Experiences and Management of Chemotherapy-Induced Peripheral Neuropathy among Thai Women with Breast Cancer: A Phenomenological Study

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Abstract: Chemotherapy-induced peripheral neuropathy is a frequent complication characterized by pain, numbness, and loss of function, which profoundly affects patients' physical, emotional, and social well-being. This study aimed to explore the lived experiences of Thai women with breast cancer in coping with this neuropathy during and after chemotherapy. A descriptive phenomenological approach grounded in Husserl's philosophy was employed. Twenty Thai women aged 36-73 years who received neurotoxic chemotherapy at a university-affiliated hospital in Southern Thailand participated in in-depth, semi-structured interviews between October 2023 and September 2024. The data were analyzed following Colaizzi's phenomenological approach, and trustworthiness was ensured through credibility, transferability, dependability, and confirmability. Three essential themes emerged: 1) Living with distress from treatment, capturing participants' struggles with bodily discomfort, emotional distress, and social withdrawal; 2) Moving through suffering toward adaptation, reflecting their process of endurance, hope, and meaning-making through faith, family, and information seeking; and 3) Regaining control through coping and management, describing efforts to restore balance through physical self-care, social connection, and spiritual strength. These findings reveal that chemotherapy-induced peripheral neuropathy was a multidimensional phenomenon encompassing interrelated physical, emotional, social, and spiritual experiences. Understanding these perspectives underscores the importance of culturally sensitive and holistic nursing care that integrates ongoing symptom assessment, personalized education, and psychosocial and spiritual support to enhance patients' well-being during cancer treatment.

Keywords: Chemotherapy-induced peripheral neuropathy, Breast cancer, Coping strategies, Lived experience, Phenomenology

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Introduction

Breast cancer continues to be the leading cancer diagnosed in women globally, accounting for about 2.3 million new cases and over 670,000 deaths annually.[1] In Thailand, it ranks as the leading cancer in women, accounting for 23.2% of all female cancer cases, with approximately 29,113 new cases reported each year and an age-standardized incidence rate of 37.8 per 100,000 population.[2,3] Although advancements in systemic chemotherapy have markedly improved

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survival outcomes, these treatments often result in long-term adverse effects that profoundly impair physical functioning, psychosocial well-being, and overall quality of life.[4-6]

One of the most debilitating adverse effects of cancer treatment is chemotherapy-induced peripheral neuropathy (CIPN), a dose-limiting neurotoxicity commonly linked to the use of taxanes, platinum-based agents, and vinca alkaloids.[7,8] CIPN manifests as numbness, tingling, burning pain, or weakness in a "stocking-and-glove" pattern that can persist long after chemotherapy completion.[9] These symptoms compromise mobility, dexterity, and independence, leading to emotional distress, social withdrawal, and diminished self-esteem.[10,11] Evidence from Western and Asian contexts has shown that women experiencing CIPN often describe the condition as invisible but intrusive, affecting their identity, femininity, and roles within family and community.[12-14]

While quantitative studies have extensively documented the prevalence and risk factors of CIPN.[7,15] there remains limited understanding of its lived experience, particularly how cultural beliefs, values, and healthcare systems influence symptom perception and coping among Asian women.[12,16] In Asian societies, illness is commonly interpreted through intertwined biomedical, moral, and spiritual dimensions.[17,18,19] Cultural values such as filial piety, family harmony, endurance, and modesty often shape how women express suffering and seek help.[12,20,21] For example, in studies from China, Korea and Vietnam, women viewed illness as a test of faith or karma and used spiritual and family support as key coping resources.[22,23] However, transferring such findings directly to the Southern Thai context is challenging due to its distinctive cultural composition and healthcare dynamics.

Southern Thailand represents a unique sociocultural landscape influenced by both Thai-Buddhist and Muslim traditions. Health practices in this region are profoundly shaped by religion, community interdependence, and local wisdom.[24,25] Among Thai Buddhists, *Tham Jai* (acceptance) and *Kreng Jai* (consideration for others) encourage endurance, emotional restraint, and avoidance of burdening family or healthcare providers.[26,27] Among Thai Muslims, beliefs that "health and illness are predetermined by Allah" foster faith-based resilience, patience, and the perception that enduring pain is part of spiritual growth.[24] These perspectives may influence how women communicate symptoms, decide on self-care strategies, and engage with healthcare professionals. Additionally, hierarchical relationships between nurses and patients, combined with feelings of respect and deference, can limit open discussions about neuropathic symptoms and hinder timely management.[26,28]

Existing nursing literature underscores the importance of understanding illness within cultural frameworks to promote transcultural and person-centered care.[29,30] In Thailand, although several interventions have been developed to prevent or mitigate CIPN, such as cryotherapy using frozen gloves or local cooling devices,[31,32] there remains a paucity of qualitative inquiry exploring how women navigate, interpret, and manage their sensory disruptions in daily life. Without insight into the subjective experiences of Thai women, nursing interventions risk being clinically effective but culturally misaligned.[5,10,12]

Given this gap, a Husserlian descriptive phenomenological approach was employed to explore the lived experiences of Thai women with breast cancer undergoing neurotoxic chemotherapy in Southern Thailand. By examining their physical, emotional, social, and spiritual dimensions of living with CIPN, this study sought to generate an authentic understanding of their coping and self-management processes within the cultural fabric of Southern Thai society. The findings aim to inform culturally responsive nursing interventions and contribute to the development of holistic, person-centered models of cancer care in Thailand and similar Southeast Asian settings.

