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Psychosocial Support Experiences of Patients with Hodgkin Lymphoma Receiving Chemotherapy: A Phenomenological Qualitative Study

Kemoterapi Alan Hodgkin Lenfoma Hastalarının Psikososyal Destek Deneyimleri: Fenomenolojik Bir Nitel Araştırma

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ABSTRACT

Background/ Objective: Hodgkin lymphoma is one of the hematological malignancies that affects not only individuals' physical health but also their psychological well-being and social lives. Although psychosocial support is a fundamental component of cancer care, qualitative evidence regarding how patients with Hodgkin lymphoma undergoing chemotherapy experience such support remains limited. This study was conducted to explore the psychosocial support experiences of patients with Hodgkin lymphoma undergoing chemotherapy.

Material and Methods: The study was conducted using a phenomenological qualitative research design. Data were collected through semi-structured individual interviews with 16 patients with Hodgkin lymphoma undergoing chemotherapy at a university hospital in Türkiye. The interviews were audio-recorded, transcribed verbatim, and analyzed using Braun and Clarke's thematic analysis approach.

Results: The analysis of the data yielded three overarching themes and nine subthemes. The first theme, "The Psychosocial Burden of Life Following Diagnosis," captured participants' experiences of shock and uncertainty, altered body image, and social isolation. The second theme, "Sources of Psychosocial Empowerment," encompassed support received from family, healthcare professionals, and peers. The third theme, "Regaining Strength and Reconstructing Meaning in Life," reflected participants' experiences of developing effective coping strategies, reassessing life priorities, and fostering hope for the future.

Conclusion: Psychosocial support plays a pivotal role in facilitating patients' adaptation to the chemotherapy process and strengthening the psychological resilience of individuals with Hodgkin lymphoma. Integrating family-centered approaches, nurse-led psychosocial support interventions, and structured peer support programs into routine oncology care is recommended to enhance comprehensive patient care.

Keywords: Hodgkin disease; psychosocial support; qualitative research; nursing.

ÖZ

Giriş/Amaç: Hodgkin lenfoma, bireylerin yalnızca fiziksel sağlığını değil, psikolojik ve sosyal yaşamlarını da etkileyen hematolojik malignitelerden biridir. Psikososyal destek, kanser bakımının önemli bir bileşeni olmasına rağmen, kemoterapi sürecindeki Hodgkin lenfoma hastalarının bu desteği nasıl deneyimlediğine ilişkin nitel kanıtlar sınırlıdır. Bu araştırma, kemoterapi tedavisi alan Hodgkin lenfoma hastalarının psikososyal destek deneyimlerini incelemek amacıyla yapılmıştır.

Gereç ve Yöntem: Araştırma fenomenolojik nitel araştırma deseninde yürütülmüştür. Veriler, Türkiye'de bir üniversite hastanesinde kemoterapi tedavisi alan 16 Hodgkin lenfoma hastası ile gerçekleştirilen yarı yapılandırılmış bireysel görüşmeler yoluyla toplanmıştır. Ses kayıtları yazıya aktarılmış ve Braun ve Clarke'ın tematik analiz yaklaşımı doğrultusunda analiz edilmiştir.

Bulgular: Verilerin analizi sonucunda üç ana tema ve dokuz alt tema belirlenmiştir. "Tanıyla Değişen Yaşamın Psikososyal Yükü" teması; şok ve belirsizlik, değişen beden algısı ve sosyal izolasyon deneyimlerini içermektedir. "Güç Veren Destek Kaynakları" teması; aile desteği, sağlık profesyonellerinin desteği ve akran desteğini kapsamaktadır. "Yeniden Güçlenme ve Yaşamı Anlamlandırma" teması ise baş etme stratejileri geliştirme, yaşam önceliklerini yeniden değerlendirme ve geleceğe yönelik umut duygularını içermektedir.

Sonuç: Psikososyal destek, Hodgkin lenfoma hastalarının kemoterapi sürecine uyum sağlamalarında ve psikolojik dayanıklılıklarını güçlendirmelerinde önemli bir role sahiptir. Onkoloji bakımında aile merkezli yaklaşımların, hemşire liderliğinde psikososyal destek programlarının ve akran destek uygulamalarının yaygınlaştırılması önerilmektedir.

Anahtar Kelimeler: Hodgkin lenfoma; psikososyal destek; nitel araştırma; hemşirelik.

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1. Introduction

Hodgkin lymphoma (HL) is a hematological malignancy of the lymphatic system and one of the most common cancers affecting young adults. Although advances in chemotherapy, targeted therapies, and supportive care have improved survival (American Cancer Society, 2025; NCI, 2025), patients continue to experience substantial physical, psychological, social, and emotional challenges (Ansell, 2024).

