher. This study underscores the resilience and adaptability of non-specialized nurse practitioners and highlights the importance of providing targeted training and support to enhance their skills and confidence in managing complex cancer care.

Keywords: *Non-specialized nurses, breast cancer, care services, lived experiences*

Introduction

The increasing prevalence of breast cancer paired with the scarcity of oncology nurses presents a critical challenge for healthcare systems worldwide. Globally, breast cancer remains the leading form of cancer, with an estimated 7.8 million women diagnosed in the past five years (WHO, 2020). In the Philippines, this issue is compounded by a severe shortage of oncology nurses. The Philippine Oncology Nurses Association (2018) reported that only 5,000 oncology-trained nurses—10% of the national nursing workforce—are available to provide care, leaving the majority of breast cancer care to general nurses. In Bukidnon, only 1,156 nurses serve the entire province (DOH, 2023), highlighting the alarming gap in cancer care accessibility. This issue necessitates a closer examination of how non-specialized nurse practitioners cope with and navigate the unique challenges of breast cancer care in resource-limited settings.

Existing literature acknowledges the important role of specialized oncology nurses in delivering quality care. As Galassi et al. (2023) noted, technological advances and evolving patient needs require highly trained oncology nurses to provide advanced and holistic care. However, non-specialized nurses face barriers in meeting these demands, as they lack oncology-specific training (Nwozichi, 2017) and experience difficulties in addressing the emotional and clinical needs of patients with advanced cancer stages (Maree & Mulonda, 2017). Furthermore, studies such as Kidayi (2023) highlight the lack of mentorship and continuing education as significant obstacles to improving nursing care in such contexts.

Despite these insights, critical gaps remain in understanding the lived experiences of non-specialized nurse practitioners, particularly in rural areas with scarce healthcare resources. Research in foreign settings often focuses on structured healthcare systems, leaving the unique challenges of non-specialized nurses in low-resource environments underexplored. In the Philippine context, there is limited evidence of how these nurses adapt, grow, and manage care for breast cancer patients in rural areas like Bukidnon.

Moreover, while studies like Blackburn et al. (2020) suggest that positive patient outcomes can enhance nurse satisfaction and emotional well-being, the mechanisms through

which non-specialized nurses achieve such outcomes in constrained environments remain unclear. This underscores the need for research that not only documents the challenges faced by these practitioners but also identifies the adaptive strategies and sources of resilience that enable them to deliver care under demanding circumstances. Understanding these dynamics is critical to inform policy and programmatic interventions aimed at improving both patient outcomes and the professional growth of non-specialized nurse practitioners.

This study addresses these gaps by exploring the lived experiences of non-specialized nurse practitioners in Malaybalay City, Bukidnon, as they navigate the challenges of breast cancer care. Through qualitative descriptive phenomenology, this research seeks to uncover the coping strategies and adaptive practices employed by these nurses, providing valuable insights for improving training programs, institutional support, and patient care outcomes in similar contexts.

Research Objective

This study explored on the lived experiences of non-specialized nurse practitioners in providing care for breast cancer patients. Specifically, it sought to answer the question: How do non-specialized nurse practitioners experience and navigate the challenges associated with providing care to breast cancer patients?

Framework of the Study

This study was grounded in Van Manen's existential lifeworld framework (1997), which provides a robust lens for understanding lived experiences. Van Manen identifies five key existential dimensions—temporality (lived time), materiality (lived things), corporeality (lived body), relationality (lived relationships), and spatiality (lived space)—as essential to comprehending human existence. These dimensions serve as the foundation for examining the multifaceted experiences of nurse practitioners as they navigate the complexities of providing care for breast cancer patients.

The dimension of temporality explores how time influences the experiences of nurse practitioners, including their professional growth, adaptation, and the evolving needs of their patients. Materiality considers the role of physical tools, resources, and the healthcare environment in shaping their practice. Corporeality focuses on the physical and emotional impact of caregiving on the practitioners themselves, highlighting the embodied nature of their work. Relationality examines the interpersonal relationships they build with patients, families, and colleagues, emphasizing the social and emotional dynamics of care. Lastly, spatiality delves into how the physical and organizational settings of healthcare facilities influence their experiences and ability to deliver care.