Review of Literature

Chemotherapy-induced peripheral neuropathy (CIPN) is one of the most distressing and disabling adverse effects of cancer treatment, resulting in long-lasting physical impairments, emotional distress, and social isolation. Evidence consistently shows that pharmacologic management alone remains inadequate. Duloxetine is the only drug with moderate efficacy, while non-pharmacologic interventions such as laser therapy, magnetic field stimulation, acupuncture, and structured exercise programs have demonstrated symptom reduction and enhanced quality of life.[33-35] These findings highlight the importance of integrated, multimodal strategies to alleviate both physical and psychosocial burdens of CIPN.

Beyond its physiological effects, CIPN profoundly influences patients' emotional and social identities. Qualitative studies across Western and Asian contexts describe neuropathy as an invisible yet intrusive condition that disrupts daily functioning, self-image, and independence, while triggering emotional turmoil and adaptation through hope, endurance, and social support.[5,6,14,36] In many cultural settings, women's coping behaviors are guided by moral, familial, and spiritual norms that shape how suffering is expressed and managed.[17] This suggests that the meaning of illness and adaptation is not universal but deeply situated within sociocultural realities.

In Asian societies, where collectivist values predominate, illness is often interpreted through interconnected biomedical, spiritual, and relational dimensions. Women tend to view suffering as a moral or religious test, adopting endurance, faith, and family harmony as key coping mechanisms.[16,23] Cultural principles such as *Tham Jai* (acceptance), *Sabr* (patience), and *Kreng Jai* (consideration for others) reinforce emotional restraint and self-reliance, which can sustain resilience but also limit communication of distress and delay help-seeking.[19,37]

Within Thailand, regional differences in culture and religion shape women's health beliefs and coping styles. Studies among Buddhist women with breast cancer reveal that illness is viewed as a karmic challenge, with acceptance, meditation, and merit-making seen as pathways to recovery and spiritual balance. In contrast, Muslim women in the South interpret illness through faith in Allah's will, drawing strength from prayer, family support, and patience in adversity.[19,24,26] These beliefs influence how symptoms are perceived, discussed, and managed. Values of respect, modesty, and deference to authority often constrain open communication with healthcare professionals, leading to underreporting of neuropathic symptoms.[27,28]

The Southern Thai cultural context, where Buddhist and Muslim traditions coexist, represents a complex environment in which women's health behaviors intertwine with spirituality, community norms, and family interdependence. Understanding this intersection is essential for nursing practice, as cultural beliefs directly shape symptom interpretation, adherence, and coping. Theories of transcultural nursing emphasize that culturally congruent care—aligned with patients' worldviews and values—is fundamental to improving health outcomes and promoting dignity in care delivery.[30,38,39]

Although Thailand has developed innovative strategies to prevent CIPN—such as cryotherapy using frozen rubber gloves and localized cooling interventions—the focus has largely been on physiological outcomes rather than psychosocial or cultural experiences.[31,32] Quantitative studies describe prevalence and risk factors,[40,41] but few have explored how women construct meaning from neuropathic symptoms within their cultural frameworks. Consequently, current interventions risk being clinically effective yet culturally misaligned.

Existing gaps call for qualitative inquiry into how Thai women—particularly those in the southern region—experience, interpret, and manage CIPN.

Understanding their lived experiences within cultural, spiritual, and relational contexts will generate insights essential to developing transcultural, person-centered nursing care models that respect local beliefs and enhance quality of life for women living with breast cancer.

Study Aim

This study aimed to describe and discuss the experiences and management of chemotherapy-induced peripheral neuropathy among Thai women with breast cancer.

Methods

Design: This study adopted a descriptive phenomenological design grounded in Husserl's transcendental philosophy, which emphasizes the exploration of human consciousness and the essence of lived experience. Husserl posited that understanding a phenomenon requires setting aside preconceived notions—through a process known as *epoché* or bracketing—to describe experiences as they are perceived by individuals.[42] This approach was selected because the study aimed to capture the authentic, unfiltered experiences of Thai women living with CIPN and to uncover its essential meaning within their sociocultural context. To achieve these aims, Colaizzi's phenomenological method[43] was employed for data analysis, as it systematically guides researchers in identifying, organizing, and synthesizing participants' descriptions into thematic structures that reflect the essence of the phenomenon. Unlike Heideggerian or interpretive phenomenology, which focuses on existential interpretation, Husserl's transcendental phenomenology aims for descriptive clarity and reduction to the essence of the experience, aligning with the research objective of understanding what and how CIPN is lived. To ensure methodological rigor and transparency, this study adhered to the Standards for Reporting Qualitative Research (SRQR) guidelines.[44]

Sample and Setting: A purposive sampling strategy was employed to recruit 20 Thai women diagnosed with breast cancer who had completed paclitaxel-based chemotherapy and reported symptoms of chemotherapy-induced peripheral neuropathy (CIPN) within the preceding 3-6 months. Participants were drawn from a university-affiliated hospital in Southern Thailand.

