

The Experience of Filipino American Patients With Cancer

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Purpose/Objectives: To explore the experience of Filipino patients with cancer.

Research Approach: Hermeneutic phenomenologic inquiry using focus groups.

Setting: A comprehensive cancer center in the southeastern United States.

Participants: 18 female and 5 male Filipino patients aged 34–78 years who had received cancer treatment.

Methodologic Approach: Seven focus groups, each lasting two hours, were conducted; each participant attended one focus group. Discussions were audiotaped, transcribed verbatim, and analyzed using phenomenologic analysis techniques.

Findings: Three main themes emerged: support of the family, perception of symptoms, and communication preferences.

Conclusions: Important cultural needs of Filipino patients with cancer as well as strategies to provide more culturally competent care were identified.

Interpretation: Nursing strategies important to the Filipino patients with cancer were including family when planning and delivering care, assessing symptoms with open-ended questions, frequently asking patients how they are doing, using gentle nondirect communication, and smiling. Culturally specific information should be included in nursing education. More research needs to be done with Filipino patients with cancer.

Key Points . . .

- ▶ Healthcare experience, symptom expression, and communication can be influenced by culture. Understanding culturally appropriate care can assist nurses in assessing and implementing care that meets patients' needs.
- ▶ Filipino patients in this study preferred indirect communication, liked to be asked how they were feeling, and preferred that their families be included in planning and delivering their care.
- ▶ With information about the experience of Filipino patients with cancer in the United States, nurses are better able to provide appropriate care, educators are better able to teach students about working with this population, and researchers can conduct further research.

and women), thyroid (women), and the nasopharynx (men) (Ishida, 2001). As a result, the present study was conducted to describe the experience of Filipino patients with cancer and provide information to assist nurses in delivering culturally appropriate care to this understudied population.

In 2003, Asian American and Pacific Islanders represented 25% of the non-native U.S. population (Larsen, 2004), with Filipinos constituting the second-largest portion of that group (Gong, Gage, & Tacata, 2003). In 2000, more than 1.8 million Filipinos were living in the United States (U.S. Census Bureau, 2000). Nevertheless, Filipinos have expressed that they feel like the “hidden majority” and that their culture is not widely represented in the United States (Roley, 2001). For example, Filipinos rarely are represented in the media and Filipino food has not been integrated into society in the same way as Chinese and Thai food.

Scant research has addressed the health status of Filipinos in the United States (Dela Cruz, McBride, Compas, Calixto, & Van Derveer, 2002), and no research has described Filipino patients' experience with cancer. The highest incidence of cancer in Filipino women by site is breast (73%), colorectal (21%), and lung (18%). In men, the highest cancer incidence by site is prostate (70%), lung (53%), and colorectal (35%). Mortality rates are higher in Filipinos than in Caucasians for cancers of the liver, intrahepatic bile duct, stomach (men

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“Culture” has been defined as the various ways of living and thinking that evolve and are shared by a particular group of people (Leininger & McFarland, 2002; Taylor, 2001). Several conceptual frameworks address cultural sensitivity, including work by Campinha-Bacote (2002), Leininger (1997), and Spector (2004). According to Leininger (1997), care is the essence of nursing. Campinha-Bacote defined cultural competence as “the process in which the healthcare provider continuously strives to achieve the ability to effectively work within the cultural context of a client (individual, family, or community)” (p. 181). In that model, cultural competence is described as a process in which nurses engage that has five constructs: cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire.

Studies have been conducted with Filipinos to describe culture (Leininger, 2002), cross-cultural relationships between nurses and Canadian Filipino patients (Pasco, Morse, & Olson, 2004), and Filipino women’s attitudes toward breast screening (Wu & Bancroft, 2006). Culture may influence perceptions, experiences, and health outcomes. No studies have been conducted with Filipino Americans with cancer; therefore, the current study conducted focus groups with Filipino patients to explore their experiences with cancer and its treatment.

Methods

Research Design

Hermeneutic phenomenologic research techniques (Cohen, Kahn, & Steeves, 2000) were selected for use in the current study because they are designed to explore meaning, which allows understanding of the meaning of cancer and its treatment. Interviews were conducted in focus groups for several reasons. This project was part of a research fellowship and involved novice researchers working with a mentor. Group interviews allowed the mentor to guide the interviews while providing the novice researchers with some experience with data collection as the group worked together to facilitate the discussion. In addition, members of the Filipino culture are most open to group interactions (Maxwell, Bastani, Vida, & Warda, 2005). Finally, although group interviews are not typical in phenomenologic research, precedent exists for the effectiveness of that approach, particularly in the work of Beck et al. (2003, 2005). Other studies also have used phenomenologic approaches with focus groups (e.g., Frazier, Calvin, Mudd, and Cohen [2006]; Phillips, Cohen, and Moses [1999]).

