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RESEARCH ARTICLE (ORIGINAL)

Experiences of adolescents with cancer and blood diseases at the time of diagnosis: a phenomenological study

Vivências dos adolescentes com doença hemato-oncológica na fase diagnóstica: estudo de cariz fenomenológico

Experiencias de adolescentes con enfermedad hematooncológica en la fase de diagnóstico: estudio fenomenológico

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Abstract

Background: Cancer and blood diseases are a leading cause of morbidity and mortality in adolescents and require positively differentiated and targeted nursing care.
Objective: To understand the experiences of adolescents with cancer and blood diseases at the time of diagnosis.
Methodology: Empirical qualitative study with an interpretative phenomenological approach (Giorgi's method of analysis). Nine Portuguese adolescents undergoing treatment in the pediatric oncology unit were interviewed.
Results: Three central themes related to the phenomenon emerged from the analysis (anticipating a serious disease, dealing with the news of the diagnosis, and accepting the disease as a life contingency).
Conclusion: Adolescents experience cancer in a particular way because of their developmental stage. They perceive the diagnosis as a threat to their life plans and dreams as they face personal contingencies and the threat of premature death. Health professionals should adjust their way of caring for adolescents to each moment identified in the sequence of experiences and encourage them to express their emotions and expectations while helping them to proactively adapt their everyday lives to their disease.

Keywords: pediatric nursing; oncology nursing; adolescent; diagnosis; life changing events

Resumo

Enquadramento: As doenças hemato-oncológicas representam uma importante causa de morbilidade e mortalidade para os adolescentes, pelo que exigem cuidados de enfermagem positivamente diferenciadores e dirigidos.
Objetivos: Compreender as vivências dos adolescentes com doença hemato-oncológica na fase diagnóstica.
Metodologia: Investigação empírica de tipo qualitativo, de cariz fenomenológico interpretativo (método processual de *Giorgi).* Foram entrevistados 9 adolescentes portugueses, em tratamento na unidade de oncologia pediátrica.
Resultados: Emergiram 3 temas centrais relativos ao fenómeno (antecipando doença grave; confrontando-se com notícia do diagnóstico e entrando na doença como contingência existencial).
Conclusão: Os adolescentes vivenciam a doença oncológica de forma particular, devido à sua fase de desenvolvimento; percebem o diagnóstico como ameaça aos seus planos e sonhos; confrontam-se com a contingência pessoal e a ameaça de finitude antecipada. Importa que os profissionais de saúde cuidem dos adolescentes de forma ajustada a cada momento identificado na sequência vivencial e que os incentivem a expressarem os seus estados e expectativas, de modo a ajudá-los a integrar proativamente a sua doença na vida quotidiana.

Palavras-chave: enfermagem pediátrica; enfermagem oncológica; adolescente; diagnóstico; acontecimentos que mudam a vida

Resumen

Marco contextual: Las enfermedades hematooncológicas representan una importante causa de morbilidade y mortalidad para los adolescentes y, por lo tanto, requieren una atención de enfermería especializada y dirigida.
Objetivos: Comprender las experiencias de los adolescentes con enfermedades hematooncológicas en la fase de diagnóstico.
Metodología: Investigación empírica, cualitativa, de carácter fenomenológico interpretativo (método procesual de Giorgi). Se entrevistó a nueve adolescentes portugueses que estaban siendo tratados en la unidad de oncología pediátrica.
Resultados: Surgieron tres temas centrales en relación con el fenómeno (anticipación de una enfermedad grave; confrontación con la información del diagnóstico, e introducción en la enfermedad como contingencia existencial).
Conclusión: Los adolescentes experimentan la enfermedad oncológica de forma particular, debido a su fase de desarrollo; perciben el diagnóstico como una amenaza para sus planes y sueños; se enfrentan a la contingencia personal y a la amenaza de la finitud anticipada. Es importante que los profesionales de la salud atiendan a los adolescentes de manera adecuada en cada momento identificado en la secuencia experimental y que los alienten a expresar sus estados y expectativas, a fin de ayudarlos a integrar de forma proactiva su enfermedad en la vida cotidiana.