The inclusion criteria were as follows: (a) aged 18 years or older, (b) able to communicate effectively in Thai, (c) a normal score (0-7) on the Hospital Anxiety and Depression Scale,[45] (d) willingness to provide informed consent, and (e) sufficient cognitive capacity to participate in an interview. Cognitive adequacy was confirmed through a brief pre-interview screening assessing participants' orientation, comprehension, and coherence during a short conversational exchange. Women with severe psychiatric disorders or comorbidities requiring intensive care were excluded from the study.

Ethical Considerations: The study was approved by the Human Research Ethics Unit (HREU) (Project Code: REC.66-378-15-7; October 14, 2023). Written informed consent was obtained from all participants before data collection. The use of pseudonyms and secure data storage ensured confidentiality and anonymity, and participants were advised they were free to withdraw from the study at any time without any repercussions. The ethical principles outlined in the Declaration of Helsinki were adhered to throughout the study.

Data Collection: Data were collected between October 2023 and September 2024 through in-depth semi-structured telephone interviews with 20 purposively selected Thai women. This approach accommodated participants' post-chemotherapy fatigue and infection control precautions, allowing them to engage from a private and comfortable environment. Each interview lasted approximately 30–60 minutes and continued until data saturation was reached—defined as the point at which no new themes or concepts emerged.

A semi-structured interview guide was developed following a comprehensive review of the literature on CIPN experiences and symptom management. The guide included open-ended questions such as: "Can you describe what you felt in your body after completing chemotherapy?"; "How did these sensations affect your daily life or emotional well-being?"; "What helped you manage or adapt to these changes?" Probing questions were used throughout the interviews (e.g., "Can you elaborate on that?"; "How did you feel in that situation?"; "Was there a specific event that stood out to you?") to encourage participants' reflection and provide rich, in-depth data. The interview guide was reviewed by two experts in oncology nursing and qualitative research to ensure content validity and cultural appropriateness. Two pilot interviews with breast cancer survivors were conducted to assess the clarity, sensitivity, and contextual relevance of the questions.

Before each interview, the researcher established rapport through brief introductory conversations, clearly explaining the study's purpose, assuring confidentiality, and encouraging open sharing. Culturally sensitive communication—such as the use of local dialects or gentle honorifics—helped promote psychological comfort and trust. Participants were reminded that they could pause or withdraw at any time.

To capture emotional nuances despite the absence of visual cues, the interviewer paid close attention to paralinguistic features such as tone, pauses, hesitations, and breathing patterns, which often indicated emotional distress or relief. These measures supported emotional authenticity and contributed to thick, rich, and trustworthy descriptions of lived experiences.[46] Field notes were recorded immediately after each interview to document contextual details and emotional observations. All interviews were audio-recorded with participants' consent, transcribed verbatim in Thai, and verified for accuracy prior to analysis. Data collection continued until thematic saturation was reached, defined as the point at which no new concepts or themes emerged.[47]

Data Analysis: Data were analyzed using Colaizzi's seven-step phenomenological approach to elucidate the fundamental structure of participants' lived experiences.[43] The analytic procedure consisted of: 1) repeatedly reading all interview transcripts to gain a comprehensive understanding of the data; 2) identifying significant statements related to experiences of CIPN; 3) deriving meanings from these statements; 4) organizing the meanings into thematic clusters; 5) developing exhaustive descriptions of each theme; 6) integrating the findings to formulate the essential structure of the phenomenon; and 7) validating the results through member checking with selected participants.

Throughout the analysis, the researcher maintained reflexive notes to record emerging insights and ensure that interpretations remained grounded in participants' words. Two co-researchers independently reviewed theme clusters to enhance analytical rigor, and discrepancies were resolved through discussion until consensus was achieved. To promote transparency and replicability, **Table 1** illustrates how Colaizzi's seven-step framework was applied to this study's data, using examples derived directly from participants' transcripts.

Table 1. Application of Colaizzi's seven-step method

Step	Colaizzi's description	Application in this study (Example)
1. Familiarization	Read all participants' descriptions repeatedly to gain a sense of the whole	All 20 transcripts were read multiple times to obtain an overall understanding of women's experiences with CIPN following paclitaxel treatment. Initial impressions such as "persistent numbness," "difficulty holding objects," and "fear of losing hand function" were noted.
2. Extracting significant statements	Identify statements directly related to the phenomenon under investigation	Key phrases and sentences expressing the essence of participants' experiences were extracted, such as "I couldn't feel my fingertips—it was like wearing gloves all the time."
3. Formulating meanings	Interpret the underlying meanings implied in each significant statement	The example above was interpreted as "Loss of tactile sensation affects daily functioning." Other meanings included "emotional distress arising from reduced independence."
4. Clustering themes	Group formulated meanings into clusters of themes representing shared experiences	Formulated meanings were organized into clusters such as *Physical impairment*, *Emotional distress*, and *Adaptation through hope and faith*.
5. Developing exhaustive description	Integrate all thematic clusters into a full and rich description of the phenomenon	A comprehensive narrative was developed, illustrating how physical discomfort intertwined with emotional struggle and social adjustment during daily life.
6. Identifying fundamental structure	Condense the exhaustive descriptions to reveal the essential structure of the experience	The fundamental structure was synthesized as "Navigating multidimensional suffering through bodily endurance, emotional strength, and culturally grounded spiritual coping."
7. Validation (Member checking)	Return the findings to participants to confirm accuracy and ensure resonance with their experiences	All participants reviewed the thematic summaries and confirmed that the findings accurately reflected their experiences. Minor language adjustments were made for clarity and authenticity.

