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Exploring the Lived Experiences of Cancer Patients: Emotional Burden, Meaning-Making, and Adaptation in Nursing Care

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ABSTRACT

Nursing research increasingly recognizes that health-related phenomena involve not only clinical conditions but also complex subjective experiences shaped by emotional, relational, and contextual dimensions. Within this field, understanding how individuals interpret and live through such experiences has become essential for advancing patient-centered care and meaningful nursing practice. However, existing approaches often rely on practical and quantitative frameworks that fail to capture the depth of lived experience, raising the question of how the essence of these experiences can be more comprehensively understood. This study aimed to explore the lived experiences of [specific phenomenon under investigation] among [participant group, e.g., patients with chronic kidney disease, family caregivers, nursing students, etc.] in [study setting/location, e.g., a tertiary hospital in Indonesia] Here, a phenomenological approach is employed to explore and reveal the essential meanings embedded in participants' lived experiences, providing a deeper and more holistic understa nding of the phenomenon. Data were collected through in-depth semi-structured interviews with purposively selected participants who had direct experience of the phenomenon. The data were analyzed using a systematic phenomenological thematic process, allowing identification of core meaning structures across narratives. The findings demonstrate that the phenomenon was experienced as a multidimensional process involving emotional burden, uncertainty, relational dynamics, adaptive effort, and reconstruction of self-understanding. These themes reveal that participants actively engaged in meaning-making processes shaped by personal and social contexts. The study contributes to a more human-centered understanding of nursing phenomena and highlights the importance of integrating subjective experience into care practices and future research development.

INTRODUCTION

Health-related experiences in nursing contexts are not limited to physiological conditions or clinical interventions; they also involve emotional, psychological, social, cultural, and existential dimensions (Bulusan, 2025). In contemporary nursing research, this recognition has shifted attention from disease-centered perspectives toward patient-centered and experience-based understandings of health and care. Such experiences are shaped by personal meaning, relational interactions, cultural values, and contextual realities, making them difficult to understand through biomedical or outcome-based indicators alone.

Although previous studies have examined patients', caregivers', and healthcare professionals' experiences in various nursing contexts, much of the existing literature remains focused on measurable outcomes, clinical factors, or broad thematic descriptions (Mukhlis, Suradi, et al., 2023; Mukhlis, 2025b). Quantitative and mixed-method studies have contributed valuable evidence regarding patterns, associations, and care outcomes, but they often provide limited insight into how individuals interpret, internalize, and give meaning to their experiences (Ellicott et al., 2025) . Similarly, some qualitative studies describe categories of experience without sufficiently exploring the deeper structures of meaning that shape those experiences.

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This limitation indicates a specific research gap: existing studies have not adequately captured the essence of lived experience in health-related nursing phenomena, particularly the way participants construct meaning within their personal, relational, and cultural contexts(Nasr et al., 2025; Nishime et al., 2025). As a result, current understanding remains fragmented and tends to emphasize external manifestations of experience rather than the subjective meanings that underlie them (Mukhlis, Arifin, Ridwan, & Zulbaidah, 2025; Mukhlis, Arifin, Ridwan, Zulbaidah, et al., 2025). Addressing this gap is important because nursing practice requires not only clinical knowledge but also a deeper understanding of how individuals experience illness, care, adaptation, vulnerability, and support in real-life contexts.

To respond to this gap, the present study adopts a phenomenological approach. Phenomenology is appropriate because it enables in-depth exploration of lived experience and focuses on the meanings individuals ascribe to their realities (Maggio et al., 2024; Yıldız Çelik & Uğur, 2025). Through close engagement with participants' narratives, this approach allows the study to move beyond surface-level description and uncover the essential meanings embedded in participants' accounts. Therefore, this study aims to explore the lived experiences of participants in relation to the phenomenon under investigation and to generate a richer, more holistic understanding of its meaning within nursing contexts.