Palabras clave: enfermería pediátrica; enfermería oncológica; adolescente; diagnóstico; acontecimientos que cambian la vida

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Introduction

The interval between diagnosis and treatment is a critical period for adolescents and their families. It is a difficult experience that is characterized by strong emotional suffering, which influences their coping strategies and decision-making (Chien, Chang, & Huang, 2018).

This research aims to accomplish the following objective: To understand the experiences of adolescents with cancer and blood diseases at the time of diagnosis. Considering that the focus of this study is the essence of the experiences of the subjects under analysis, an empirical qualitative study was conducted with an interpretative phenomenological approach.

Background

According to the World Health Organization (WHO, 2018), adolescence (derived from the Latin verb *adolescere* that means "to grow up") comprises the age group of 10-19 years. It is a period of biological, cognitive, and psychosocial changes for which adolescents are not prepared, such as disease, loss, and mourning. As a response, they create barriers to protect themselves from suffering. Although the concept of death is fully established at this age, the idea of death itself is unclear. Adolescents talk about this event without thinking too much about it because, for them, it will not occur at this stage of life. Adolescents think about death as the end, but not about how it might happen. It feels like a distant and impersonal through, even after the loss of a loved one. Cognitively, adolescents are able to understand death and its characteristics. However, their own death is not an imminent possibility because they are at the best time of their lives, and they are focused on building the world and do not have much time to think about these issues (Sisk, Canavera, Sharma, Baker, & Johnson, 2019).

According to Cardoso, Feres-Carneiro, and Giovanetti (2009), an experience resonates with the person's subjectivity as a result of the interaction between consciousness and reality, and it can be pre-reflective (before reasoning) and a fundamental principle to guide our lives.

In Portugal, statistical data show that about 350 new cancer cases are diagnosed every year in individuals aged between 0 and 18 years. There is a predominance of cancer and blood diseases such as lymphoma and leukemia, with a higher incidence in the age group of 15-19 years. Although the survival rate is around 75%, cancer is the leading cause of non-accidental death in children and adolescents (Direção-Geral da Saúde, 2015, 2018; Roreno, 2016).

Research question

In view of the above, this study aims to answer the following research question: What are the main experiences of adolescents with cancer and blood diseases after receiving the diagnosis?

Methodology

Considering the focus of the study, an empirical qualitative study was conducted with an interpretative phenomenological approach based on the method by Giorgi and Sousa's (2010). The interpretative approach was used to uncover the meanings attributed to the adolescents' lived experiences, going beyond the description of the fundamental structures of experiences. The phenomenological method will allow for a greater understanding of this phenomenon (as it seeks to identify the structure and meaning of the experience) by describing and contextualizing it retrospectively. This methodological approach focuses on a comprehensive in-depth understanding of the phenomenon, highlighting the essence of the meaningful experiences for both adolescents and nurses who will have a better understanding and greater empathy toward these patients. In the first step (*epoché*), the description is read in full to obtain a whole meaning, which will help to discriminate the parts to be highlighted in the second step (phenomenological reduction). After establishing the overall meaning in the third step (eidetic analysis), the researcher describes the psychological meanings and makes explicit what sometimes remains hidden. It focuses on information from every participant, rather than only on individual units (Giorgi & Sousa, 2010).

In this study, we tried to implement the criteria to ensure scientific rigor (credibility, transferability, and confirmability) within the phenomenological approach.

This study was approved by the Ethics Committee (Opinion no. P144-03/2013) and the basic ethical principles for research involving human beings were ensured (Declaration of Helsinki): self-determination, integrity, privacy, confidentiality, nondiscrimination, nonexploitation, and informed consent (Sisk et al., 2019). The recommendations issued in the World Medical Association Declaration of Taipei on Ethical Considerations regarding Health Databases and Biobanks (2017) were also followed.