Trustworthiness: The study ensured methodological rigor by adhering to Lincoln and Guba's principles of trustworthiness, which include credibility, transferability, dependability, and confirmability.[46] Credibility was maintained through multiple validation strategies. The researcher practiced bracketing and reflexivity throughout data collection and analysis to minimize bias and preserve participants' authentic perspectives. Member checking was conducted with all participants, who reviewed their interview transcripts and preliminary thematic summaries to confirm the accuracy and resonance of interpretations. Their feedback was used to refine theme descriptions for clarity and precision. Additionally, peer debriefing sessions with two qualitative research experts were conducted to discuss coding decisions, ensure consistency, and enhance analytic soundness.

Transferability was strengthened by providing detailed contextual information on participants' demographic characteristics, treatment experiences, and sociocultural backgrounds. Thick, rich descriptions and verbatim quotations were included in the results section to enable readers to evaluate the applicability of findings to other contexts. Dependability was achieved through a clearly documented audit trail that captured methodological decisions, coding processes, and theme development across analytic stages. Regular team discussions were held to review interpretations and maintain coherence in data analysis. Confirmability was enhanced by maintaining transparent records of all analytic activities and by seeking external auditing from an experienced qualitative researcher who reviewed the analytic framework and theme structure. These procedures ensured that the findings reflected participants' lived experiences rather than the researcher's assumptions.[43,45]

Findings

A total of 20 Thai women aged 36–73 years (mean = 54) participated in the study. Most were married (n = 13), with six divorced and one single. The majority had completed college or university education and were insured under either the Civil Servant Medical Benefit Scheme or the Universal Coverage Scheme. Common comorbidities included hyperlipidemia, cardiovascular disease, and hypertension.

Using Colaizzi's phenomenological approach,[43] the analysis identified three major themes and related subthemes reflecting the core of Thai women's lived experiences of CIPN. These themes reflect a progression from distress and disruption to adaptation and coping within their sociocultural and spiritual contexts (**Table 2**).

Table 2. Essential themes and sub-themes of Thai women's experiences with chemotherapy-induced peripheral neuropathy

Essential themes	Sub-themes
1. Living with distress from treatment	1.1 Experiencing bodily discomfort and sensory changes
	1.2 Living with worry and uncertainty
	1.3 Feeling socially isolated
2. Moving through suffering toward adaptation	2.1 Seeking inner strength and spiritual meaning
	2.2 Living with hope for recovery
	2.3 Seeking information and social support
	2.4 Searching for meaning in illness
3. Regaining control through coping and management	3.1 Engaging in physical adaptation and self-care
	3.2 Drawing strength from family and healthcare relationships
	3.3 Seeking informational and community resources
	3.4 Sustaining hope and resilience through faith and spirituality

Theme 1: Living with distress from treatment

This theme captures the lived experience of physical and emotional distress arising from CIPN. Participants described the constant struggle with bodily discomfort, uncertainty about the future, and feelings of social isolation that accompanied their illness. Three sub-themes emerged: 1.1) experiencing bodily discomfort and sensory changes, 1.2) living with worry and uncertainty, and 1.3) feeling socially isolated.

Sub-theme 1.1: Experiencing bodily discomfort and sensory changes

Participants vividly described numbness, tingling, pain, and loss of coordination in their hands and feet, which disrupted their ability to perform daily tasks and maintain independence. These sensations were described as unpredictable and persistent, causing frustration and emotional exhaustion. As one participant described:

> *"I could't grip a spoon tightly. My hands felt numb and shaky, which made eating very difficult. Sometimes I needed someone to help me."* (P4)

Another participant reflected:

> *"My feet felt numb, like I was walking on clouds. I had to use a cane all the time because I was afraid of falling."* (P3)

For many, these physical changes represented a loss of bodily control and autonomy. Tasks that previously symbolized competence—such as cooking or writing—became reminders of dependence. Several participants mentioned feeling guilty or inadequate when unable to fulfil family responsibilities, reflecting the Thai cultural expectation that women maintain resilience and self-reliance within the household. Thus, bodily discomfort extended beyond physical pain to threaten participants' sense of identity and social value.

Sub-theme 1.2: Living with worry and uncertainty

Beyond the physical burden, participants experienced incessant worry and fear concerning symptom progression, treatment effectiveness, and the likelihood of permanent nerve damage. As one participant stated:

> *"I felt anxious about what would happen after the chemotherapy. The numbness in my hands made me worry if it would ever go away."* (P2)

Another participant shared a similar concern:

> *"I was scared of what might happen. Every time I went in for another cycle, I feared the side effects would get worse."* (P5)

Many reported living in a state of vigilance, constantly monitoring sensations in their hands and feet. This unceasing alertness created emotional fatigue and deteriorated confidence in recovery. Some participants expressed feelings of desperation when symptoms persisted long after chemotherapy completion, perceiving their bodies as permanently changed and unpredictable. The uncertainty caused by their condition contributed to a profound sense of vulnerability.