By integrating these five existential dimensions, the study provides a comprehensive framework to guide data collection, analysis, and interpretation. This approach enables a deeper understanding of the challenges faced by non-specialized nurse practitioners in managing complex cases like breast cancer and reveals the strategies they employ to overcome these challenges.

Methodology

Design

This study employed a qualitative design using descriptive phenomenology to capture the lived experiences of non-specialized nurse practitioners managing the care of breast cancer patients. Grounded in Husserl's philosophical framework, the study sought to uncover the essence of participants' experiences by rigorously applying key phenomenological principles.

To mitigate researcher biases, the principle of epoché (bracketing) was operationalized throughout the research process. Researchers engaged in self-reflective journaling and peer debriefing to consciously set aside preconceptions and biases, ensuring that the participants' experiences were examined without undue influence. This step was crucial in maintaining the integrity and objectivity of the phenomenological inquiry.

Husserl's concepts of intentionality and reduction were explicitly integrated into the framing of the research questions and the interpretation of findings. Intentionality guided the researchers to focus on the meaning embedded within the participants' experiences, emphasizing the relationship between the practitioners' consciousness and their caregiving actions. The phenomenological reduction, or epoché, was implemented by repeatedly revisiting the data to distill its essence, shedding extraneous details while preserving the core meaning of the lived experiences.

During data collection, in-depth, semi-structured interviews were conducted to allow participants to articulate their experiences freely. The interviews were designed to elicit rich, descriptive narratives, reflecting the participants' perspectives without imposing predefined categories. Data analysis adhered to Colaizzi's method, ensuring a systematic and comprehensive approach to identifying themes that captured the essence of the phenomenon.

This design facilitated an in-depth understanding of the challenges, coping strategies, and transformative experiences of nurse practitioners as they navigated the complexities of caregiving for breast cancer patients. By aligning the research process with phenomenological principles, the study ensured a robust connection between theory and methodology.

Locale and Participants

The study was conducted in Malaybalay City, Bukidnon, a region known for its diverse healthcare settings, including hospitals, clinics, and community health centers. These settings provided a conducive environment for exploring the experiences of non-specialized nurse practitioners involved in the care of breast cancer patients.

Participants were selected using purposive sampling to ensure the inclusion of individuals who could provide rich and meaningful data relevant to the study's objectives. The inclusion criteria specified Filipino registered nurses of any gender, aged 24 years or older, with at least six months of experience in caring for breast cancer patients, and a willingness to share their lived experiences. Nurses specializing in oncology or those who were not involved in breast cancer care

were excluded. The sample consisted of seven (7) participants, which aligns with the principles of descriptive phenomenology, where smaller sample sizes are common to facilitate in-depth exploration of the phenomenon.

The sample size was justified based on the concept of data saturation, which was reached during the data collection process. Saturation was evident when no new themes or insights emerged from subsequent interviews, ensuring the comprehensiveness of the data. While the sample provided valuable insights, it also reflected some limitations in diversity, particularly in terms of participants' experience and specialized training. Most participants had six months to three years of experience in breast cancer care, and only one participant had attended a relevant seminar. This limitation highlights the challenges faced by non-specialized nurse practitioners in accessing specialized oncology training within the locale. Despite these constraints, the study captured the shared essence of the participants' caregiving experiences.

Future research could benefit from a more diverse sample, including nurse practitioners with varying levels of experience and training, to enhance the depth and breadth of insights into the phenomenon. The demographic profile of participants is summarized in Table 1, providing context for understanding the findings and reflecting the realities of non-specialized nursing practice in Malaybalay City.

Table 1
Profile of the Respondents

Respondents	Age	Sex	Experience of breast cancer care (year)	Special training in oncology
NR1	25	F	5 months	None
NR2	24	M	5 months	None
NR3	31	F	2 years	None
NR4	25	F	3 years	1 day seminar on proper handling of breast cancer patients
NR5	24	F	6 months	None
NR6	28	F	2 years, 6 months	None
NR7	25	F	1 year	None

Data Gathering Procedure

Data collection followed a systematic process to ensure reliability, depth, and alignment with the study's objectives. Prior to data collection, permission was obtained from the Dean of the College of Nursing, and participants were fully oriented on the study's purpose, procedures, potential risks, and the voluntary nature of their participation. Informed consent was obtained to uphold ethical standards and ensure transparency.