This article is structured as follows. The introduction presents the background, research gap, and rationale for using a phenomenological approach (Li et al., 2024; Yang & Lee, 2025) . The method section describes the study design, participants, data collection, and data analysis procedures. The results section presents the main themes derived from participants' lived experiences, supported by narrative excerpts (Mukhlis et al., 2024; Mukhlis, Maryam, et al., 2023). The discussion interprets the findings in relation to existing literature and theoretical perspectives, while the conclusion highlights the study's key contributions and implications for nursing research and practice.

RESEARCH METHODS

Study Design

A phenomenological design was employed to explore the lived experiences of participants in relation to the phenomenon under investigation. This approach was considered appropriate because the study sought to understand how individuals perceived, interpreted, and assigned meaning to their experiences rather than to measure frequency, association, or causal effects. Phenomenology is particularly suitable for inquiries centered on subjective experience, as it facilitates close engagement with participants' narratives and allows the essential meaning structure of a phenomenon to be uncovered through rich description.

A descriptive phenomenological orientation was adopted to focus on the participants' direct accounts of their experiences as they were lived and perceived. This approach emphasizes careful description of the essence of experience while limiting premature theoretical interpretation. Such a design was relevant to the present study because the research question was directed toward understanding how the phenomenon was experienced, what meanings were attached to it, and how those meanings were shaped in the participants' everyday contexts (Lutz & Knox, 2014; McNabb, 2015). By privileging first-person perspectives, the design enabled a nuanced examination of emotional, relational, practical, and contextual dimensions embedded in the phenomenon. The study was reported with attention to key qualitative research standards, including transparency of recruitment, ethical safeguards, adequacy of the sample, data saturation, validation of interview data, and researcher reflexivity.

Participants

Participants consisted of individuals who had directly experienced the phenomenon under study and were able to articulate their experiences in depth. Selection was conducted using purposive sampling to ensure that the participants possessed firsthand experiential knowledge relevant to the research question. This strategy was chosen because phenomenological inquiry requires information-

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rich participants who can provide detailed descriptions of the meanings and structures of lived experience.

Inclusion criteria were defined as follows: participants had experienced the focal phenomenon within the designated study context, were adults aged 18 years or older, were able to communicate their experiences clearly, and were willing to participate in an in-depth interview. Depending on the topic, additional inclusion criteria may include specific clinical status, caregiving role, treatment history, professional background, or duration of exposure to the phenomenon. Exclusion criteria included inability to provide informed consent, severe communication barriers, cognitive conditions that limited the ability to participate meaningfully in an interview, or acute physical or emotional distress at the time of data collection.

The final number of participants was determined by information richness and thematic sufficiency rather than statistical representativeness. In phenomenological research, sample size is typically guided by depth, relevance, and adequacy of experiential accounts (Hillman & Radel, 2018; Migdal, 2018). Relevant demographic and contextual characteristics, such as age, sex, educational background, clinical status, professional role, or duration of experience, were documented to strengthen contextual understanding of the findings and to support interpretation of the phenomenon within its social and experiential setting.

Data Collection

Data were collected through semi-structured, in-depth interviews designed to elicit detailed descriptions of participants' lived experiences. An interview guide was used to maintain focus on the phenomenon while allowing flexibility for participants to elaborate on issues they considered meaningful. Open-ended questions were constructed to invite reflection on experience, perception, response, and meaning. Typical prompts included questions such as: "Can you describe your experience when you first encountered this situation?", "What meaning did this experience have for you?", and "How did this experience affect the way you saw yourself or your circumstances?" Follow-up prompts were used to clarify meanings, deepen descriptions, and explore emotionally or contextually significant moments.

Interviews were conducted individually in a setting that supported privacy, comfort, and minimal interruption. Depending on feasibility and participant preference, interviews were conducted face-to-face or through a secure online platform (Daly, 2007; Longhofer et al., 2012). Each interview lasted approximately 45 to 90 minutes, with duration varying according to the depth and complexity of each participant's account. Field notes were recorded during and immediately after interviews to capture contextual impressions, emotional expressions, pauses, and nonverbal cues that contributed to a richer understanding of the data.