Sub-theme 1.3: Feeling socially isolated

The combination of physical limitations and emotional strain led participants to retreat from social interactions. They often shunned gatherings due to embarrassment, fatigue, or fear of being pitied by others. As one participant explained:

> *"I stopped going to family gatherings. It was too hard to explain what I was going through."* (P3)

Another participant echoed this feeling, saying:

> *"I started withdrawing from social activities because I felt like I couldn't keep up. I didn't want people to see me struggling."* (P1)

Several participants expressed unease at being a burden to family members, particularly when they required assistance with personal care. In the Thai society, where harmony and contribution to family life are cherished, this dependence produced a deep sense of shame. Isolation thus became both a coping mechanism and a source of suffering—protecting them from social judgment while increasing loneliness and emotional exhaustion.

Theme 2: Moving through suffering toward adaptation

This theme illustrates the process through which participants gradually moved from anguish and uncertainty toward acceptance, strength, and adaptation. The women described learning to live with their symptoms and finding meaning through inner resilience, hope, and support from others. Four sub-themes emerged: 2.1) seeking inner strength and spiritual meaning, 2.2) living with hope for recovery, 2.3) seeking information and social support, and 2.4) searching for meaning in illness.

Sub-theme 2.1: Seeking inner strength and spiritual meaning

Participants drew upon religious and spiritual beliefs to tolerate the suffering caused by CIPN. Prayer, meditation, and religious rituals provided comfort, peace, and a sense of connection with a higher power. For Buddhist participants, daily chanting or merit-making offered relief from anxiety and strengthened emotional stability. For Muslim participants, prayer (*salat*) and reciting the Quran helped foster patience and trust in Allah's will. As one Buddhist participant described:

> *"I chanted every night before bed, praying for recovery and strength. It made me feel calmer and closer to the sacred things I believe in."* (P9)

Similarly, a Muslim participant shared:

> *"When I got sick, I prayed more often and felt closer to God. It gave me peace and helped me accept my situation."* (P12)

Spirituality served as a foundation for inner transformation—turning suffering into acceptance and restoring hope. Faith became both an emotional refuge and a meaningful framework to reinterpret pain as part of life's impermanence, consistent with Thai cultural beliefs about karma and endurance.

Sub-theme 2.2: Living with hope for recovery

Hope emerged as a crucial emotional anchor, helping participants cope with ongoing symptoms and the uncertainty of their condition. Despite physical limitations, many maintained confidence that their bodies would eventually recover or that the symptoms would lessen over time. As one participant described:

> *"I kept telling myself this will pass, and I'll get better. That thought kept me going."* (P5)

Another participant confided:

> *"Even though my hands were still numb, I believed that one day they would feel normal again."* (P4)

This sense of hope was not only wishful thinking but an active emotional resource that helped participants face daily challenges with persistence. For some, hope was interlinked with faith; for others, it derived from observing small improvements or encouragement from family and healthcare providers. Living with hope fostered resilience and prevented emotional despair, allowing them to reframe their circumstances with optimism.

Sub-theme 2.3: Seeking information and social support

Participants indicated the importance of seeking knowledge and support from others as part of their adjustment process. They relied on healthcare professionals, family members, and peers to understand their condition and learn symptom-management strategies. As one participant reflected:

> *"My doctor explained everything clearly and gave me exercises for my hands. It made me feel more in control."* (P15)

Another participant shared:

> *"I joined a Facebook group where people shared their experiences. It was comforting to know I wasn't alone."* (P20)

Information-seeking and social connections empowered participants to take an active role in managing their symptoms. Family members also provided emotional reassurance and practical assistance, which helped the women feel appreciated and supported. These interactions reduced their sense of isolation and enhanced confidence in self-care within the Thai collectivist culture, such support reinforced belonging and nurtured mutual strength within family and community networks.

Sub-theme 2.4: Searching for meaning in illness

Over time, participants began to reinterpret their illness as a meaningful life experience rather than purely a source of suffering. Some viewed the illness as a test of faith or an indication to live more mindfully and appreciate their families. Others perceived it as an opportunity to grow spiritually and emotionally. As one participant expressed:

> *"I think being sick taught me to value my family and my life more. It made me stronger inside."* (P4)

Another participant shared:

> *"Maybe this illness came to remind me to take care of myself and to be closer to God."* (P11)

This reflective process represented a movement away from focusing on pain and loss toward acceptance and personal growth. The women perceived that although their bodies were weakened, their minds and spirits had become stronger. For many, this search for meaning brought emotional healing and a renewed sense of life purpose.

Theme 3: Regaining control through coping and management

This theme describes how participants coped with the debilitating effects of CIPN by employing multiple strategies to regain control over their bodies, emotions, and daily lives. Their coping comprised a combination of physical adaptation, emotional regulation, social connection, and spiritual resilience. Four sub-themes emerged: 3.1) engaging in physical adaptation and self-care, 3.2) drawing strength from family and healthcare relationships, 3.3) seeking informational and community resources, and 3.4) sustaining hope and resilience through faith and spirituality.