A cancer diagnosis is often perceived as a major life crisis characterized by uncertainty, fear of death, anxiety about the future, and loss of control (WHO, 2024). These challenges may be greater in HL because it commonly occurs during young adulthood, disrupting education, employment, family life, and social roles (Boland et al., 2022). Chemotherapy further contributes to psychosocial distress through fatigue, nausea, pain, infection risk, alopecia, altered body image, social isolation, perceived stigma, and emotional vulnerability (Rosenthal, 2022).

Psychosocial support is a core component of cancer care that promotes psychological well-being through emotional, informational, and practical support from family, friends, peers, and healthcare professionals (Milzer et al., 2023). Adequate support is associated with lower anxiety and depression, better treatment adherence, greater hope, and improved quality of life, whereas inadequate support contributes to psychological distress and poorer treatment experiences (NCCN, 2025; Zingler et al., 2025; Clothier et al., 2025).

Nurses play a key role in providing psychosocial support through continuous patient contact, empathetic communication, emotional support, education, and coping enhancement (Oncology Nursing Society, 2024). However, little is known about how patients with HL experience psychosocial support, which sources they perceive as most meaningful, and how these needs evolve during chemotherapy (Boland et al., 2022; Rosenthal, 2022). Although quantitative studies have examined quality of life, symptom burden, and psychological adjustment, qualitative evidence on psychosocial support experiences during chemotherapy remains scarce, particularly regarding support from family, peers, nurses, and other healthcare professionals.

Therefore, this study aimed to explore the psychosocial support experiences of patients with Hodgkin lymphoma undergoing chemotherapy. The findings may strengthen psychosocial oncology nursing care and inform patient-centered supportive care. The study addressed the following research question: “How do patients with Hodgkin lymphoma undergoing chemotherapy experience psychosocial support throughout their treatment journey?”

2. Methods

Study Design

This qualitative phenomenological study explored the psychosocial support experiences of patients with Hodgkin lymphoma undergoing chemotherapy. A phenomenological approach was used to examine participants’ lived experiences and the meanings they attributed to psychosocial support throughout chemotherapy. The study was reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist (Supplementary File 1).

Study Setting and Data Collection Period

The study was conducted in the outpatient day chemotherapy unit of a university hospital in southern Türkiye, where ambulatory chemotherapy is provided for patients with hematological malignancies. Data were collected between June and July 2026 through face-to-face, individual, in-depth interviews conducted in private settings.

Participants and Sampling

Participants were patients with Hodgkin lymphoma receiving treatment at the hospital’s Hematology Clinic. Purposive sampling was used to recruit adults (≥18 years) who had completed at least one chemotherapy cycle, were able to communicate in Turkish, and provided informed consent. Individuals with cognitive impairment or severe physical or psychiatric conditions affecting participation were excluded. Data collection and analysis were conducted concurrently. Saturation was achieved after 14 interviews, and two additional interviews confirmed no new codes, categories, or themes, resulting in a final sample of 16 participants. Data saturation was determined through concurrent data collection and analysis, with no new codes or concepts emerging during the final interviews. Two additional interviews confirmed thematic redundancy.

Data Collection Instruments

Data were collected using a researcher-developed Personal Information Form and Semi-Structured Interview Guide based on the literature. The Personal Information Form included sociodemographic and clinical characteristics. The interview guide explored experiences following diagnosis and during chemotherapy, sources of psychosocial support, perceptions of nursing care, and coping strategies. It was reviewed by experts in oncology nursing and

qualitative research to ensure content validity and clarity. Minor revisions were made based on expert feedback to improve clarity, comprehensiveness, and the logical sequence of interview questions prior to data collection.

Data Collection Procedure

Face-to-face, individual, in-depth interviews lasting approximately 20–30 minutes were audio-recorded with participants' informed consent. The researcher used probing questions to encourage detailed responses, while field notes documented nonverbal behaviors, emotional responses, and contextual observations. Interviews were transcribed verbatim for thematic analysis. Field notes were reviewed alongside interview transcripts during analysis to enrich contextual interpretation and support theme development.

Data Analysis

Data were analyzed using Braun and Clarke's six-phase thematic analysis. Interviews were transcribed verbatim, checked against the recordings, and repeatedly read for familiarization. Meaningful units were identified through line-by-line coding, and related codes were grouped into potential themes and subthemes. These were iteratively reviewed, refined, defined, and named to ensure coherence and distinctiveness. Initially, transcripts were coded line by line. Similar codes were then grouped into categories, which were subsequently refined into subthemes and overarching themes through iterative comparison and team discussions. The researchers coded the data independently and resolved differences through discussion and consensus. Representative quotations were used to support the findings. The analysis resulted in three overarching themes and nine subthemes. Any discrepancies were resolved through iterative discussion until consensus was achieved, ensuring consistency and credibility of the analytical process.