All interviews were audio-recorded with participant permission and were transcribed verbatim to preserve meaning and linguistic nuance. Where interviews were conducted in a language other than English, transcription was completed in the original language before translation into academic English for reporting purposes. To support the credibility of the data, participants were encouraged to speak freely, ample time was provided for reflection, and interviews were conducted in a respectful and nonjudgmental manner. This procedure helped create an environment in which personal meanings and sensitive experiences could be expressed more openly.

Data Analysis

Data were analyzed using a phenomenological thematic procedure aimed at identifying the essential meanings embedded in participants' accounts. Analysis began with repeated reading of the verbatim transcripts to obtain a holistic sense of each participant's narrative. This stage allowed immersion in the data and supported familiarity with both explicit descriptions and underlying experiential meanings. Significant statements related to the phenomenon were then identified across transcripts, and meaning units were extracted from passages that reflected important experiential content.

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These meaning units were subsequently coded and grouped according to conceptual similarity. Through systematic comparison across interviews, recurrent patterns were clustered into preliminary categories, which were then refined into broader themes representing shared structures of experience. The developing themes were reviewed repeatedly against the original transcripts to ensure fidelity to participants' narratives and to avoid detachment from the context in which the meanings were expressed (Carreiras & Castro, 2012; Iosifides, 2016). Attention was directed not only to what participants experienced but also to how they interpreted, navigated, and emotionally responded to the phenomenon. Data analysis was conducted concurrently with data collection to monitor thematic sufficiency and determine the point of saturation. Codes and themes were compared across participants to identify both convergent and divergent meanings. An audit trail was maintained, including interview notes, coding decisions, theme development records, and reflexive memos, to enhance dependability and transparency of the analytic process.

To strengthen analytic organization, qualitative data management software such as NVivo may be used to store transcripts, track codes, and support retrieval of theme-related segments. However, the interpretive emphasis remained grounded in close reading, thematic comparison, and phenomenological reduction rather than in software-driven categorization (Fife, 2020; Kawamura, 2020). The analytic process ultimately resulted in a set of essential themes that captured the core meaning structure of the phenomenon while preserving the texture and individuality of participants' voices through illustrative quotations.

RESULTS

Living Through the Experience as an Emotional and Existential Burden

Participants described the phenomenon as more than a practical challenge; it was experienced as an emotionally heavy and existentially disruptive event. Many participants expressed feelings of fear, uncertainty, helplessness, and internal tension when encountering the situation under study. These feelings often emerged not only from the event itself but also from the anticipation of what it might mean for their future, identity, or role in life.

Several participants portrayed the experience as mentally exhausting because they had to confront circumstances that altered their sense of normality. The experience disrupted their emotional balance and required considerable psychological adjustment. For some, this burden was intensified by limited understanding, lack of preparedness, or the unpredictability of the situation.

One participant explained:

"At that time, I felt like everything had changed at once. It was not only difficult physically, but emotionally I felt lost, confused, and afraid of what would happen next." (P3)

Another participant similarly described the emotional depth of the experience:

"What made it hardest was not only the situation itself, but the feeling that I had to face it without really knowing what it meant for me." (P7)

These narratives suggest that the clinical/nursing phenomenon was experienced not merely as an episode of illness or care, but as a profound disruption to participants' emotional security, self-understanding, and sense of control . The burden was not purely situational, but deeply tied to uncertainty, vulnerability, and personal meaning.

Struggling to Make Sense of an Unfamiliar Reality

A second major theme concerned the participants' effort to interpret and make sense of what they were going through. Participants often described the experience as initially unfamiliar, confusing, or difficult to understand. This confusion was especially visible when they lacked prior knowledge, adequate explanation, or meaningful guidance from those around them.