Participants were selected through a qualitative purposive sampling technique that would be representative of the phenomenon to obtain rich insights in the context of outpatient and/or inpatient pediatric oncology care in Portugal. Participants who were able and willing to report their experience were interviewed until data saturation was reached. Inclusion criteria for participation in this study were: male and female adolescents with cancer and blood diseases who presented favorable clinical and psychological conditions, and aged 14 to 18 years; with a minimum interval of 24 hours between diagnosis and onset of cancer treatment; undergoing treatment, with a minimum of one month of treatment.

Participants were interviewed individually in little structured and in-depth sessions, using a script with questions that elicit information. The interviews lasted between 20 and 40 minutes and took place from October to December 2013. They were audio recorded by the researcher after the participants and their guardians gave their written informed consent and were explained the research objective. The sampling process stopped at the 9th interview when data saturation was reached. The 8th and 9th interviews added little to the information already obtained. This number of interviews is in line with the initial expectations based on other studies on similar phenomena.

Inductive data analysis was carried out based on Giorgi's method, using the qualitative data analysis software NVivo7. The goal was to achieve a phenomenological interpretation that was understandable and relevant for nursing.

The first methodological step, related to the meaning as a whole, consisted of the transcription of the interviews verbatim and, then, the reading and rereading of the transcriptions to capture the whole meaning, aiming at an insight of the experience lived by the adolescents.

In the second step, units of meaning focused on this phenomenon were identified. We sought to obtain an interpretation as naive as possible, bracketing all previous knowledge about this phenomenon. From an operational perspective, this stage corresponded to the clustering of data, delineating the units of meaning. The units of meaning correspond to changes in meaning in the adolescents' interviews which were identified based both on the textual description and the textual context, thus allowing for the first interpretative level (coding).

In the NVivo7, each unit of meaning was given a code (first interpretative level) and grouped into units with the same identity of meaning. Units with different meanings were given different codes.

To facilitate interpretation, the colloquial language in each unit was transformed, as recommended by Giorgi, into the language of the analyst, with meaning to the analyst's scientific area, in this case, Nursing. The third methodological step comprised the organization of the units of meaning (codes) into thematic units (themes) and, finally, the organization of these themes in an essential comprehensive structure. The structure is essential because it brings together the fundamental (most reported) components of the experience and comprehensive because it allows a synthesized reading, capturing the nature of the experience. Traditionally, this process is called phenomenological reduction because it refines (reduces) testimonies, extracting the key elements of the lived experience. Then, the units of meaning were transformed into transformed units of meaning, which are the essential components of the experience that make up the structure of the phenomenon obtained.

Results

The essential structure regarding the phenomenon *Experiences of adolescents with cancer and blood diseases at the time of diagnosis,* was obtained by inductive analysis after application of the Giorgi method. The phenomena are organized in three dimensions of common experiences in adolescents with cancer and blood diseases (Figure 1). This sequence may not be linear in all cases but integrates the following themes: anticipating a serious disease, dealing with the news of the diagnosis, and accepting the disease as a life contingency.

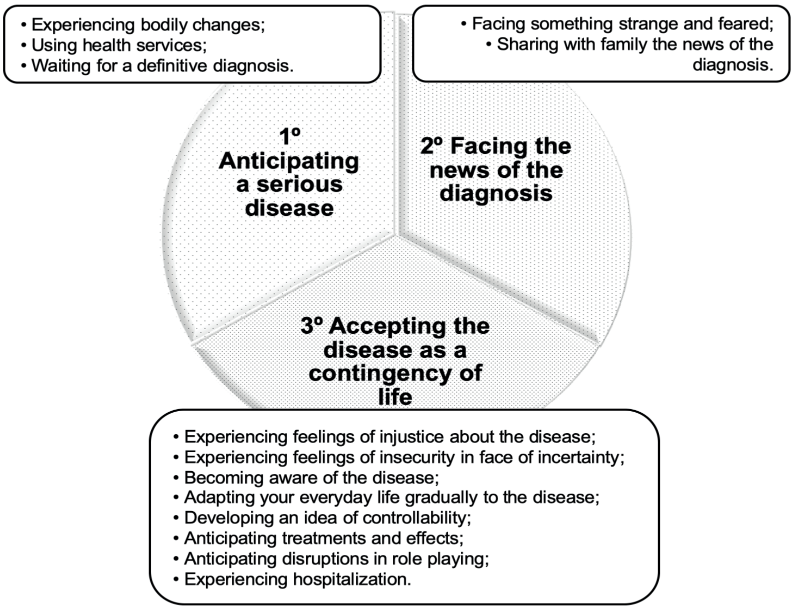

Figure 1. Comprehensive scheme of the phenomenon: essential structure of the experiences of adolescents with cancer and blood diseases at the time of diagnosis.