Data were gathered through face-to-face, in-depth interviews conducted in private and comfortable locations chosen by the participants, such as their homes or private office spaces, to foster a safe and conducive environment for sharing their experiences. The interviews were semi-structured, guided by a set of open-ended questions developed to elicit detailed responses about the participants' lived experiences in caregiving. The interview guide included thematic areas such as emotional challenges, coping strategies, patient care complexities, and professional growth. These guide questions were reviewed by experts with training in phenomenological research to ensure relevance, clarity, and alignment with the study's objectives. A pilot test of the interview guide was also conducted with two individuals meeting the inclusion criteria, leading to minor refinements before the actual data collection commenced.

Interviews were audio-recorded with participants' permission, ensuring accurate documentation of their responses. The audio recordings were transcribed verbatim, and the transcripts were carefully reviewed and validated by participants to ensure accuracy and credibility. The Colaizzi method of descriptive phenomenological analysis was applied to identify significant statements, extract meanings, and develop themes that captured the essence of the participants' experiences. Van Manen's lifeworld existential framework was used to guide the interpretation, ensuring alignment with the phenomenological underpinnings of the study.

To establish trustworthiness, the study employed multiple strategies, including prolonged engagement with the data, member checking, and peer debriefing. Triangulation of data sources and maintaining an audit trail further enhanced the dependability and confirmability of the findings. Transferability was achieved through detailed and rich descriptions of the participants' experiences, providing insights that can inform similar contexts. This comprehensive approach to data collection ensured that the voices of the participants were authentically captured, aligned with the study's objectives, and analyzed with methodological rigor.

Data Analysis

Data analysis followed Colaizzi's seven-step method for descriptive phenomenology, which ensured a systematic and rigorous approach to uncovering the essence of participants' lived experiences. The process included familiarization with the data through repeated reading of transcripts, identification of significant statements, formulation of meanings, clustering of themes, developing an exhaustive description, and generating the fundamental structure of participants' experiences. Direct quotations from participants were incorporated into the analysis to illustrate key findings and add depth to the interpretation.

To ensure methodological rigor and analytical consistency, Colaizzi's method was integrated with Van Manen's lifeworld existential framework, which provided a philosophical lens to interpret the findings. Colaizzi's step-by-step approach structured the thematic analysis, while Van Manen's framework allowed for a deeper exploration of the lived experiences within the context of the participants' lifeworlds. The integration was achieved by aligning Colaizzi's focus on significant statements and formulated meanings with Van Manen's emphasis on existential themes, such as lived time, space, body, and relationships. This reconciliation ensured that the data analysis was both systematic and philosophically grounded.

Theme validation was conducted through a two-step process to enhance reliability and credibility. First, themes were cross-verified by the research team, who independently reviewed and analyzed the data to ensure agreement on emerging themes. Discrepancies were resolved through collaborative discussions, enhancing inter-rater reliability. Second, themes were validated through member checking, where participants reviewed the preliminary findings to confirm that the interpretations accurately reflected their lived experiences.

Lincoln and Guba's criteria of trustworthiness—credibility, transferability, dependability, and confirmability—were upheld throughout the analysis. Credibility was ensured through rigorous participant validation and prolonged engagement with the data. Transferability was achieved by providing rich, detailed descriptions of the findings, enabling applicability to similar contexts. Dependability was strengthened through meticulous documentation of the analysis process, and confirmability was maintained through reflexive journaling and an audit trail, which provided transparency in the researchers' decision-making process.

Ethical Considerations

This study adhered to the ethical standards set by Bukidnon State University-Main Campus and complied with the Philippine Data Privacy Act of 2012. Confidentiality was rigorously maintained through several measures, including the anonymization of participant identities using pseudonyms. All data, including audio recordings, were securely stored in password-protected digital files and will be retained for a maximum of five years after publication, after which they will be permanently deleted.

