



A qualitative investigation into the lived experiences of cancer patients receiving chemotherapy in the Kurdistan region of Iraq

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Abstract

Background: Cancer patients can experience different conditions depending on the quality of the treatment they receive. Chemotherapy is one of the most widely used treatments for cancer patients, leading to a wide range of consequences and outcomes. The present study aimed to investigate the lived experiences of cancer patients undergoing chemotherapy.

Methods: Using a phenomenological method, this qualitative study was conducted on 13 cancer patients undergoing chemotherapy in Rizgary Teaching Hospital, Erbil, Iraq, from September 2021 to July 2022. The participants were chosen using a purposive sampling method. The required data were collected using in-depth semi-structured interviews. The interviews were started by asking general questions such as "Could you tell me about your chemotherapy experience?" and then analyzed by the Van Manen method (1990).

Results: The results of data analysis showed that patients described their experience as "regaining hope in life," which was drawn as the main theme that included 5 subthemes, namely, new lifestyle, new goals for life, optimism, value of life, and re-trust in God.

Conclusion: According to the results of the present study, since the recovery of patients and the effectiveness of treatments are greatly dependent on the patients' psychological state, their lives improved, they took up new lifestyles and goals in their lives, became more optimistic, understood value of life, and regained their trust in God after they had received chemotherapy. Nurses working in chemotherapy wards are highly recommended to pay more attention to the psychological and spiritual state of cancer patients to promote hope in life among them and help them live normal lives with their families after undergoing chemotherapy.

Highlights

What is current knowledge?

The main and current knowledge is regaining hope in life, and the cancer patient, by receiving chemotherapy, created hope in life and valued life.

What is new here?

This article shed light on creating new ideas to give hope and support to cancer patients.

Introduction

Cancer has been considered the most significant health problem in the Middle East and the fourth mortality cause worldwide (1). In developing countries (including Iraq), there has been an outstanding increase in cancer, particularly among women (2). Different types of treatment and therapy have been introduced for cancer; however, chemotherapy (which is a systematic medical intervention) is more widely used compared to other interventions (3). Research has shown that chemotherapy is used to treat more than 50% of cancer patients (4). Although chemotherapy is effective in the treatment of cancer, it is accompanied by a range of severe side effects and can negatively affect patients' social, spiritual, emotional, and physical conditions (5). Research has shown that some patients undergoing chemotherapy believe that because of its side effects and subsequent complications, chemotherapy is worse than cancer (6).

As the main professional personnel in hospitals (especially in cancer wards), nurses are responsible for providing patients with basic health care (7). They also play an outstanding role in administering chemotherapy and providing following care in ICU wards; as a result, they need to be trained in how to carry out the intervention professionally and how to deal with the patient's social, emotional, and physical issues after receiving chemotherapy. This is because the quality of their life is highly influenced by chemotherapy and its side effects and complications (8,9). That is why nurses are expected to help patients with such issues more than any other members of the medical team (10). Patients undergoing chemotherapy can be greatly helped, and their quality of life can be promoted by finding out their lived experiences after chemotherapy and taking into account their social, spiritual, emotional, physical, and familial issues and problems (8,10). Different studies have shown that it is highly significant for nurses to gather information about and raise their awareness of cancer patients' strong religious values, beliefs, and social-cultural issues relevant to

chemotherapy, which helps them provide adequate support to patients and promote their quality of life (11).

It is believed that if the medical team and professional personnel, including nurses, have enough factual information about cancer patients undergoing chemotherapy through digging into their lived experience, they can be provided with better medical services and more efficient interventions and treatments (14). The World Health Organization (WHO) has postulated that patients' lived experiences should be seen and interpreted within the framework of their value system, unique culture, standards, expectations, and goals (15). It is also stated that since chemotherapy affects cancer patients and their families deeply from all aspects, it is crucial for the medical team to become aware of the patients' lived experiences to provide them with efficient treatments and interventions (14).

Typically, information about the lived experiences of individuals is collected by qualitative methods, which mostly include in-depth interviews; therefore, in the present study, the required data on the patients' lived experiences were collected through in-depth semi-structured interviews by a qualitative method. As mentioned earlier, since the lived experiences of individuals are shaped by their culture, system of values, standards, expectations, and goals, a phenomenological method was used in the present study. The ultimate goal of phenomenology is to clarify the meaning, nature, quality, and context of the participants' experiences of a unique issue (16).

Methods

The present study was conducted to investigate the lived experiences of patients undergoing chemotherapy from September 2021 to July 2022, which is a complicated phenomenon given the certain cultural and religious background of Kurds living in Iraqi Kurdistan; as a result, a phenomenological method was used.