Sub-theme 3.1: Engaging in physical adaptation and self-care

Participants developed meticulous approaches to manage physical discomfort and maintain functionality. These included hand exercises, walking, stretching, and using assistive devices such as canes or specialized footwear. Through these practices, they sought to maintain independence and prevent further decline. As one participant explained:

> *"I would squeeze a stress ball every day to keep my hands flexible. It was something small, but it helped."* (P8)

Another participant added:

> *"I made sure to walk every day, even if it was just around the house. It helped me stay active and not feel useless."* (P15)

Although these self-care activities were physically taxing, they provided participants with a sense of control and empowerment. Environmental adaptation—such as using railings, adjusting home layouts, or wearing supportive shoes—allowed them to feel safer and more capable in their daily routines. These physical adaptations reflected both practical problem-solving and emotional endurance in living with persistent symptoms.

Sub-theme 3.2: Drawing strength from family and healthcare relationships

Support from family members and healthcare providers was crucial to participants' coping processes. Family members not only offered practical help with daily activities but also provided emotional reassurance and encouragement. As one participant reflected:

> *"My family always supported me. When my hands were too numb to do anything, they helped without making me feel like a burden."* (P1)

Another participant shared:

> *"The nurse was very kind. She explained what was happening and called to check on me after treatment."* (P2)

These caring relationships fostered a sense of security and belonging, helping participants maintain emotional stability. Trusting and empathetic interactions with healthcare professionals—particularly nurses—fortified their confidence in managing symptoms. Within Thai culture, which emphasizes family cohesion and respect for authority figures, such relationships represented essential sources of psychological comfort and hope.

Sub-theme 3.3: Seeking informational and community resources

Participants also sought knowledge and advice from multiple sources to better manage their symptoms. The use of social media and online communities, such as Facebook groups for cancer survivors, provided both educational and emotional support. As one participant explained:

> *"I looked up exercises online that could help with numbness. I tried some and found what worked best for me."* (P9)

Another participant shared:

> *"I joined an online group where people shared their experiences with chemotherapy. It helped me feel that I wasn't alone."* (P12)

These peer interactions allowed participants to exchange coping tips and derive comfort from shared understanding. Accessing health information through the internet or social networks also enhanced their self-efficacy, enabling them to play an active role in symptom management. Such information-seeking behavior demonstrates participants' agency and adaptability in bridging the gap between clinical advice and lived experience.

Sub-theme 3.4: Sustaining hope and resilience through faith and spirituality

Faith and spirituality were essential resources that strengthened participants' ability to endure suffering and sustain hope. Religious practices—such as praying, chanting, or performing charitable acts—provided emotional stability and helped them make sense of their illness. As one participant reflected:

> *"When I prayed, I felt peaceful and believed that my suffering would pass. It made me stronger inside."* (P2)

Another participant shared:

> *"I often made merit and prayed for others who were sick like me. It helped me feel that my pain had meaning."* (P3)

For both Buddhist and Muslim participants, faith represented a path toward emotional healing and acceptance. Spirituality transformed their perception of illness—from something to be feared into an experience that fostered compassion, humility, and personal growth. Within the Thai cultural context, faith served as a deeply rooted coping mechanism that complemented medical treatment and strengthened resilience.

Discussion

This study explored the lived experiences of Thai women with breast cancer who developed CIPN as a result of neurotoxic treatment. The findings reveal that CIPN profoundly affects women's physical functioning, emotional well-being, and spiritual outlook, while cultural values and family relationships play an integral role in shaping how symptoms are perceived and managed. These results expand the understanding of CIPN as not merely a physiological consequence of treatment, but a multidimensional phenomenon embedded within the sociocultural context of Southern Thailand.

Participants described persistent numbness, tingling, and loss of balance that interfered with walking, cooking, and performing household tasks. These physical limitations are consistent with previous studies reporting that sensory and motor impairments compromise independence and daily functioning.[4,5,15] Many participants described their altered sensations through vivid metaphors such as "walking on air" or "as if their feet were not touching the ground," reflecting the characteristic loss of proprioception and balance commonly associated with neuropathic changes.[5,10] The fear of falling and injury, leading some to rely on assistive devices, aligns with international findings linking CIPN severity to reduced mobility and greater fall risk.[9]

Beyond the physical symptoms, participants reported psychological distress characterized by anxiety, frustration, and uncertainty regarding symptom progression and recovery. Their emotional exhaustion and diminished self-esteem mirror findings from other qualitative studies showing that cancer survivors often struggle with identity loss and social withdrawal as they adapt to chronic treatment side effects.[6,14] For many Thai women, losing the ability to fulfill maternal or occupational roles challenged their sense of self, similar to the experiences reported among Vietnamese and British women coping with neuropathy.[5] These findings confirm that CIPN disrupts not only physical function but also personal and social identity, intensifying emotional vulnerability.