Participants were thoroughly informed about the study's purpose, potential risks, and anticipated benefits before providing their written informed consent. They were explicitly made aware of their right to withdraw from the study at any time without repercussions or penalties. The duration of each interview was also communicated beforehand, with data collection sessions lasting approximately 60–90 minutes per participant.

The study was reviewed and evaluated by the research adviser and panel members, all of whom had completed Basic Research Ethics Training (BRET). This ensured adherence to ethical standards throughout the research process. Participants were also provided with tokens of appreciation to recognize their valuable contributions to the study. This comprehensive approach to ethical considerations ensured the rights, safety, and well-being of participants were protected at all stages of the study.

Results and Discussion

The experiences of non-specialized nurse practitioners in caring for breast cancer patients reveal profound challenges intertwined with moments of growth and adaptability. Key themes emerged from the analysis of their narratives, capturing the essence of their caregiving practices. These themes include: (1) caring with caution, (2) caring with grit, and (3) caring with confidence. Additional sub-themes further elucidate their experiences.

Emergent Theme 1: Caring with Caution

This theme reflected fear, anxiety, and hesitation experienced by non-specialized nurse practitioners as they navigate the complexities of breast cancer care. Uncertainty about their knowledge and skills often leads to feelings of vulnerability and apprehension.

Subtheme 1: Navigating Uncertainty

The lack of specialized training significantly impacts non-specialized nurses' confidence in their ability to care for breast cancer patients. This is reflected in their candid expressions of anxiety and uncertainty.

"I really don't have a specific background, unsaon jud pag care sa ilaha, because lahi man jud nang kabalo ka diba? In my part kay bago paman jud ko na nurse, so unsa mani? Ang akong anxiety nga kanang basin mali ni akong gibuhat." (NR1) (I really don't have a specific background on how to care for them because it's different when you know, right? For my part, I'm still new as a nurse, so what is this? My anxiety is that I might be doing this wrong.- NR1)

"Actually, lisod gyodd siya... kay di man gyodd nimo specialized ba." (NR4)
(Actually, it's really difficult... because you're not specialized in it, right?-NR4)

"Lisod kay ang mga problema nga mogawas kay dili nimo ma-anticipate, mura'g surprise kada encounter." (NR3)
(The problems that arise are often unexpected, making every encounter feel like a surprise.- NR3)

Non-specialized nurse practitioners encounter significant challenges in managing breast cancer care, largely due to the unpredictability of the cases they handle. The absence of specialized training amplifies their anxiety and uncertainty, leaving them feeling unprepared to address unexpected complications effectively. This recurring sense of being caught off guard underscores their struggle to anticipate and confidently manage patient needs. These findings align with Iheanacho et al. (2022), who reported that non-specialized nurses often experience feelings of being overwhelmed and anxious when dealing with complex cases without adequate training. Similarly, the lack of specialized knowledge exacerbates their uncertainty, particularly when confronted with unpredictable complications, further highlighting the critical need for targeted oncology education and support.

Sub-theme 2: Care Limitations

This theme highlighted how the absence of specialized cancer care units and the associated lack of access to advanced training and technology created significant challenges for non-specialized nurses. They relied heavily on theoretical knowledge from their academic training, which often fell short of addressing the complexities of breast cancer care. For the non-specialized nurse, everything has to be learned from scratch.

“Wala mi cancer institute diri, so unsa among na-learn sa school ra among basehan kay wala man mi radiation therapy. Kung mo-worsen sila, wala na gyod mi mabuhat.” (NR3)
(We don’t have a cancer institute here, so we rely on what we learned in school since we don’t provide radiation therapy. When they worsen, there’s nothing more we can do.- NR3)

“Lisod kay ang akong hospital dili gyod specialized sa cancer care. Wala mi chemo o radiation therapy nga available.” (NR2)
(It’s difficult because my hospital isn’t specialized in cancer care. We don’t have chemotherapy or radiation therapy available.- NR2)

“Among skills kay mas kulang gyod kay wala mi training or seminars. Ang oncology nurses naay protocols, kami mag-tuon pa kung unsa among buhaton.” (NR2)
(Our skills are lacking because we don’t have training or seminars. Oncology nurses have protocols, while we figure things out as we go.- NR2)

The absence of cancer units significantly limits non-specialized nurse practitioners’ opportunities for hands-on learning. In other words, non-specialized nurse practitioners will be limited to book knowledge about the clinical aspects of breast cancer management, which certainly does not stand as preparation for the complexity of breast cancer care. This can also be related to the study of Tsuchihashi et al. (2018), which stated that non-specialized nurses in general hospitals are exposed to hopeless situations as it is without access to chemotherapy treatment and radiation therapy.