Participants

Patients were eligible for the study if they were Filipino, were older than 18 years, and had been treated for cancer. Purposive and snowball sampling was used, starting with the Filipino investigators’ network of contacts and continuing to add participants from referrals from previous participants. The pool of participants started with patients treated at one cancer center, but recruitment led to the inclusion of individuals treated at other local facilities.

Procedures

The study was approved by the institutional review board of a major comprehensive cancer center and its affiliated university. All participating patients signed an informed consent. Patients were recruited from the comprehensive cancer center and the

community. Seven focus groups were conducted at the cancer center, each lasting approximately two hours, with three to five participants. Groups continued until data collection achieved saturation. Food was provided from a local Filipino restaurant to evoke an informal atmosphere conducive to conversation.

The focus groups were facilitated by the research team, which was composed of three Caucasians, two Filipina nurses, and a nurse researcher mentor. At least four members of the team were present at each group. All groups were conducted in English and were audio-recorded for verbatim transcription. Participants were asked to describe their experiences with cancer and its treatment, as well as anything that affected their lives as a result. Interview probes included, “How was that experience for you?” and “Do you think that being Filipino affected you in any way?” When a participant mentioned a concept such as family or symptoms, the focus group facilitator probed by saying, “Tell us more about that,” and later asking the group, “Does anyone have anything else they would like to share about that?” At appropriate times in the focus group, participants were asked, “What do you think nurses need to know to be able to take care of you?”

Data Analysis

Analysis included reading the transcripts, underlining phrases in the text that expressed important ideas, labeling those ideas

Table 1. Sociodemographic and Clinical Characteristics

Characteristic	\bar{X}	Range
Age (years)	54.3	34–78
Education (years)	15.3	7–17
Years in the United States	22.9	6–40
Characteristic	n	%
Gender		
Female	18	78
Male	5	22
Marital status		
Married	17	74
Single	3	13
Widowed	2	8
Divorced	1	4
Preferred language		
Filipino	9	39
English	8	34
Both languages	6	26
Cancer diagnosis		
Breast	14	60
Colon	3	13
Leukemia	3	13
Lung	1	4
Thyroid	1	4
Sarcoma	1	4
Cancer treatment^a		
Surgery	17	74
Chemotherapy	16	70
Radiation	8	24
Bone marrow transplantation	2	9

N = 23

^aPatients could receive more than one cancer treatment.

Note. Because of rounding, percentages may not total 100.

in the margin of the text, and grouping and comparing similar passages across individuals and groups. Members of the research team performed the analysis independently and discussed the results until agreement was reached using the methods described by Cohen et al. (2000). Three Filipino Americans verified analysis to ensure trustworthiness and credibility.

Results

Sociodemographic Characteristics

Most of the 23 participants were married women (see Table 1). The mean age was 54.3 years, and the mean length of education was 15.3 years. All of the participants had emigrated from the Philippines; the mean length of time in the United States was 22.9 years. Although all of the participants were fluent in English, language acculturation varied: 39% preferred the Filipino language, 34% preferred English, and 26% had no preference. Half of the participants were healthcare professionals, with nine employed as RNs. The most common cancer diagnoses among the participants were breast cancer, colon cancer, and leukemia. Most participants had undergone surgery or chemotherapy.

Focus Group Themes

Data analysis revealed three major themes: support of the family, perception of symptoms, and communication preferences (see Figure 1).

Support of the family: The theme of family was discussed in all seven focus groups and was referred to in four main categories: close-knit family, support of the family is a major thing, family fulfills the need for sympathy, and family interconnectedness.

Close-knit family: Participants described themselves as being in close-knit families, which they saw as being an integral part of Filipino culture. The family included immediate family, extended family, and even all members of the Filipino culture. One person said, "We are a very cohesive and close-knit people. . . . Relationships in the Philippines extends up to the nth degree. That's how it is. We're very cohesive and close." Another said, "I think in every culture you tend to always become close to your own kind . . . more close and more safe with your own."

Support of the family is a major thing: The support of the family was essential to the well-being of the participants, and some described it as being what sustained them.

Having a supporting family to back you up is a major thing when you have cancer, because if they are not backing you up . . . you will be depressed, you will think all sorts of things. But when your family is behind you, that's a major thing . . . you will fight back.