Trustworthiness

Trustworthiness was established according to Lincoln and Guba's criteria of credibility, transferability, dependability, and confirmability. Credibility was supported through rapport-building, probing questions, and repeated review of transcripts and interpretations. Transferability was enhanced by detailed descriptions of the participants, setting, data collection, and analysis.

Dependability was ensured through systematic documentation, an audit trail, and independent coding followed by consensus. Confirmability was strengthened through reflexivity, representative quotations, and transparent documentation to ensure that interpretations remained grounded in participants' accounts. Prior to data collection, the research team discussed and documented their pre-existing assumptions regarding psychosocial support experiences. These reflections were revisited throughout analysis to ensure that interpretations remained grounded in participants' narratives. In addition, an audit trail documenting analytical decisions was maintained throughout the study, and regular peer debriefing sessions were conducted to enhance analytical rigor and confirmability.

Ethical Considerations

Ethical approval was obtained from Akdeniz University Medical Scientific Research Ethics Committee (Approval No.: TBAEK-490; Date: 04.06.2026), and institutional permission was granted by the healthcare institution where the study was conducted. The research adhered to the principles of the Declaration of Helsinki.

Before participation, all participants received detailed information about the study, including its purpose, interview procedures, audio recording, confidentiality, and the use of data for research purposes. Written and verbal informed consent were obtained prior to data collection. Participants were informed that participation was voluntary, that they could withdraw at any time without consequence, and that their decision would not affect their treatment or healthcare.

To ensure confidentiality, interviews were conducted in private settings, and all recordings, transcripts, and research data were stored in password-protected files accessible only to the research team. Participants were anonymized using identification codes (e.g., P1, P2, P3), and all data were managed and reported in accordance with internationally accepted principles of research integrity and publication ethics.

3. Result

Participant Characteristics

A total of 16 patients with Hodgkin lymphoma undergoing active chemotherapy participated in the study. Participants were aged 22–44 years (mean: 32.8 ± 8.7 years). Most were female (56.3%, n=9), single (56.3%, n=9), had completed higher education (75.0%, n=12), and were not actively employed (56.3%, n=9). Most had been diagnosed within the previous six months (68.8%, n=11), had completed three or more chemotherapy cycles (68.8%, n=11), and had received chemotherapy-related education (75.0%, n=12). Nearly all participants lived with their families (93.8%, n=15). Family members were the primary source of psychosocial support (68.8%,

n=11), followed by friends (56.3%, n=9), whereas only 31.3% (n=5) had received professional psychological support.

Table 1. Sociodemographic and Disease-Related Characteristics of the Participants (N=16)

Characteristics	n	%
Age group (years)		
18–25	4	25.0
26–35	6	37.5
36–45	4	25.0
46–55	2	12.5
Mean age (years), mean ± SD	32.8 ± 8.7	
Gender		
Female	9	56.3
Male	7	43.7
Marital status		
Single	9	56.3
Married	7	43.7
Educational level		
High school	4	25.0
College/University	1	62.5
Master's/Doctoral degree	2	12.5
Occupation		
Student	4	25.0
Government employee/Worker	5	31.3
Self-employed	3	18.7
Homemaker	2	12.5
Other	2	12.5
Employment status		
Employed full-time	5	31.3
Employed part-time	2	12.5
Unemployed	9	56.2
Health insurance		
Yes	1	100.0
No	0	0.0
Perceived income level		
Income less than expenses	5	31.3
Income equal to expenses	9	56.2
Income greater than expenses	2	12.5
Self-rated health status		
Good	3	18.7
Fair	1	62.5
Poor	3	18.8
Time since diagnosis		
0–3 months	5	31.3
4–6 months	6	37.5
7–12 months	4	25.0
>12 months	1	6.2
Total number of chemotherapy cycles received		
1–2 cycles	4	25.0
3–4 cycles	6	37.5
5–6 cycles	5	31.3
≥7 cycles	1	6.2
Received education about chemotherapy		
Yes	1	75.0
No	4	25.0
Received psychological support		
Yes	5	31.3
No	1	68.7
People living with the participant*		
Living with parents	7	43.8
Living with spouse	6	37.5
Living with children	3	18.8
Living alone	2	12.5
Primary sources of support during the illness*		
Family members	1	93.8
Healthcare professionals	1	68.8
Friends	9	56.3
Other patients	4	25.0

Note. Participants were allowed to select more than one response; therefore, percentages exceed 100%.