Conversely, Norrish et al. (2021) say that this limitation is caused by the absence of specialized oncology units that cannot give experiences with hands-on learning, thus further widening the skill gap between oncology training and practical general nursing practice. Such challenges by non-specialized nurses emphasize that there is a need for better training programs as well as specific oncology units to ensure proper care of patients with cancer.

The structural and training deficiencies observed in this study underscore the need for better support systems for non-specialized nurses. Establishing oncology units and offering targeted training programs could bridge the skill gap, improve confidence, and ensure the delivery of quality care to breast cancer patients. These findings emphasize the importance of institutional investment in specialized resources to address the growing demands of cancer care effectively.

Sub-theme 3: Knowledge versus Practice

Non-specialized nurse practitioners faced significant challenges when their theoretical knowledge was not supported by practical experience. These gaps in hands-on training left them feeling unprepared and vulnerable when managing complex breast cancer cases.

“Ma-challenge ka kay dili man gyud ka trained para mo-care sa ing-ana nga patients. Angay gyud unta oncology nurses mag-handle sa ilaha, pero unsa lang among nahibaw-an, mao ra gyud among mahatag.” (NR3)
(You get challenged because you’re not trained to care for patients like them. Specialized oncology nurses should handle them, but we can only give what we know at the moment. –

NR3)

Participants recounted instances where their lack of practical experience led to mistakes, adding stress and diminishing their confidence.

“Pag-drain nako sa Jackson Pratt, grabe gyud to ka-challenging kay first nako nga breast cancer patient. Wala ko kabalo sa negative pressure, unya nalimtan gyud nako kay bag-o pa ko nga nurse.” (NR4)

(Draining a Jackson Pratt was a huge challenge for me. It was my first time handling a breast cancer patient, and I forgot to apply negative pressure because I didn't know it yet.- NR4)

“Nakasab-an ko kay gikuha nako ang IV sa side nga naa diay mass. Wala ko kabalo nga dapat diay dili hilabtan. Pati sa dressing, nakasab-an sad ko kay kulang kaayo akong training.” (NR1)

(I got scolded for removing an IV on the side with a mass. I didn't know it should have been left alone. Even for dressing, I got scolded because I lacked proper training.- NR1)

These experiences highlighted the difficulties of navigating unfamiliar clinical procedures without sufficient mentorship or specialized training. The stress of handling complex cases beyond their expertise compounded their anxiety, often leading to errors and hesitation.

As Opoku et al. (2021) noted, a lack of knowledge and experience makes health professionals appear vulnerable and hesitant to take responsibility due to their fear of making mistakes. For non-specialized nurse practitioners, this fear not only compromised their performance but also impacted the quality of care delivered to patients. These findings emphasize the importance of providing hands-on training and mentorship to bridge the gap between theoretical knowledge and clinical practice, fostering both confidence and competence in non-specialized nurses.

Emergent Theme 2: Caring with Grit

This theme highlights the resilience and perseverance of non-specialized nurse practitioners as they navigate the complexities of caregiving. It underscores their determination to provide quality care despite significant challenges, stress, and personal sacrifices.

Sub-theme 1: Addressing the Gaps

The non-specialized nurse practitioners often know that there is a massive gap in knowledge and skills, but they attempt to bridge that gap. They realize their approach to patient care is entirely different from that of specialized nurses, but they try to bridge those gaps.

Non-specialized nurse practitioners acknowledged the substantial gaps in their knowledge and skills compared to specialized nurses but demonstrated a proactive approach to bridging those gaps. They embraced their roles and sought to grow professionally by learning from their experiences and mistakes.