Each of these experiential themes correspond to many essential contents and specific experiences that will be described using a scientifically consistent language, but as close as possible to the narratives and supported by representative excerpts.

Anticipating a serious disease

The first experience was the onset of changes in body functions and appearance, which are identified as symptoms of a possible disease that lead adolescents to seek health services and, consequently, make clinical examinations and, in some cases, be hospitalized. As the situation continues or worsens, even after several tests and treatments, the adolescents tend to anticipate that they are suffering from a serious disease.

Adolescents report feeling persistent bodily changes and dysfunctions that force them to seek health care services. They experience symptoms of the disease, which progresses slowly, and in most cases they are mild. They feel strange about it because, until recently, they felt healthy and lived their lives free of constraints or signs of illness. As a result, they first underestimate the symptoms: "I began to worry a little, but not too much… it could even be nothing" (I4, August 2013); "I had only felt a little pain... I had no symptoms" (I5, August 2013).

Following the symptoms of the disease, the adolescents and their parents sought and contacted the health services. Regardless of the initial context of care and the referral by health services, all adolescents underwent complementary diagnostic tests. They reported that they were time-consuming, somehow tiresome, and contrasted with their previous feeling of well-being. It made them question the need for this type of action, and they felt afraid and uncomfortable about tests that they had never done before: "they put me to sleep… I don't like those things!" (I5, August 2013); "exams and more exams" (I7, November 2013).

Under these circumstances, and anticipating a serious disease, the adolescents considered the possibility that something seriously wrong is happening to them, triggering feelings of *fear*: "we've been waiting… relaxed or not… I wanted to know if I had a serious problem or not, I was afraid that it was something serious that I did not know… I started to get a little worried" (I4, August 2013); "it wasn't normal, things must be really bad if you're in Coimbra" (I7, November 2013).

For some adolescents, the experience of being in oncology services (oncology outpatient or inpatient care) triggers the suspicion of a diagnosis of cancer. They ask themselves the question "why am I here?" and the anticipation of a diagnosis of cancer emerges as a possibility. Thus, early on, a hypothetical pre-diagnosis of cancer can put them one step ahead of the following events, making them anticipate a hypothetical diagnosis of cancer for themselves. They somehow prepare themselves mentally for the confirmation of possible bad news: "I began to look at the word 'oncology' as if I had it too and was afraid just knowing that I was in that unit… my situation was already more serious" (I2, April 2013); "word [cancer/oncology] scares… I only saw bald kids… I have a serious problem" (I7, November 2013).

Dealing with the news of the diagnosis

The delivery of a cancer diagnosis to adolescents confronts them with something that is strange and feared. The adolescents highlight the experience of having to deal with a disease, more or less unknown, whose name is associated with something scary, "they said I had leukemia . . . with these exact words: blood cancer" (I1, April 2013); "they told me I had a tumor" (I3, July 2013).

Breaking the news of a cancer diagnosis to adolescents triggers negative emotions. Shock is the first experience after receiving the news: "everything felt awful, my world fell beneath my feet" (I2, April 2013); "the day I received it, it was a shock, it's always a shock receiving news like these" (I9, December 2013).

In the minutes immediately after the news of the diagnosis, the adolescents showed emotional coldness and detachment, as if they wanted to remove themselves from the reality they were experiencing. Some adolescents also showed a lack of interest regarding information about cancer: "I'd rather not talk" (I3, July 2013); "I didn't want to hear about it, I didn't want to know about the treatment" (I8, December 2013). However, this disengagement is not common to all adolescents, with two adolescents mentioning issues about their actual situation and what they should expect in the future and showing their interest in what will happen to them: "so what will happen?" (I5); "I wanted to know… what had to do directly with me, with the disease…" (I8, December 2013).