Participants

Based on the study inclusion criteria (ie, age ≥ 18 years and willingness to participate in the study) and using a purposive sampling method, 13 cancer patients undergoing chemotherapy in the last 6 months in Rizgary Teaching Hospital, Erbil, Iraq, were enrolled in this study. In so doing and after obtaining permission from the hospital president and the doctors and nurses, the researcher was allowed to have access to the patients' medical profiles, which were held in the oncology and chemotherapy wards. Data were collected through in-depth semi-structured interviews until no new themes emerged.

Data collection

The required data were gathered through in-depth semi-structured interviews with the participants. After selecting the target participants and inviting them for

interviews, the researcher met them in a convenient room in either the oncology or chemotherapy wards. The time of the interviews was selected by the participants based on their availability and convenience. The interviews were started by asking general questions like “Could you tell me about your chemotherapy experience?” or “How was your chemotherapy experience?” followed by descriptive questions such as “What’s chemotherapy like?” or “Can you please describe chemotherapy to me?” After asking each question, the researcher gave sufficient time to the participants to think well and remember their lived experiences clearly. On average, each interview lasted 45-85 minutes, was recorded, and transcribed verbatim.

Data analysis

Data analysis was performed using 6 methodological steps according to the Van Manen method (1990). Hermeneutic approaches (such as the one proposed by Van Manen) are commonly used to analyze qualitative data and reach a high level of abstraction (12). This method consists of 6 methodological steps: “turning to the nature of lived experience,” “investigating experience as we live it,” “reflecting on the essential themes which characterize the phenomenon,” “describing the phenomenon in the art of writing and rewriting,” “maintaining a strong and orientated relation to the phenomenon,” and “balancing the research context by considering the parts and the whole.”

To maintain the rigor of the study, Lincoln and Guba’s 4-criterion gold standard, consisting of credibility, dependability, conformability, and transferability, was employed (13). Moreover, maintaining a prolonged engagement with the data (over 6 months), referring to the hospital and communicating effectively with the participants, and employing member- and peer-checking techniques were used to ensure the credibility of the findings (14). Furthermore, since the researcher had relevant experience in oncology and chemotherapy wards, his credibility was also achieved.

Results

Through the analysis of the collected data, the researcher identified the main theme of the study as “regaining hope in life.” This theme included 5 subthemes: new lifestyle, new goals for life, optimism, value of life, and re-trust in God. In their interviews, the participants highlighted improvements in their bodies and feelings and believed that that improvement was the result of their belief in God and the effectiveness of chemotherapy intervention. It should also be noted that the nurses’ experience in the field and their emotional and mental support surely had a unique effect on the patients’ opinions about and experiences of the intervention process. The above-mentioned subthemes are discussed in the following sections, arranged in order of their frequency.

New lifestyle

Analyzing the transcripts of the interviews revealed that almost all of the participants (11 out of 13) had started a new life with a different style after receiving chemotherapy; therefore, a new lifestyle was extracted as the first subtheme. In this regard, the participants stated that before receiving chemotherapy, their life was completely confusing, and they did not know what to do with their new conditions. However, as they stated, they had been able to start a new life with a different style after undergoing chemotherapy.

In this regard, participant 2 said:

The intervention [chemotherapy] gave me a new life, but it is different from before. I need to take more care of myself and my health. I do not wear the same clothes, make-up, and hair as before. It is a new lifestyle, and I kind of like it. Also, participant 7 pointed out, *“My life changed completely. I am not the person that I was before chemotherapy. I feel I have lost something and obtained many other things instead, and I am thankful for that.”*

Participant 10 said:

Once you get to know you have cancer, all your life starts ruining before your eyes, and you get worse and worse day by day. But after chemotherapy, things changed. I started to feel better. I felt changes in my life. Now, I am not the person that I used to be before chemotherapy. I started a new life with some big differences that are nice.

This subtheme was also mentioned by 6 other participants implicitly and explicitly through words and phrases like change in life, new things in life, a different life, and new feelings.

New goals for life

Another subtheme was new goals for life, which was referred to by most of the participants (10 out of 13). They stated that they wanted to make plans for their life and achieve more than before. The participants stated that their new lifestyle after chemotherapy had encouraged them to set new goals for their life and follow them seriously.

For example, participant 8 said:

When they told me I had cancer, I lost all my hope in life and gave up on all my goals in life. I stopped going to university. I got a semester off. But now, after chemotherapy, I feel I can restart. I want to go back to university, set new goals, and try hard to achieve them. Sometimes, I feel I do not have enough time, so I need to work hard to succeed in my life.