Participants frequently moved between questioning, observing, reflecting, and gradually constructing their own understanding of the experience. This process of sense-making was not

immediate; rather, it unfolded over time as they reflected on what had happened, interacted with others, and tried to connect their experiences to their personal beliefs and life contexts.

As one participant stated:

"At first, I did not really understand what I was experiencing. I only knew that something felt different, and I kept asking myself why it was happening like this." (P2)

Another participant emphasized the gradual nature of meaning-making:

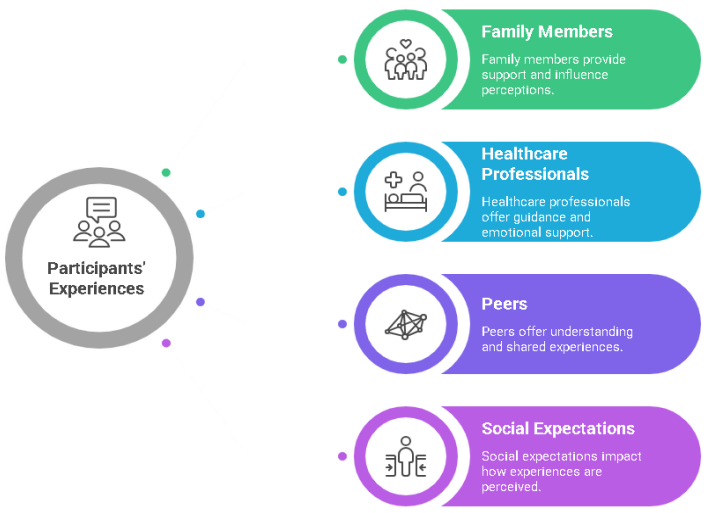
"Only after some time, and after talking to others, I began to understand that this experience was affecting not only my body or situation, but also the way I saw myself." (P5)

These narratives indicate that participants were not passive recipients of the phenomenon. Rather, they actively engaged in interpretive work, attempting to construct meaning from what initially appeared uncertain or overwhelming. The experience thus involved a process of understanding, reinterpretation, and internal negotiation.

Negotiating the Experience Through Relationships and Social Context

Participants' experiences were strongly influenced by the people and environments surrounding them. Family members, healthcare professionals, peers, and broader social expectations played important roles in shaping how the phenomenon was perceived and endured. For some participants, supportive relationships created a sense of safety, validation, and strength. For others, the absence of support or the presence of judgment intensified feelings of isolation and distress.

Unveiling the Multifaceted Influence on Experiences



Participants often described that being listened to, believed, and accompanied by others significantly altered the quality of their experience. Emotional support was not always expressed through grand gestures; often, it was the simple presence of someone who understood or stayed beside them that became meaningful. In contrast, misunderstanding, indifference, or dismissive attitudes made the experience more difficult to bear.

One participant shared:

"What helped me most was not advice, but having someone who really listened without judging me. That made me feel I was not completely alone." (P1)

Another participant described the opposite experience:

"Sometimes people were around me, but I still felt alone because they did not really understand what I was going through." (P6)

These accounts show that the phenomenon was socially mediated. Participants' lived experiences were shaped not only internally but also through relational encounters and contextual

responses. The meaning of the experience was therefore co-constructed within a social world that could either affirm or intensify personal suffering.

Developing Personal Strategies to Endure, Adapt, and Continue

Despite the emotional burden and uncertainty they encountered, participants also revealed various strategies for coping, enduring, and moving forward. These strategies included emotional self-regulation, seeking information, relying on spiritual beliefs, adjusting daily routines, accepting help from others, and cultivating inner resilience. Adaptation was not described as a linear or simple process; rather, it involved repeated efforts to regain control, restore stability, and continue functioning despite ongoing challenges.