The experience of a cancer diagnosis triggers negative emotions that made them cry: "when I heard it, I cried… it's normal in the first days" (E1, April 2013); "I started crying" (E3, July 2013).

In general, the adolescents valued the presence of their parents at the time of the diagnosis, emphasizing their positive role in clarifying the diagnosis: "I asked what it was, and she [mother] told me… blood cancer" (I1, April 2013); "I didn't quite know what it was… then my family explained it better when we were outside" (I2, April 2013).

On the other hand, other adolescents experienced feelings of embarrassment due to the presence of their parents, and some of them choose loneliness in the first moments after the diagnosis. They mentioned that, in those moments, they felt the need to isolate and did not want to be around people (including parents) for minutes, hours, or even days: "I didn't want to talk to anyone" (I6, November 2013); "I was trying to keep myself a bit away [from the parents]… trying to understand it myself first to figure out what to tell them" (I8, December 2013).

Accepting the disease as a life contingency

After the impact of the cancer diagnosis, the adolescents experienced other feelings, namely feelings of injustice about the disease (wondering why he/she had cancer and not someone else): "why me? why me? there are so many people that hurt other people… why me? I never did anyone any harm…" (I1, April 2013). They also experienced feelings of insecurity about their future, about what it would be like for them as patients, their treatment and its limitations, and about how their lives would change. The word tumor/cancer is pronounced as if this disease is automatically linked to a tragic prognosis given the negative social connotation of the word. It triggers feelings of fear for the severity of the situation, feelings of insecurity towards uncertainty: "what worried me most was if I could cure myself" (I1, April 2013); "I was super scared, afraid of the unknown... I thought about something terrifying" (I2, April 2013); "how serious could it be?" (I8). The severity of the situation is associated with feelings of anxiety about the probability/uncertainty of a cure or death: "I asked if I had any probability of dying" (I5, August 2013); "I thought there was no cure" (I9, December 2013).

Adolescents perceived time as crucial in self-awareness and assimilation of their disease: "it's better if you accept it gradually… it helped to have 15 days between going to the healthcare center and going to the hospital" (I5, August 2013); "it's easier if you take your time" (I9, December 2013). With time, they want to know more about the disease and then gradually begin to assimilate their new reality as adolescents with a disease and to reflect on issues related to their reality.

The adolescents' coping attitude gradually becomes more proactive: after the initial shock, they need to feel the need to move on and progressively integrate the disease into their daily lives: "I thought: I have to, I have to move on, I have to get used to this" (I6, November 2013); "I accepted I had the disease and had to fight to be free of it… that I would go through some bad things, but that I would have the courage to face it all" (I7, November 2013).

Given their perception of the connotations and social representations associated with cancer, the adolescents mentioned the anticipatory discomfort associated with their ideas about what people may think about when they receive the diagnosis, namely the association between cancer and sadness and death.

> What you hear out there is much more disturbing… for people, it is much worse… cancer is immediately associated with death and constant sadness… They feel sorry for you, and they think something horrible is going to happen to you. (I2, April 2013).

The adolescents compare their situation to that of other people who also had cancer, and they compare their experience with cases that they know of through memories or current experiences: "I spoke to M. because she's been in this situation for a longer period… we feel more comfortable talking to people our age than with older people" (I9, December 2013).

A common anticipation is associated with the different types of treatment such as chemotherapy, radiotherapy, transplant, and cancer recurrence: "I thought I was going to do radiotherapy… normally, I didn't need a transplant" (I1, April 2013); "I thought it would need other methods to cure myself… chemo… I was going to do radiotherapy" (I4, August 2013). The anticipation of physical changes, such as hair loss, was pointed out by the majority of adolescents as an inevitable future experience: "I knew that I would lose my hair... will they [friends] make fun of me?" (I1, April 2013); "I was gonna get bald… it was so hard… I love my hair" (I7, November 2013).