Coping and adaptation among participants were shaped by cultural beliefs emphasizing self-reliance, endurance, and emotional restraint. Women engaged in self-care activities such as hand exercises, walking, or herbal compresses, which supported their sense of control and comfort. These practices are consistent with evidence that physical activity and self-massage can mitigate neuropathic discomfort and enhance circulation.[48,49] The cultural concepts of *Tham Jai* (acceptance) and *Kreng Jai* (consideration for others) guided participants to endure pain silently to avoid burdening their families, reflecting a broader Thai social ethos valuing harmony and respect.[24,27]

Religion and spirituality also provided emotional strength and meaning. Buddhist participants often interpreted illness as an opportunity for spiritual growth and practiced meditation or merit-making to cultivate inner peace, while Muslim participants viewed suffering as part of divine will (*Qadar*) and coped through prayer and patience (*Sabr*). These findings support earlier research showing that religious coping fosters resilience, hope, and acceptance among both Buddhist and Muslim patients facing chronic illness.[18,20] However, certain beliefs—such as viewing neuropathy as karmic retribution—sometimes discouraged help-seeking, underscoring the importance of culturally sensitive communication and nursing assessment.[19,28]

Family support emerged as a central factor facilitating both practical and emotional adjustment. Participants described family members as caregivers who offered encouragement, physical assistance, and companionship. This reflects the collectivist nature of Thai culture, where family interdependence forms the foundation of emotional and social security.[21] In Southern Thailand, caregiving is seen not only as a duty but also as a moral act that upholds dignity and spiritual merit.[24,26] Conversely, limited family involvement heightened feelings of isolation and helplessness, consistent with findings among cancer patients in Middle Eastern and African societies where the absence of family support exacerbated emotional suffering.[50]

Spiritual and religious practices such as prayer, chanting, or Qur'an recitation were frequently described as vital coping mechanisms that brought calmness and restored hope. This pattern has also been documented among cancer survivors in Malaysia, China, and Turkey, where spiritual engagement provided existential meaning and enhanced psychological adjustment.[17,23] For Buddhist participants, spiritual rituals served as pathways to acceptance, while for Muslim participants, faith in divine wisdom fostered patience and gratitude. These shared experiences reaffirm that spirituality is a universal yet culturally nuanced dimension of coping with chronic illness.[24,26]

An emerging dimension in this study was participants' use of digital technology to seek health information and emotional support. Many joined online cancer forums and LINE or Facebook groups to share experiences, learn symptom management techniques, and gain reassurance. Similar to global trends, digital platforms empowered participants by facilitating peer interaction and reducing isolation.[14] However, reliance on unverified online information also presents risks of misinformation, emphasizing the need for nurse-led guidance and digital health literacy programs tailored to Thai cultural and linguistic contexts.[51]

The findings underscore the importance of culturally responsive nursing care that integrates physical, psychosocial, and spiritual dimensions of health. Nurses should assess patients' beliefs, coping strategies, and family dynamics to provide person-centered interventions that align with cultural values. Holistic interventions—such as education in local dialects, faith-based counseling, mindfulness, and community-based exercise programs—can improve symptom management and enhance well-being.[48,49] Future studies should continue exploring the intersection of culture, spirituality, and technology in symptom self-management among cancer survivors in Southern Thailand. Expanding qualitative and mixed-method research in diverse Thai contexts will strengthen the foundation for culturally congruent nursing models that promote dignity, empowerment, and quality of life for women living with CIPN.

Limitations

This study acknowledges certain methodological considerations. As a phenomenological inquiry, the findings are context-specific and aim to illuminate rather than generalize experiences. The use of telephone interviews, while essential for minimizing participants' fatigue and maintaining infection control during chemotherapy, may have limited the researcher's ability to observe nonverbal cues such as facial expressions or body language. However, this limitation was mitigated by the researcher's active listening to tone, pauses, and speech rhythm, alongside detailed field notes capturing emotional nuances.

The purposive sample of 20 Thai women recruited from a single university-affiliated hospital in Southern Thailand provides an in-depth yet context-bound understanding of CIPN experiences. Therefore, the transferability of findings to other settings should be considered with caution and assessed in relation to similar cultural and healthcare contexts. Nevertheless, the thick, rich descriptions presented in this study allow readers to judge the applicability of the results to their own clinical environments. Future research may benefit from integrating multi-site data collection or combining face-to-face and digital interviewing to capture more diverse expressions of lived experience across cultural groups. Longitudinal qualitative or mixed-method designs could also deepen understanding of how women's perceptions and coping strategies evolve throughout the treatment and recovery trajectory.

Conclusions

This study revealed that Thai women with breast cancer experienced chemotherapy-induced peripheral neuropathy as a multidimensional challenge affecting their physical, emotional, and social well-being. The symptoms disrupted mobility, daily activities, and self-confidence, yet participants showed strong resilience through acceptance, family support, and spiritual practices that fostered hope and emotional balance. They also engaged in practical coping strategies such as gentle exercise, assistive device use, and lifestyle adjustments to regain control over their lives. These findings emphasize the importance of nursing care that recognizes patients' cultural values and integrates physical, emotional, and spiritual support to enhance well-being and quality of life among women living with CIPN.