Participants often described coping as an evolving process. Some initially responded with denial or withdrawal, but later developed more constructive ways of dealing with the experience. Others found strength through reflection, prayer, family support, or professional guidance. These adaptive efforts did not erase the difficulty of the experience, but they allowed participants to reinterpret it and continue living with greater agency.

One participant noted:

"I could not change what happened, but I started telling myself that I had to find a way to live through it step by step." (P4)

Another participant highlighted the importance of inner adjustment:

"I survived it by learning to accept that I could not control everything. Once I accepted that, I became calmer and stronger." (P8)

These narratives show that participants were not defined solely by suffering. They also demonstrated agency, endurance, and adaptive meaning-making. Their responses reflected a dynamic process of resilience shaped by both personal resources and external support.

Reconstructing Meaning and Self-Understanding After the Experience

Beyond immediate coping, participants described how the experience gradually transformed their perspectives, values, and sense of self. Many participants indicated that the phenomenon became a turning point that changed how they understood life, relationships, health, vulnerability, or their own inner strength. This transformation was not always dramatic, but it marked a meaningful shift in self-awareness and personal interpretation.

Participants frequently described that, after living through the experience, they became more reflective, more appreciative of support, or more aware of their own emotional and existential needs. In this way, the clinical/nursing phenomenon was not only endured as a health-related event; it was also integrated into a reconfigured sense of identity, vulnerability, and meaning.

One participant reflected:

"After everything I went through, I feel that I am no longer the same person. I see life differently now, and I understand myself more deeply." (P9)

Another participant expressed a similar transformation:

"It was painful, but it taught me something about my own strength that I had never recognized before." (P10)

This theme suggests that the lived experience extended beyond the original event and continued to shape participants' self-understanding. The phenomenon became embedded in a broader process of reflection, reinterpretation, and personal reconstruction.

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DISCUSSION

The findings suggest that the phenomenon under study was lived as a multidimensional experience marked by emotional burden, uncertainty, relational negotiation, adaptive effort, and gradual reconstruction of meaning. In relation to the broader question raised in the Introduction, the study shows that the phenomenon cannot be adequately understood as a purely clinical or functional event, because its essential meaning is deeply rooted in how participants experienced, interpreted, and integrated it into their lives.However, this interpretation should not be read as denying the clinical or functional dimensions of the phenomenon. Rather, it indicates that clinical and functional aspects become meaningful only when situated within participants' emotional, relational, and existential worlds.

These findings contribute to the research question by demonstrating that the participants' experiences were not limited to immediate responses to difficult circumstances, but reflected an ongoing process of meaning-making shaped by emotion, context, and interpersonal relationships. The study adds depth to current understanding by showing that the phenomenon was experienced simultaneously as disruption and transformation (Umbach & Tkalec, 2022). Participants did not simply report distress or challenge; they described a movement from confusion and vulnerability toward reflection, adaptation, and a revised sense of self. This finding is consistent with studies that emphasize growth and reinterpretation after disruptive experiences, but it also contrasts with research suggesting that prolonged uncertainty may result in persistent distress, withdrawal, or unresolved identity disruption rather than transformation. Therefore, transformation in this study should be understood as a fragile and uneven possibility, not as an inevitable outcome of suffering. This is an important contribution because it clarifies that the lived meaning of the phenomenon lies not only in the event itself, but in the participant's struggle to interpret and endure it over time. The findings therefore answer the central question of the study by revealing that the essence of the experience is processual, relational, and existential rather than merely situational. In this sense, the study contributes a more human-centered understanding of the phenomenon, one that brings forward the interior reality of participants that would remain less visible in more structured or outcome-oriented approaches.

A further contribution of these findings lies in the way they illuminate the central role of social context in shaping personal experience. The results indicate that participants' meaning-making was influenced not only by what they personally felt, but also by how they were responded to by others. Supportive relationships created emotional containment and validation, whereas misunderstanding or emotional distance intensified the sense of isolation. This finding strengthens the argument that subjective experience in nursing contexts is always embedded in a relational world. The phenomenon was therefore not experienced in isolation, but within networks of care, expectation, silence, and interpretation. Such an understanding expands the significance of the research question because it shows that the meaning of the phenomenon emerges through interaction between the self and the surrounding social environment.