“Acceptance. Naa naman ko diri; mao naman ni akong gipili nga role sa society. Wala naman koy choice, so akoo nalang bitaw e grab. At the same time, di man gyud ka magdugay sa imong profession kung walay love.” (NR4)

(Acceptance. I’m already here; this is the role I chose in society. I might as well embrace it. At the same time, you can’t stay long in this profession if you don’t love it.- NR4)

“Atong nakasaban ko, nag-sorry lang gyud ko. Pero dili na siya taman sorry, ibutang gyud nimo siya as pointers para next time, di na nimo siya ma make nga mistake. Kay every time maka face ko og breast cancer nga patient, murag ma-rewind to nga pangasaba.” (NR1)

(When I got scolded, I apologized. But it wasn’t just about saying sorry. I took it as a lesson so I wouldn’t make the same mistake again. Every time I handle a breast cancer patient, I recall that moment and learn from it.- NR1)

“Gina-face lang gyud nako akong fears. Tapos gina-anad nako akong self nga mag-handle og mga ing-ana nga cases... gina-overcome nako akong fears.” (NR5)

(I just face my fears and train myself to handle these cases. I’m learning to overcome them.- NR5)

The participants expressed a sense of acceptance and ownership of their roles, acknowledging the challenges but also recognizing their capacity for growth. For them, resilience involved confronting fears, learning from feedback, and finding purpose in their work.

These findings resonate with Kim and Chang (2022), who reported that resilience in nurses is characterized by acknowledging fears and striving to overcome them. The participants’ ability to find pride in their profession, despite the challenges, boosted their job satisfaction and self-esteem. Their enthusiasm for personal and professional growth motivated them to continuously develop their skills, enabling them to rise above their limitations and deliver better care. This determination reflects a deep commitment to their patients and their chosen roles in the healthcare system.

Sub-theme 2: Helping Hands

Although non-specialized nurses work tirelessly to address gaps in training and knowledge, they rely on the support of their seniors, colleagues, and families to navigate the challenges of caring for breast cancer patients. This collaborative support system proves vital in their journey of resilience.

“Magpa-tabang gyod ko sa among seniors. Every step, mangayo ko og tabang hangtod di pa ko kabalo. Mangutana gyod ko tanan kung unsaon nako.” (NR2)

(I really ask for help from our seniors. I seek assistance at every step until I know what to do. I make sure to ask them everything I need to know.-NR2)

“Akong mga kauban ug head nurses kay naghatag og support nga nag-ease sa akong trabaho. Di man gyod mahimo nga sa usa ra ka case, makabalo naka tanan. Labi na kay first time nako mag-handle og breast cancer patient.” (NR4)

(My colleagues and head nurses support me and make my work easier. You can’t know

everything from just one case, especially since it was my first time handling a breast cancer patient.- NR4)

“Dako kaayo og impact ang support sa family, labi na tong burnout ko. Ang ilang spiritual support, labi na, mao gyod ang number one nga naka-tabang nako.” (NR4) (Family support is a significant factor, especially when I experienced burnout. Their spiritual support, in particular, was the number one thing that helped me.-NR4)

“Naka-call gyod ko sa akong mama ato. Nag-cry ko ug ingon, ‘Ma, dili lalim ang cancer.’” (NR1)
(I called my mom during that time and cried, saying, ‘Mom, dealing with cancer is not easy at all.-NR1)

The willingness of nurse practitioners to seek guidance from seniors underscores the importance of collaboration in improving their skills and competence. Their reliance on colleagues reflects a joint effort that alleviates individual burdens, emphasizing teamwork as essential in healthcare.

These findings align with Opoku et al. (2021), who reported that new health professionals often turn to their peers and supervisors when faced with unfamiliar situations. Similarly, family support serves as an emotional anchor, providing a safe space to share fears and frustrations. Han et al. (2023) highlighted that resilience is strengthened when teammates support one another during challenges, and family members offer comfort and encouragement outside the workplace. Together, these support systems foster emotional stability and resilience, enabling nurses to persevere in their roles despite the demands of cancer care.