Speaking of her family, another participant said, "Their support has given me the push to live." The family shows support by being physically present. One participant explained, "With our culture . . . if one is sick in the family, the whole family tends to hover around and they'll do everything for you because they think they are trying to help you." She then described what might happen in the Philippines if someone was injured: "The whole town comes with the one patient because they want to feel like they are doing something for the patient." Families also show support by providing financial

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- Support of the family
 - Close-knit family
 - Support of the family is a major thing.
 - Family fulfills the need for sympathy.
 - Family interconnectedness
 - Perception of symptoms
 - Pain
 - Fatigue
 - Depression
 - Communication preferences
 - Soothing words
 - They know how you feel.
 - Strategies for nursing communication
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Figure 1. Major Themes Identified in the Focus Groups

assistance and physical care. "My parents were the ones who were paying for all my bills. . . . They were the ones buying food for me and preparing it for me."

Family fulfills the need for sympathy: Sympathy was important and felt most from family and other Filipinos. One participant wanted to talk to a priest before he had surgery. When he arrived for the appointment, the Filipino priest was unavailable, so the patient met with an Anglo American priest instead. The interaction with the Anglo American priest was "very honest and very direct and to the point," but the participant "was upset at the time because that is not what I wanted to hear. But looking back, he was just telling the truth . . . but I was looking for sympathy."

Family interconnectedness: The participants believed that their cancer affected the whole family. Describing her experience after chemotherapy, one woman said that she had

No enthusiasm, nothing. Like you wasted a day. Just lying down, and no contribution to the family. You just lay down there, because we usually talk and we play . . . but when you are weak, you cannot. The family also is so quiet. When you don't feel good, everybody don't feel good. They are quiet because I really don't want them to make a noise. They feel weak also.

Participants felt a strong sense of responsibility to their families in the midst of experiencing cancer and its treatment.

I feel bad when, after a day's work, my husband comes home and no food. . . . So I still have to do that, but while I am doing it, I told them, "You know every little thing now is hard for me. So I hope you don't expect too much," but I still do it.

Perception of symptoms: The main symptoms that participants discussed were pain, fatigue, and depression. Participants frequently said that they came from a country where life is very difficult and related that to the development of hardiness. They said that they "are tough. . . . We pretend to be okay." Participants also indicated that they used medication infrequently: "We don't like to take medicines . . . because medicine [in the Philippines] is so expensive" and "We're not used to taking medication."

Pain: Participants described their ability to tolerate pain and reluctance to take pain medication. "Filipinos are really strong when it comes to pain or whatever problems"; "We try to bear the pain as long as we [can] and try not to take any pain medicine for it"; and "Filipinos . . . don't use . . . pain . . . medicine."

Another person said, "A lot of times we do hide our feelings too. . . . We pretend to be okay."

Fatigue: Participants often said that they had no fatigue or that fatigue was normal: "Most people can stand fatigue, because it is normal. It's normal for us." However, fatigue behaviors were described. In describing the needs of her family, one woman said,

But eventually, when you are really, really tired and not feeling good anymore, you don't care anymore. . . . You know that you don't feel good anymore when you don't care if the house is messy, when you don't care if they don't have anything to eat. That's when you know that you are really tired.

Depression: Depression was described as not easily accepted or identified in the Filipino culture. According to one focus group member, "In the Philippines, nobody gets depressed." Another noted that "depression is not in our language," whereas another said, "I believe we can handle depression better, because we came from a country where . . . life is very difficult." Another added, "When they ask a Filipino woman if she's depressed, they look at you like you're crazy. Like, 'What are you talking about?'" Some thought that Americans were too quick to label people as depressed and did not allow for normal grief or sadness.

When you cry over here . . . they always say, "Oh my God, she's depressed." In the Philippines, you can cry any time you want to. I mean, there's nothing wrong because you cry but here . . . they give you a title right away. "Oh my God, she's so depressed, she's crying."

Communication preferences: Three important aspects of communication were described: soothing words, they know how you feel, and strategies for nursing communication.

Soothing words: Filipino participants described their preference for a softer, more indirect way of communicating than is common among Caucasian Americans. They described themselves as sensitive: "Filipinos are always looking for . . . soothing words like, 'you'll be fine, you'll be all right. . . . They don't want to hear the negative.'" Another participant said, "If you are Filipino, you are very cautious in what you say . . . because we are very sensitive people." Participants described being uncomfortable with asking for what they needed, especially when they had to be persistent and ask more than once. One person described calling for help in the hospital: "They will tell you . . . 'Here's your call light. Call if you need us.' Then if you call, nobody shows up. The second time [you call], it look[s] like you're begging." The same idea was expressed in an example of one participant's brother.