The findings also contribute by showing that adaptation was not a simple indicator of recovery or adjustment, but a lived and often fragile process. Participants developed strategies to continue, cope, and regain some level of inner stability, yet these strategies emerged gradually and were closely connected to their emotional and interpretive journeys (Pratama et al., 2024). This suggests that resilience should not be understood only as an outcome or trait, but as a dynamic experiential process. The study therefore enriches the existing understanding of adaptation in nursing-related experiences by showing how endurance is constructed through reflection, acceptance, and evolving self-understanding. This contribution is especially valuable because it highlights dimensions of experience that are difficult to capture through standardized measurement but are essential for person-centered care.

These interpretations are broadly consistent with phenomenological and interpretive scholarship that views health-related experience as embodied, contextual, and meaning-laden. Previous work has emphasized that individuals do not merely undergo health-related events; they interpret them through personal history, emotional response, and social interaction (Zhou et al., 2025). The present findings align with this perspective by showing that participants experienced the phenomenon as something that reshaped their understanding of themselves and their worlds, rather than as a discrete event with a single fixed meaning (Mukhlis, Janwari, et al., 2023; Mukhlis & Abdullah, 2025). In this

regard, the findings are consistent with van Manen's view that lived experience becomes meaningful through reflection and narrative articulation, and with Finlay's argument that phenomenological inquiry is uniquely suited to uncover layered meanings that remain hidden in surface description.

The theme of emotional and existential burden also resonates with previous studies showing that health-related disruptions often affect identity, control, and future orientation, rather than only physical or practical functioning. Earlier qualitative research in nursing and health care has reported that uncertainty, fear, and loss of normality are common features of experiences involving illness, caregiving, or major life transitions. The present study extends these insights by showing that such emotional burden was not only a reaction to adverse circumstances, but part of a broader struggle to maintain coherence and self-understanding (Marimbe, 2024). However, contrary evidence in the literature suggests that some individuals respond to similar disruptions through pragmatic acceptance, emotional distancing, or normalization rather than sustained existential struggle. This difference may reflect variations in social support, prior experience, cultural background, severity of disruption, or the stage at which participants were interviewedThe findings regarding sense-making and reinterpretation also complement earlier research suggesting that individuals gradually construct meaning through reflection, dialogue, and experience over time. Studies using interpretive and phenomenological approaches have shown that people often need time, relational support, and narrative space to understand what a difficult experience means in their lives. The present study supports this view, while adding that meaning-making was neither linear nor complete. Participants often moved back and forth between confusion, insight, emotional fatigue, and acceptance. This reinforces the idea that understanding lived experience requires attention to temporal movement and internal contradiction, rather than assuming a stable or immediate process of interpretation.

The relational dimension identified in this study is similarly supported by prior literature emphasizing the importance of interpersonal recognition in health-related experience. Research has repeatedly shown that feeling heard, respected, and emotionally supported can shape how individuals interpret care, suffering, and vulnerability (Iqbal et al., 2025). The present findings confirm this position, but also sharpen it by demonstrating that the absence of meaningful understanding can deepen suffering even when others are physically present. This distinction is important because it suggests that relational support is not only about availability, but also about emotional attunement and interpretive presence. In nursing contexts, this carries practical significance because it points to the value of communication and relational sensitivity in shaping the lived quality of care.

At the same time, the study adds to previous literature on coping and adaptation by emphasizing that endurance is closely tied to self-reconstruction. Earlier studies have often discussed coping in terms of strategies, behaviors, or resources (Wuruwu et al., 2022). The present findings complement those accounts by showing that adaptation also involves a shift in self-perception and personal meaning. Participants described not only what they did to cope, but how the experience gradually altered what they believed about themselves, their strength, and their lives. This suggests that adaptation in phenomenological terms should be understood not only behaviorally, but also existentially. Such an interpretation deepens the current literature by connecting coping with the reconstruction of identity and meaning.