Participant 1 said, *“Everything is different now. I feel changes in my body and soul, and I want to have a new life with new aims.”* Participant 7 mentioned,

“Life is too short, so I need to have some good goals in my life and try to achieve them. Chemotherapy gave me a new life and taught me I need to do something important before I die.”

Participant 5 referred to her life before and after undergoing chemotherapy and said:

I used to spend most of my time on the internet and wasting my life. But I want to change my life and have some good goals, and I thank God and the medical team for making all these changes in my life.

Optimism

Another strong subtheme that was referred to by most of the participants (9 out of 13) was optimism. They stated that they had lost their hope in life and been filled with death fear before chemotherapy; however, they regained their hope in life and became optimistic about their lives. It is quite natural that cancer patients become quite pessimistic about their lives and future once they are informed about their disease, but when they see recovery after receiving appropriate intervention, they will have a different feeling, and their mood will change.

In this regard, participant 4 said:

They concealed my disease for about 3 months, but finally, I came to know that something was wrong with all my family members, especially my mother. She was always sad and crying. Then, one day, she told me about my disease, and it was really difficult for me to accept it. I used to be an energetic person in my life. I always had a high spirit, but once my mother broke the news, first, I did not believe it, and then, I lost all my hope and became quite pessimistic about life. However, after undergoing chemotherapy twice, now I can feel changes in my life. I am energetic again and optimistic about my life and future.

Participants 3 and 11 had a similar experience. They were not told about their disease for about 2 months, and they lost hope in life after they were told about their cancer; fortunately, they became optimistic about life again after they had received chemotherapy (participant 11 received 1 course of chemotherapy, and participant 3 received 2 courses of chemotherapy). Participant 3 said, *“The news of my cancer ruined all my life and future, but after chemotherapy, I am again back to my life, and I am quite hopeful and optimistic about my future.”* Participant 11 said, *“At the beginning of my cancer, even the word cancer could break me easily, but now that I have received chemotherapy once, I am quite better and optimistic about my life, future, and family.”*

Value of life

Another subtheme of the present study that was extracted from the participants’ words was value of life, which was mentioned implicitly and explicitly by 8 participants. Participants referred to their lives before and after the intervention and the changes they had undergone. They talked about wasting their time before getting cancer (participants 5 and 9) and not understanding the value of their life (participants 6 and 12). However, as they pointed out, cancer and chemotherapy taught them an invaluable lesson that was interpreted as “value of life.”

In this regard, participant 5 said:

I used to waste most of my time. I did not understand the value of the moments of my life. I had no goals in my life. But, after getting cancer and undergoing chemotherapy intervention, my attitude toward life changed greatly. Now I understand the value of my life, and I want to use every second of my life well.

Participant 9 said:

I did not care about my life before, and I had no idea how to spend it. I wasted most of my time, but now I know what I want and what I should do with my life. I do not want to waste any moment of my valuable life.

Participant 6 said:

I did not take life seriously before cancer because I thought I would live forever. But after I got cancer and underwent chemotherapy and went through a long period of sadness, I now understand the value of my life, and I want to use every single moment of my life in a good way and have an achievement in my life.

Participant 12 said:

My attitude toward my life and things and people I have around me are quite different now [after chemotherapy]. I used to ignore people and my life, but now I know my life is the most precious thing that Allah has given me, and my family and people around me are really valuable.

Re-trust in God

All of the participants were Muslims, and the subtheme of re-trust in God could easily be understood while they were relating their experiences. More than half of the participants (7 out of 13) had lost their hope and trust in God after they came to know they had cancer, but after receiving chemotherapy and noticing good changes in their bodies and mind, they regained their trust in God.

In this regard, participant 13 said:

I am a Muslim, and I deeply believe in God. I strongly believe that our life and death are in His hands. But, when I was told I had cancer, I had a really hard time, and I thought God had forgotten me. It was very hard for me to lose my trust in God. But thankfully, after receiving chemotherapy, I was proved wrong. I know I should not have lost my trust in God, but, you know, it was really shocking and depressing. But thank God, I am better now, and I believe God will help me have a better life in the near future.

Participant 4 also had a similar experience. She said:

It was really hard to believe that I had cancer. I always thought that God would protect me because I never missed to say my prayers’ time, but when I came to

know I had cancer, I almost lost my trust in God. I quit saying my prayers for about a month, but after receiving chemotherapy and feeling better both physically and psychologically, I restarted saying my prayers. Thanks to the chemotherapy intervention. I regained my trust in God and feel quite better now. The participants' experiences were interpreted and presented in a main theme (Table 1) entitled "regaining hope in life" which was comprised of five subthemes namely new lifestyle, new goals for life, optimism, value of life, and re-trust in God.