My brother, when he was really, really in pain and I told my dad, "Go and ask the nurse to give him something," [my dad said,] "No, it's embarrassing to ask." I said, "Dad, he's in pain. He needs the pain reliever right now" because he was supposed to get the medication every three hours. It's already five hours. They haven't injected the pain reliever yet. I said, "Dad, it's really past the time he has to get it." So I went out and asked the nurse.

They know how you feel: Participants described feeling more comfortable with Filipino nurses because they felt "at home" and had a different level of confidence when Filipino

nurses delivered their care. Patients also admitted that they felt shy and wanted family members or Filipino nurses to deliver personal care. "When I was so weak, I ask[ed] my mom . . . 'Could you please give me a bath?' I don't want anyone to see me, you know. We are private with our privates." Another participant said, "It helps . . . if the nurse is a Filipino. You feel more comfortable, talking, speaking, and asking a favor." Yet another said, "I waited for my family to come and help me to the bathroom. It's a kind of culture thing. Maybe [I] feel intimidated." One person said he was lucky when he had surgery because he had Filipino nurses. He also said, "If I need something, I will wait for the Filipina, rather than ask the other nurse. . . . I can talk to her any time I want in our dialect." The group discussed what was important about speaking in the same dialect. "They know how you feel. . . . You cannot describe it in English, you know, the way we want it to be." When speaking of Filipino nurses, two other participants said, "There is some kind of stronger bond there" and "You can sort of confide things."

Strategies for nursing communication: When describing communication, participants discussed strategies that could improve the effectiveness of nursing care for Filipino patients with cancer. The study participants said they needed time to open up and found that doing so was easier when they were asked how they were feeling. The patients recommended that nurses ask, "Do you need anything? Anything I can help you with?" One participant noted, "They tell you [that] you are Americanized when you start complaining."

Participants preferred indirect communication. The participants wanted sympathy and encouragement: "Being . . . passionate [sic] to your patient will encourage your patient to move on. Like encourage them. . . . If you have a really ill patient, say 'Hi, I'm here with you.'" Unlike many Americans who may be very forthcoming with their needs, Filipino patients described themselves as being shy. Another participant said, "Sometimes it helps just to ask, 'How are you doing?'"

Discussion

Culturally competent nursing care starts with recognizing how health behavior and communication are influenced by culture (Brant et al., 1999). Sensitivity and knowledge are aspects of cultural competence (Cohen & Palos, 2001). Cultural competence can help nurses assist patients and their families in achieving better outcomes. Leininger (1997) theorized that culturally congruent care (i.e., individualized care that supports health and well-being) can occur only when individual, group, family, or community patterns are known and used in meaningful ways. The delivery of culturally congruent care depends on nurses' level of cultural competence.

Although cancer-related symptom management has not been studied in Filipino Americans, several studies have found healthcare disparities among minority groups related to pain management. Pain intensity in minority groups is underestimated by physicians (Anderson et al., 2004), and minority groups frequently receive inadequate pain management (Cleeland, Gonin, Baez, Loehrer, & Pandya, 1997; Todd, Samaroo, & Hoffman, 1993). In her studies of Filipinos dwelling in American communities, Leininger (2002) found that caring behavior included maintaining smooth and harmonious relationships, showing respect for others, giving help freely without hesitation, and preserving

the self-esteem of others. Those findings support the need of the Filipino American patients in the present study for gentle and compassionate communication and for receiving help the first time it is requested.

In an ethnographic study of cross-cultural relationships between nurses and Filipino Canadian patients, Pasco et al. (2004) found that the family was the basic unit of social support and that the family-centered social structure determined who was *hindi ibang tao* (one of us) and who was *ibang tao* (not one of us). To become *hindi ibang tao*, the nurse caring for a patient with cancer would have to identify a common identity and experience with the patient (e.g., being an immigrant, having a similar illness experience, having a similar family role such as mother). Other strategies that can facilitate a nurse's being considered *hindi ibang tao* are spending time with the patient, communicating care issues through family members, and responding reliably and promptly to requests for help. If a nurse is slow to respond to a patient's call for help or shows signs of being *supla* (conceited) or *bastos* (rude), then the patient learns not to trust and communication is closed (Pasco et al.). The results of the Pasco et al. study complement the information from the current study, in which participants reported preferring care given by Filipino nurses, family members, or Filipino friends and reported being shy and uncomfortable in persisting about their needs.