After the diagnosis, the adolescents perceived that their lives and routines had changed, *anticipating a disruption in role-playing*. They expected to have limitations in other activities and roles, as well as in their relationship with family and friends given the possibly of having to be apart from these relational groups. The adolescents also valued the maintenance of their relationship with their friends: "leaving my friends, my family" (I3, July 2013); "I thought I was not going to be with my friends"(I4 August 2013); "it was going to affect my life… my routine" (I8, December 2018).

Discussion

The experiences between the onset of symptoms and the diagnosis influences how adolescents experience the news of cancer.

The contact with the health services for clarification of the diagnosis causes a sense of strangeness and annoyance in adolescents due to the need to make several complementary diagnostic tests. In this regard, Melo, Caires, Machado, and Pimenta (2013) have identified dealing with medical equipment and/or procedures and adapting to an unknown environment as threatening experiences for adolescents. Therefore, this phase corresponds to a long experience where symptoms are easily overlooked by adolescents, which makes it difficult to make an early diagnosis of cancer. These data are consistent with the reports of cancer experiences by Santos (2013) where the participants experienced the period before the diagnosis as a slow, silent onset of unspecific symptoms with unclear limits, thus not identifying the disease. Still, as the disease progresses, it seems to aggravate. Adolescents are exposed to oncology signs and bald children and adolescents, which makes them suspect of a cancer diagnosis and question "why am I here?". According to Carvalho, Sá, Preto, Ferreira, and Gaspar (2013), a simple consultation triggers immediate feelings of fear of having a serious disease in 22% of the participants.

The research reveals that adolescents have both emotional and cognitive negative experiences. The reports show negative emotions of suffering, such as shock, stress, anxiety, outrage, anger, apprehension, fear, sadness, and despair. The news of a pediatric cancer is considered to be a difficult crisis to cope with or even a traumatic experience for those who face it. Jesus (2012), based on the Psychology of Illness, refers to these experiences as *warm significances* because they trigger emotions or have an emotional meaning for the subjects.

Regarding emotional coldness and detachment, the adolescents experienced memory losses of negative events and a lack of interest in information about cancer. Jesus (2012) believes that these experiences are *cold significances*, that is, they trigger less dramatic and intense emotions and feelings than the latter. Gameiro (2012) goes even further and mentions that, after the diagnosis, denial, cognitive minimization, and request for emotional support give them the strength to face the disease and reduce their emotional discomfort. Santos (2013) also highlights positive coping strategies focused on venting negative emotions associated with this experience, such as crying, which has also been reported by the participants in this study.

Sharing the news of the diagnosis with the parents emerges as a key aspect in the adolescents' experience because the shock also extends to their family. On the one hand, the parents' presence is a supportive factor in the communication and the experience, which is valued by the adolescents. According to Azevedo (2010), when the adolescents experience the disease, they may experience cognitive and affective regression and become emotionally fragile with behaviors of denial, fantasy, and the need for the presence of their mother or another significant person. On the other hand, some adolescents feel the need for isolation and experience feelings of embarrassment and disapproval with their parents' presence, which is not in line with Ferreira, cited by Azevedo (2010), who argues that adolescents want their parents to be constantly present. However, according to McGoldrick and Walsh, cited by Rezende, Schall, and Modena (2011), the trauma associated with the disease generates experiences of rebellion in adolescents, which hinder their relationship with their parents.

Some adolescents experience the diagnosis as punishment and self-judgment for previous personal behaviors. Personalization occurs when adolescents blame themselves for the disease as punishment for previous negative events. The feelings of sadness experienced by the adolescents were not very explicit in their reports and should be explored in further studies. No manifestations of depression were identified, but this study focused on an early stage of the disease experience.