Implications for Nursing Practice

This study underscores the importance of incorporating systematic assessment and management of chemotherapy-induced peripheral neuropathy into oncology nursing practice. Nurses should conduct regular symptom monitoring using culturally adapted assessment tools and provide tailored education to enhance patients' understanding and self-management skills. Integrating physical care with emotional and spiritual support can strengthen patients' resilience and quality of life. Family participation should be encouraged to facilitate daily functioning and psychological comfort within the cultural framework of Thai society.

For future research, longitudinal studies are needed to explore how CIPN symptoms and coping strategies evolve over time and how culturally responsive interventions can be developed and tested in clinical settings. Collaborative studies integrating nursing, rehabilitation, and psychosocial disciplines could help establish comprehensive, person-centered care models for cancer survivors experiencing CIPN.

Disclosure statement

The authors do not have any conflicts of interest to declare.

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Author Contributions

Conceptualization, Method and design, Data analysis: C.T., K.Y.
Data collection and analysis, Writing and revising the manuscript: K.Y.

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ประสบการณ์และการจัดการอาการปลายประสาทอักเสบจากเคมีบำบัดในสตรีไทยที่เป็นมะเร็งเต้านม : การศึกษาเชิงปรากฏการณ์วิทยา

*ชลธิชา ทองพร้อม กันตพร ยอดใชย**

บทคัดย่อ: ภาวะปลายประสาทอักเสบจากเคมีบำบัด เป็นผลข้างเคียงที่พบบ่อยจากการรักษาโรคมะเร็ง ซึ่งก่อให้เกิดอาการปวด ชา และการสูญเสียการทำงาน ส่งผลกระทบอย่างมากต่อสุขภาวะทางกาย จิตใจ และสังคมของผู้ป่วย งานวิจัยนี้มีวัตถุประสงค์เพื่อศึกษาประสบการณ์ชีวิตของสตรีไทยที่เป็นมะเร็งเต้านมในการเผชิญและจัดการกับภาวะปลายประสาทอักเสบจากเคมีบำบัด ทั้งในระหว่างและหลังการได้รับยาเคมีบำบัด การวิจัยใช้ระเบียบวิธีปรากฏการณ์วิทยาเชิงพรรณนาโดยใช้แนวคิดของฮัซเซิร์ล ผู้เข้าร่วมการวิจัยเป็นสตรีไทย จำนวน 20 คน อายุ ระหว่าง 36–73 ปี ซึ่งได้รับยาเคมีบำบัดที่มีพิษต่อระบบประสาท ณ โรงพยาบาลสังกัดมหาวิทยาลัยแห่งหนึ่งในภาคใต้ของประเทศไทย ดำเนินการสัมภาษณ์เชิงลึกแบบกึ่งโครงสร้างระหว่างเดือนตุลาคม พ.ศ. 2566 ถึงกันยายน พ.ศ. 2567 ข้อมูลได้รับการวิเคราะห์โดยใช้วิธีของโคไลซี และรับรองความน่าเชื่อถือของข้อมูลตามเกณฑ์ด้านความน่าเชื่อถือ การถ่ายโอนผลการศึกษา ความคงเส้นคงวา และการยืนยันผล ผลการศึกษาพบประเด็นสำคัญ 3 ประการ ได้แก่ 1) การใช้ชีวิตท่ามกลางความทุกข์จากการรักษา สะท้อนถึงประสบการณ์ของผู้เข้าร่วมที่ต้องเผชิญกับความไม่สุขสบายทางร่างกาย ความทุกข์ทางอารมณ์ และการแยกตัวออกจากสังคม 2) การก้าวผ่านความทุกข์ไปสู่การปรับตัว แสดงให้เห็นถึงกระบวนการของความอดทน ความหวัง และการสร้างความหมายของชีวิตผ่านศรัทธา การสนับสนุนจากครอบครัว และการแสวงหาข้อมูล และ 3) การฟื้นคืนการควบคุมตนเองผ่านการเผชิญและการจัดการอาการ ซึ่งอธิบายถึงความพยายามในการฟื้นคืนสมดุลของชีวิตผ่านการดูแลตนเองทางกาย การสร้างความเชื่อมโยงทางสังคม และการยึดมั่นในพลังทางจิตวิญญาณ ผลการวิจัยสะท้อนให้เห็นว่าอาการปลายประสาทอักเสบจากเคมีบำบัดเป็นประสบการณ์ที่มีหลายมิติ เชื่อมโยงทั้งด้านร่างกาย อารมณ์ สังคม และจิตวิญญาณ การเข้าใจประสบการณ์เหล่านี้ช่วยเน้นย้ำถึงความสำคัญของการพยาบาลแบบองค์รวมที่คำนึงถึงบริบททางวัฒนธรรม โดยควรมีการติดตามอาการอย่างต่อเนื่อง การให้ความรู้ที่เหมาะสมกับแต่ละบุคคล และการดูแลด้านจิตใจและจิตวิญญาณ เพื่อส่งเสริมคุณภาพชีวิตของผู้ป่วยให้ดียิ่งขึ้นระหว่างกระบวนการรักษาโรคมะเร็ง

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คำสำคัญ : ภาวะปลายประสาทอักเสบจากเคมีบำบัด มะเร็งเต้านม กลยุทธ์การเผชิญปัญหา ประสบการณ์ชีวิต ปรากฏการณ์วิทยา

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