Nursing Implications

Practice

Family presence: Family is integral to the coping and well-being of Filipino patients. If family members do not provide care for a patient, they may feel guilty and patients may feel that they have lost the love and respect of the family (Nishimoto & Foley, 2001). In the present study, participants noted that family, including extended family, was a major source of support and hope. Filipinos made decisions in the context of family and thought about how the entire family would be affected. When planning health care, family members identified by patients as part of their "team" should be included. Nurses can encourage family presence by asking patients which family members should receive information and, whenever possible, including those people in family conferences.

Symptom management: Participants in the present study reported that they were tough and could tolerate pain and that fatigue and depression are not readily identified in their culture. That lack of identification of cancer-related symptoms and an indirect communication style could lead to underreporting of symptoms. Participants stated that nurses should frequently ask patients how they are doing and offer symptom management interventions as needed because Filipino patients may not readily ask for what they need. During symptom assessment, questions about function and behaviors should be asked. Filipinos are likely to answer "no" when asked a direct question such as, "Do you have pain?" Fatigue is not a word that Filipinos easily identified with, so fatigue should be assessed with questions about function such as, "Are you able to do your normal activities?" Depression also is not easily identified among Filipinos, so physical manifestations of depression, such as sleep disturbance and appetite changes, should be assessed.

Friendly and compassionate communication: The current study's participants reported that they preferred friendly and compassionate nurses. Nurses can convey compassion

to Filipino patients by smiling, speaking gently, and giving small pieces of information framed as positively as possible. Nurses should actively listen, ask questions more than once, offer caring and reassurance, and specifically give patients permission to ask for what they need. In addition, nurses should remind patients that if they do not get symptom relief, they should ask again. Finally, nurses should describe what patients can expect during a hospital stay or clinic visit, encourage them to ask questions about processes or procedures, reinforce information along the way, and remain open to questions. Although those strategies are basic nursing skills and may be useful for all patients, they are especially important in this population, whose members are less likely to use direct communication.

The importance of providing culturally appropriate care to Filipino patients was clear in this study. Culturally appropriate care may improve outcomes in symptom management and patient satisfaction. This research and that of Pasco et al. (2004) illustrate that Filipino patients prefer indirect communication and signs of caring, such as eye contact, compassionate touch, and smiling. Trust is very important, and non-Filipino nurses must pursue ways to identify with patients. Filipino patients dwell within the context of family and extended family, and healthcare decisions are made within that context. Care planning must include the entire family and ways to respect the communication styles of Filipino patients.

Challenges in symptom assessment and management with culturally diverse populations must be recognized. Certified medical translators may be needed because even patients fluent in English can have difficulty describing healthcare experiences in English. When assessing pain and fatigue, nurses should continue to ask open-ended questions about symptoms and functional ability even when Filipino patients say they do not have any symptoms.

Education

Nurses come to patients with a set of cultural definitions and experiences that are influenced by their own cultural backgrounds and experiences and the healthcare providers' culture into which the nurses are educated (Spector, 2004). Nursing education in universities, hospital-based education programs, professional organizations, and certification bodies must include didactic and experiential opportunities to support cultural competence. Nurses at all levels and in every setting need ways to discuss and receive feedback on their cultural experiences and thoughts. Reflective practice groups that allow nurses to discuss their experiences and receive feedback can support that process (Freshwater, 2002). A network of culturally competent nurse mentors also can provide guidance and support.

Research

Research with minority groups is challenging; recruitment tends to be slow because minority groups are recruited more easily from the communities in which they live rather than from large medical centers where research is more likely to be conducted (Fouad et al., 2004). The current study was facilitated by two members who were Filipina and by many Filipino nurse colleagues who helped recruit their friends and family. The results point out several avenues for additional study. More research needs to be conducted with Filipino patients living in the United States to further identify cultural influences on the experience and reporting

of cancer-related symptoms. Ways to adjust nurses' communication to encourage patient acceptance could be explored, and the effect of cultural competency education for nurses could be measured using patient satisfaction outcomes. Research on Filipino family caregivers and relationships with patients will shed more light on the importance of family in this culture.

Study Limitations

Patients were recruited from a large urban medical center, and half of the participants were healthcare professionals. The group was predominately female and moderately well acculturated. Those factors may limit the applicability of the study results to other groups of Filipino patients with cancer in the United States.

Conclusion

Leininger (1997) noted the value of maintaining a role as an active listener, learner, and reflector. Nurses' professional

ideas about health and patient care should be secondary to those of their patients. This perspective will advance nurses in the process of becoming culturally competent. Viewing the world through the eyes of another is challenging, especially when the other's view is very different. This study's research provided an opportunity to be present in focus groups with Filipino American patients with cancer. Listening to their experiences provided a glimpse of their culture and strategies, which can lead to more culturally competent care.

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