Aware of the disease, adolescents perceive their experience differently from previous ages, and they believe that accepting the disease at their age is more difficult when compared to children. In this regard, Barros (2008) states that the experience of disease, from interpretation to causal attribution and anticipation of consequences, is limited by the level of cognitive, emotional, and social development of the individual, which is consistent with these findings. According to Rezende et al. (2011), this development explains the adolescents' greater awareness of the meaning of the disease and the prognosis and their fears regarding social acceptance, disease progression, and their future when compared to children. The Seattle Children's Hospital (2014) highlights that the differences in the experiences between adolescents and children also lead to different health needs that should be taken into account by healthcare professionals when delivering differentiated care.

By integrating the disease into their everyday life, adolescents develop a sense of controllability. This experience of gradually putting the severity of the disease into perspective finds a parallel in the *experience of personal control of the evolution of the disease over time* referred to by Santos (2013).

As adolescents understand the connotations and social representations associated with cancer, they experience an uncomfortable anticipation associated with common sense ideas, which they naturally share, such as the negativity usually associated with a cancer diagnosis. In line with this, Fonseca and Lopes (2012) argue that adolescents' experiences relate to social representations apprehended in social contexts.

Adolescents consider a number of possibilities about their personal journey, anticipating treatments and effects and seeking information about the disease. Santos (2013) identified this aspect as contributing to restoring a sense of control of the disease, with positive health outcomes for the patients. According to the same author, adolescents with cancer anticipate an acute disease as a reason for the typical optimism of this population group (Santos, 2013). Anticipating a disruption in role-playing, adolescents fear the impact on their family, social, academic, and sports lives. The inevitable absences from school and alienation from the peer group emerge as predictable social and relational experiences of losses for adolescents. Melo et al. (2013) later characterize these anticipation experiences as experiences of affective, cognitive, behavioral, and social vulnerability.

In general, adolescents experience feelings of belonging to the group of children and adolescents with cancer and their parents, and they value this relationship in their lives after the diagnosis. A French study conducted with adolescents with cancer (Corradini, Laurence, Dreno, Picherot, & Marec-Berard, 2011) also identifies this feeling of belonging to groups with similar experiences as being important in the exchange of ideas and the development of supportive relationships between adolescents.

The importance of a positive personal attitude towards the favorable outcome of the disease was already described by Manix, Feldman, and Mody, cited by Gameiro (2012) when briefly referring to the adolescents' adjustment to the disease and optimism.

This study details the living structure of the adolescents' cancer diagnosis experiences and identifies its phases while facilitating the delivery of nursing care. Thus, nurses will be able to make differentiated interventions to target each one of the moments that the adolescent is experiencing. For the first time in the area of pediatric oncology care, this study identified the sequence of experiences of the cancer and blood diseases from diagnosis to outcome. Previous studies had already described some of these experiences but had never sequenced them.

No method is perfect, and the phenomenological method is no exception. Thus, the following technical and methodological limitations were identified in this study: the whole process seems to depend on the researchers' subjectivity (it is not free of interpretative gaps); the population is little diversified given that it is the same hospital unit (any differences due to the hospital context differences and the informants' cultural background are unknown); due to time constraints, the informants did not validate (confirm) the essential structure, although it was initially planned, which can be a major limitation of this study.

Conclusion

In view of these results, a qualitative research methodology with an interpretative phenomenological approach (inductive analysis based on Giorgi's method) proved suitable for achieving the objective proposed. It allowed discovering experiences through their own voices, as well as clarifying the experiences that tend to remain hidden in the natural description of those who experience this phenomenon. After a comprehensive synthesis and discussion of the data obtained on the experiences of adolescents with cancer at the time of diagnosis, a systematized set of reflexive conclusions on this phenomenon was elaborated based on the three key dimensions: anticipating a serious disease, dealing with the news of the diagnosis, and accepting the disease as a life contingency of life.

Knowing the essence of this phenomenon allows nurses to early identify and positively influence the adolescents' experiences. When receiving the news of the diagnosis, the adolescents experience confusion and fear. Health professionals should pay special attention to these crisis experiences in adolescents by encouraging them to express their negative emotions and feelings and identifying possible experiences of stress, anxiety, and depression.

Authors contribution

Conceptualization: Figueira, S. M. M.
Data curation: Figueira, S. M. M., Gameiro, M. G. H.
Supervision: Gameiro, M. G. H.

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