Overall, the discussion indicates that the findings both support and extend prior scholarship. They support existing phenomenological and nursing literature by confirming that subjective experience is emotionally complex, socially mediated, and deeply shaped by meaning. They extend this literature by showing more clearly how disruption, relationship, adaptation, and self-reconstruction operate together as part of a single experiential structure. In doing so, the study offers a more integrated understanding of the phenomenon and responds directly to the need identified in the Introduction for a deeper exploration of experience beyond practical or measurable dimensions.

The findings carry important scientific and practical implications for nursing research and nursing practice. At a scientific level, they reinforce the view that health-related phenomena should not be understood only through clinical indicators, procedural outcomes, or observable behavior. The participants' accounts show that the phenomenon is also lived as an emotional, relational, and meaning-laden experience that unfolds over time (Bhuiyan et al., 2025). This suggests that a fuller understanding

of care requires attention to the ways individuals interpret disruption, dependency, support, uncertainty, and personal change within their everyday lives. In this respect, the study contributes to a more holistic understanding of nursing knowledge by showing that lived meaning is not peripheral to care, but central to how care is experienced and responded to.

The findings also have practical implications for nursing practice because they highlight the importance of relational sensitivity, communication, and context-aware support. Participants did not describe support only in technical or instrumental terms. They repeatedly emphasized the value of being heard, understood, and emotionally accompanied. This indicates that nursing care should not be limited to task completion or symptom management, but should also include attentiveness to how patients or participants make sense of what is happening to them. Such an implication is highly relevant to patient-centered care, which increasingly recognizes that the quality of care is shaped not only by clinical effectiveness but also by the degree to which individuals feel acknowledged in their vulnerability and personal reality. From this perspective, the findings support care practices that are more dialogical, reflective, and responsive to the subjective dimension of experience.

In a broader social and cultural sense, the study suggests that experience is shaped within a network of meanings that extends beyond the individual. Participants interpreted the phenomenon through relationships, expectations, and personal histories, which indicates that lived experience cannot be detached from the surrounding context. This has particular relevance in nursing because meanings related to illness, suffering, adaptation, and support are often influenced by family structures, cultural norms, moral expectations, and local understandings of health and care. The study therefore encourages nurses, educators, and health institutions to recognize that responses to health-related phenomena may differ not because of a lack of compliance or understanding, but because people live through these experiences in socially and culturally situated ways. Such an interpretation is consistent with phenomenological scholarship that views meaning as inseparable from context and human relationship.

The findings are also relevant to wider populations because the experiential structure identified in this study reflects dimensions that are common across many health-related situations, even if the specific context differs. Emotional disruption, uncertainty, the need for recognition, gradual adaptation, and reconstructed self-understanding are not confined to one narrow setting. They are recurring human responses in circumstances where health, care, identity, and vulnerability intersect. For that reason, the study may inform broader nursing reflection on how people experience clinical transitions, chronic conditions, caregiving demands, or other situations involving personal disruption and relational dependence. The value of the findings lies not in universal generalization, but in their capacity to deepen understanding of how similar processes of meaning-making may unfold in related contexts.

Despite these contributions, several limitations should be acknowledged. First, as with most phenomenological studies, the findings are grounded in a relatively small and context-specific group of participants. The goal of the study was depth of understanding rather than breadth of coverage, and the findings should therefore be interpreted as contextually situated rather than universally representative. Second, the meanings described by participants were shaped by the social, relational, and cultural environment in which the study was conducted (Mukhlis, 2025a; Mukhlis & Saidah, 2025). This means that the transferability of the findings to other contexts should be considered carefully, particularly where norms of communication, care, family support, or professional interaction differ substantially. Third, the findings depend on participants' willingness and ability to articulate complex personal experiences. Some dimensions of experience may have remained partially unspoken, especially when the phenomenon involved emotionally sensitive or difficult-to-express meanings.