Table 1. The regaining hope in life in participants' experiences

No.	Themes	Examples
1	New lifestyle: Started a new life with a different style after receiving chemotherapy.	<i>"My life changed completely. I am not that person that I was before chemotherapy. I feel I have lost something and obtained many other things instead, and I am thankful for that."</i>
2	New goals for life: They wanted to make plans for their life and achieve more than before	<i>"Life is too short, so I need to have some good goals in my life and try to achieve them "I used to spend most of my time on the internet and wasting my life, but I want to change my life and have some good goals, and I thank God and the medical team to make all these changes in my life."</i>
3	Optimism: They regained their hope in life and became optimistic about their lives.	<i>"The news of my cancer ruined all my life and future, but after chemotherapy, I am again back to my life, and I am quite hopeful and optimistic about my future "In the beginning of my cancer, even the word cancer could break me easily, but now that I have received chemotherapy once, I am quite better and optimistic about my life, future, and family."</i>
4	Value of life: Referred to their life before and after the intervention and the changes they had undergone.	<i>"I did not care about my life before and I had no idea how to spend it and I wasted most of my time, but now I know what I want and what I should do with my life, I do not want to waste any moment of my valuable life."</i>
5	Re-trust in God: Chemotherapy and noticing good changes in their body and mind, they regained their trust in God	<i>"Thanks to chemotherapy intervention, I regained my trust in God and feel quite better now."</i>

Discussion

Through the analysis of the collected data, the researcher identified the main theme of the study as "regaining hope in life." This theme included 5 subthemes, namely, lifestyle, new goals for life, optimism, value of life, and re-trust in God. Most of the participants stated that their lives significantly changed after they learned about their cancer, and they even lost hope in life and trust in God; in addition, their quality of life decreased significantly; however, they improved significantly after receiving chemotherapy. This finding is consistent with the study conducted by Hawighorst-Knapstein et al (2013), who reported poor quality of life among cancer patients undergoing chemotherapy-but improvement in all aspects of their lives after receiving chemotherapy (12). Improvement in quality of life among cancer patients receiving chemotherapy has also been reported by other studies. The results of the present study are consistent with those of the abovementioned studies. Improvement in quality of life (18) and in physical, functional, and mental dimensions (19) among cancer patients undergoing chemotherapy has also been reported, which is consistent with the results of the present study.

Furthermore, the new lifestyle taken by the patients led the participants to set new goals for their lives and try to achieve them optimistically, which is also consistent with other studies (14). It was also observed that the participants started to understand the value of their lives after receiving chemotherapy as their main treatment, which has also been reported by other studies (20,21). As the final subtheme, the participants referred to regaining trust in God after facing numerous problems, losing hope, and receiving chemotherapy. However, this finding has not been reported by other studies.

Due to the certain geographical, cultural, religious, and ethical characteristics of the participants who were Muslim Kurds living in the Kurdistan Region of Iraq, the results of the present study cannot be generalized to other populations.

Limitations

This study has several limitations. Less than half of those approached for the study participated in the study for various reasons, which might introduce selection bias in terms of not having the perspectives of patients not willing or

able to participate in the study. Though focus groups are known to generate rich, in-depth views of certain issues, they have been criticized as potentially lacking rigor and generalizability. To address this concern, the researcher used a standardized script for each focus group and involved multiple members of the research team in data analysis and interpretation. Also, this study enrolled participants from a single health care institution and did not use a comparison group. There might be institutional and geographic differences in the experience of chemotherapy, which might further limit the generalizability of the results of this study.

Conclusion

The results of the present study indicated that although the patients experienced a lot of bad changes and experiences at the beginning of their disease and chemotherapy, their lives improved, they took up new lifestyles and goals in their lives, became more optimistic, understood the value of life, and regained their trust in God after they had received chemotherapy.

It is also suggested that the medical personnel and nurses need to pay more attention to the cancer patients' lived experiences and expectations so that they can help patients recover and get back to normal life after the treatment. In this regard, they are also recommended to pay close attention to the psychological aspect of the patient's disease and experience of chemotherapy.

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Ethical statement

To take ethical considerations into account, the present study was approved by the Ethics Committee of the College of Nursing, Hawler Medical University. Prior to the selection of the final participants, the researcher provided the potential participants with some explanations about the study aims, methods of data collection, confidentiality of their information, and their right to quit the study whenever they wanted to without giving any reasons. Afterward, informed consent was obtained from the participants. Each participant was then given a unique code from 11 to 13 so as to keep the collected data anonymous.

Conflicts of interest

The author declares that they have no competing interests.

Author contributions

The author did all the work alone.

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