Sub-theme 3: Motivation in Return of Service

The respect, gratitude, and acknowledgment from patients significantly enhance the commitment of non-specialized nurse practitioners to bridging gaps in care. These expressions of appreciation not only bring fulfillment but also serve as a powerful motivator to continue compassionate caregiving despite the challenges they face.

“Kana jung mag-thank you sila before ko mag... kanang ga-rounds man mi. ‘Ma’am, ihatag tika sa next nurse, Ma’am ha?’ Unya mu-ingon, ‘Ma’am, salamat kaayo!’” (NR1)
(When they say thank you before I... you know when we’re making rounds. ‘Ma’am, I’ll hand you over to the next nurse, okay?’ And then they say, ‘Ma’am, thank you so much!-NR1)

“Rewarding kaayo paminawon labi na muingon sila, ‘Thank you,’ kay tungod sa inyoha, dali ra sila naka-recover.” (NR4)
(It’s very rewarding to hear them say, ‘Thank you,’ especially when they say they recovered quickly because of you.- NR4)

“Ang kalipay namo kay makita nga ma-ulian ang mga patients. Mao na gyod na. Kung mag-thank you sila, mu-ingon, ‘Thank you kaayo!’ Lingaw gyod ug fulfilling.” (NR3)

(Our joy comes from seeing the patients recover. That's really it. When they thank us and say, 'Thank you so much!' it's truly fulfilling. – NR3)

“The moment you discharge your patient, seeing their smiles and hearing them thank me as I remove their IV makes all the exhaustion and sleepless nights worth it.” (NR6)

Simple expressions of gratitude, such as a heartfelt “thank you,” provide affirmations that validate the nurses’ hard work and enhance their sense of accomplishment. These positive acknowledgments alleviate anxieties and reinforce their dedication to patient care. Even though the nurses acknowledged their limitations in specialized training, the emotional rewards of caregiving profoundly enhanced their work experience. This aligns with findings by Aparicio et al. (2019) and Day (2020), which suggested that gratitude from patients serves as both a reward for nurses’ efforts and a reflection of the successful delivery of care. Similarly, Lepisto and Pratt (2017) noted that these affirmations encourage nurses to persevere in their roles and find joy in their work despite the challenges.

The expressions of gratitude from patients imbue the nurses’ work with meaning, creating a sense of fulfillment and providing a reason to continue their commitment to compassionate care.

Emergent Theme 3: Caring with Confidence

This theme highlights the competence, knowledge, and self-assurance that non-specialized nurse practitioners develop over time through experience, enabling them to provide skilled and effective care to breast cancer patients.

Sub-theme 1: Experience-Driven Care

Repeated exposure to patient care fosters confidence in non-specialized nurse practitioners. Through experience, they refine their skills, better anticipate patient needs, and efficiently manage complex tasks.

“As you go along, ma-remember gyod nimo unsaon pag-care. Mag-prioritize ko sa pinakalisod, kay mas sayon na ang uban after. Kung makita nako ang case, kabalo nako unsa buhaton.” (NR1)

(“As you go along, you remember how to care. I prioritize the hardest task because everything else becomes easier after. When I see the case, I already know what to do.”)

“Pagdaghan nakag cases, kabalo naka unsa buhaton. The more cases you handle, the more confident ka nga mo-atiman.” (NR2)

(“The more cases you handle, the more you know what to do, and the more confident you become.”)

“Mag-prioritize sa duties, unya ma-meet ang needs sa patient. Kada patient, mag- look forward gyod ko nga makatuon og bag-o.” (NR7)

(“I prioritize duties to meet patient needs. With every patient, I look forward to learning something new.”)

The nurses expressed how experience and prioritization helped them manage patient care with growing ease and confidence. As they encountered more cases, they developed the ability to assess, prioritize, and tailor interventions effectively. This cycle of learning empowers non-specialized nurse practitioners to provide more responsive and skilled care, as they quickly adapt to the varied needs of breast cancer patients. Research by Lubasch et al. (2021) supports this finding, highlighting that experiential learning enhances nurses' personal and professional growth while improving patient outcomes. Caring for breast cancer patients becomes a continuous learning process, enabling non-specialized nurses to gain the confidence and precision required to address each patient's unique needs effectively.