An additional limitation concerns the interpretive nature of qualitative inquiry itself. Although phenomenological analysis seeks to remain faithful to participants' lived meanings, the articulation of themes is inevitably shaped by the analytic process through which experiences are organized and expressed in language. Even when trustworthiness strategies such as member checking, audit trail development, and reflexive attention are applied, some meanings may remain layered, ambiguous, or open to further interpretation. This is not a weakness unique to the study, but a characteristic of research that engages deeply with human experience. Nevertheless, it suggests that the findings should be read

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as a rigorous and contextually grounded interpretation of lived experience rather than as a final or exhaustive account of the phenomenon.

These limitations also point toward directions for future research. Further phenomenological studies could examine the same phenomenon in different social, cultural, or institutional contexts to explore how meaning changes across settings. Comparative work involving different participant groups may also help clarify whether the experiential structure identified here remains stable or shifts according to role, age, gender, health status, or type of support received. In addition, longitudinal qualitative research could deepen understanding of how meaning evolves over time, particularly in situations where adaptation and self-reconstruction are ongoing rather than immediate processes. Such work would be especially valuable because the present findings suggest that lived experience is dynamic and cannot always be fully understood through a single moment of reflection.

Future research may also build on these findings by connecting phenomenological insight with practice development in nursing. The themes identified in this study could inform the design of communication frameworks, reflective care models, or educational interventions aimed at strengthening nurses' sensitivity to subjective experience. While such applications would require further empirical development, the present study provides a conceptual basis for thinking more carefully about how nursing practice can respond to emotional burden, uncertainty, and relational need in ways that are grounded in patients' lived realities. In this sense, the study opens a wider pathway for research that does not separate experience from care, but instead treats experience as a central source of knowledge for improving care itself.

Finally, the findings invite future inquiry into larger questions about how meaning, vulnerability, and adaptation are negotiated in health-related life situations. Because the study has shown that the phenomenon is experienced not simply as an event but as an evolving process of interpretation and self-reconstruction, future studies may use this insight to examine related experiences that also involve disruption, dependency, and transformation. This prospective contribution is important for nursing research because it supports a broader shift toward understanding health and care as lived human realities. By extending this line of inquiry, future research can continue to enrich theoretical understanding while also informing more humane, context-sensitive, and person-centered nursing practice.

CONCLUSION

This study examined the lived experiences of individuals encountering a complex health-related phenomenon within a nursing context, with a focus on understanding how meaning is constructed through subjective experience. The findings reveal that the phenomenon was experienced as a multidimensional process involving emotional burden, uncertainty, relational dynamics, adaptive effort, and reconstruction of self-understanding. These results demonstrate that the essence of the experience lies not only in the event itself but in the ongoing process of interpretation and meaning-making shaped by personal and social contexts. By adopting a phenomenological approach, the study addresses limitations in previous research that often overlooked the depth of subjective experience, thereby contributing a more holistic and human-centered understanding of the phenomenon. The study also highlights the importance of integrating experiential knowledge into nursing practice to enhance patient-centered care and relational sensitivity. Specifically, nurses should incorporate patients' emotional responses, uncertainty, family or relational contexts, and coping efforts into routine assessment and care planning. In nursing education, these findings suggest the need to strengthen training in reflective listening, therapeutic communication, empathy, and phenomenology-informed patient assessment. For intervention development, the results provide a basis for designing nursing interventions that are not limited to symptom management but also address emotional adaptation, meaning-making, relational support, and reconstruction of self-understanding.Future research may extend these findings by exploring similar experiences across diverse contexts and populations, as well as by integrating phenomenological insights into the development of practice-based interventions.

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CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest related to this study. The research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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