Sub-theme 2: Knowledge Evolution

Non-specialized nurse practitioners view nursing as a dynamic profession, characterized by continuous learning and improvement. Regardless of their years of experience, they embrace every patient encounter as an opportunity to expand their knowledge and refine their skills. They understand that mastery is a process of ongoing development rather than the achievement of a fixed endpoint.

“Excited ko makatuon kay dili ko specialized ani nga area. Sa next patient, mas better na akong pag-care.” (NR1)

(“I’m excited to learn because I’m not specialized in this area. With the next patient, I can provide better care.”)

“Bisan pa mag three years na ko, dili gihapon perfect. Kada patient nga ma-handle nako, mag-look forward ko nga naay bag-o nga ma-learn.” (NR4)

(“Even though I’m nearing three years, I’m still not perfect. With every patient I handle, I look forward to learning something new.”)

“Breast cancer cases taught me skills, knowledge, and attitude. It’s a great learning experience.” (NR6)

“Ginahatag nako akong tanan kay walay room for error. Lisod pero makatabang sa akong growth.” (NR7)

(“I give my all because there’s no room for error. It’s challenging but helps me grow.”)

Non-specialized nurse practitioners emphasized that nursing is a continuous journey of learning and improvement, where every patient interaction becomes an opportunity to grow. They highlighted how experience plays a crucial role in boosting their confidence and refining their skills. Despite their lack of specialization, they expressed excitement about learning along the way, which enables them to provide better care with each case. Each patient interaction also serves as a valuable opportunity to enhance clinical judgment and self-esteem, reflecting the dynamic nature of their profession. This aligns with findings from Mlambo et al. (2021), who identified practical experience as critical for skill enhancement in nursing. Similarly, Duchscher (2009) and Meleis (2010) stressed the importance of real-life experiences in shaping clinical expertise and reinforcing the need for continuous professional development. For these nurses, experiential learning is the cornerstone of effective nursing practice, enabling them to adapt and excel over

time while ensuring better care for their patients.

The findings across all three emergent themes—Caring with Caution, Caring with Grit, and Caring with Confidence—highlight the dynamic and evolving nature of nursing practice among non-specialized nurse practitioners caring for breast cancer patients. These practitioners navigate significant challenges due to a lack of specialized training (Caring with Caution), yet they exhibit remarkable resilience and determination to overcome these gaps through self-directed learning and perseverance (Caring with Grit). Over time, repeated exposure to patient care builds their confidence, allowing them to refine their skills and provide more effective care (Caring with Confidence).

Together, these findings demonstrate that nursing is a process of continuous growth, shaped by the interplay between challenges, resilience, and experiential learning. The journey from hesitation to confidence underscores the importance of fostering an environment that supports nurses through mentorship, hands-on training, and accessible resources. These interventions can help accelerate the transition from uncertainty to expertise, ensuring that non-specialized nurses are better equipped to manage complex cases like breast cancer care.

This trajectory of development also emphasizes the need for healthcare institutions to prioritize experiential learning and create opportunities for professional growth. By addressing the gaps in training and providing structured support, institutions can not only improve patient outcomes but also enhance the personal and professional satisfaction of nurses, reinforcing their commitment to compassionate care. These findings have broad implications for improving nursing practices, particularly in resource-limited settings, where the demand for skilled, adaptable healthcare providers continues to grow.

Conclusion

This study sheds light on the lived experiences of non-specialized nurse practitioners in caring for breast cancer patients, revealing a journey marked by challenges, resilience, and growth. Their transformation—from initial hesitation and uncertainty to confidence and competence—illustrates the profound impact of experiential learning in bridging gaps in knowledge and skills. Beyond highlighting their individual struggles and achievements, this research underscores the broader significance of investing in mentorship, experiential learning, and continuous professional development within healthcare systems. The findings underscore the critical role of adaptive, resilient healthcare providers in addressing the complexities of patient care, especially in resource-limited settings. By understanding and supporting the experiences of non-specialized nurses, we can improve both the quality of care provided to patients and the well-being of the practitioners themselves, fostering a more responsive and capable healthcare workforce that benefits society at large.

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