Themes

Thematic analysis identified three overarching themes and nine subthemes describing participants' psychosocial support experiences: (1) The Psychosocial Burden of Life Following Diagnosis, (2) Sources of Psychosocial Empowerment, and (3) Regaining Strength and Reconstructing Meaning in Life. The themes, subthemes, and representative participant quotations are presented in Table 2.

Table 2. Development of Themes, Subthemes, and Representative Participant Quotations

Main Themes	Subthemes	Representative Participant Quotations
The Psychosocial Burden of Life Following Diagnosis	The Shock and Uncertainty of Diagnosis	"I had no idea how long I was going to live. The uncertainty frightened me even more than the disease itself." (P1) "The moment the doctor said 'lymphoma,' everything became a blur. It felt as though my life had been divided into two parts—before and after." (P5) "At that moment, all I could think about was my children. I was terrified that I might not live long enough to see their future." (P9) "When I learned that I had cancer, the first thing that crossed my mind was whether I was going to die." (P11)
	Confronting a Changing Body	"When my hair started falling out, that was when I truly accepted that I was ill." (P3) "I used to be a very active person. Now, even a short walk leaves me exhausted." (P8) "It felt as though my body no longer belonged to me." (P14) "When I looked in the mirror, I could hardly recognize myself." (P15)

	Social Withdrawal and Loneliness	“Everyone called and checked on me at first, but as time passed, I was left alone.” (P2) “I stopped seeing my friends as often because I simply didn’t feel well.” (P7) “Even when I was surrounded by people, I still felt alone.” (P12) “I chose not to tell anyone what I was going through because I didn't want to be a burden.” (P14)
Sources of Psychosocial Empowerment	The Unconditional Presence of Family	“My father never showed it, but I knew he was more frightened than I was. Even so, he never left my side.” (P4) “My mother was with me during every chemotherapy session. Simply knowing she was there comforted me more than the treatment itself.” (P6) “I could not have gotten through this without my spouse. When I was no longer strong enough, my spouse became my strength.” (P9) “My sibling called me every night. Those conversations kept my spirits up.” (P15) “My family made me realize that I was not alone. We experienced this illness together.” (P16)
	Healthcare Professionals Who Fostered a Sense of Being Understood	“Sometimes, simply having someone listen to me was enough. The nurses were the people I could talk to about my fears.” (P1) “On the days when I felt my worst, even their smile made me feel better.” (P3) “Knowing what to expect at every stage of the treatment reduced my anxiety.” (P5) “The way they answered my questions patiently made me feel valued.” (P10) “I remember them not as the people who inserted the needle, but as the people who gave me hope.” (P12)
	Drawing Strength from Shared Experiences	“Seeing that they had made it through gave me confidence that I could make it too.” (P2) “My family supported me, but someone who had actually lived through the illness understood me in a completely different way.” (P11) “Talking to someone who had experienced what I was going through was different. I truly felt understood.” (P7) “Listening to the experiences of people who had gone through the same journey made me feel more at ease.” (P13) “Meeting people who had recovered gave me hope.” (P15)
Regaining Strength and Reconstructing Meaning in Life	Developing Coping Strategies	“I set small goals for myself every day. That was how I kept going.” (P4) “Praying gave me strength.” (P6) “I learned to live one day at a time.” (P8) “I learned to accept the things I could not control. That brought me peace.” (P10) “I tried to stay away from negative thoughts.” (P11)
	A Changed Perspective on Life	“I think I have become a calmer and more patient person.” (P5) “I realized that I had been putting life off all along.” (P9) “I came to understand that many of the things I once considered important were not really important after all.” (P13) “I learned that health is more important than anything else.” (P14) “Cancer taught me how precious life really is.” (P16)
	Hope for the Future and Personal Empowerment	“There are so many things I want to do once my treatment is over.” (P2) “I feel stronger than I was before.” (P3) “I believe a new life is waiting for me now.” (P5) “This journey broke me, but it also made me stronger.” (P8) “I am trying to look toward the future with hope rather than fear.” (P16)

Theme 1. The Psychosocial Burden of Life Following Diagnosis

Participants described the diagnosis of Hodgkin lymphoma as a life-changing event marked by uncertainty, fear of death, and disruption of body image and social life. This theme comprised three subthemes: “The Shock and Uncertainty of Diagnosis,” “Confronting a Changing Body,” and “Social Withdrawal and Loneliness.”

Subtheme 1.1. The Shock and Uncertainty of Diagnosis

Most participants described the diagnosis as an unexpected and overwhelming experience characterized by uncertainty, fear of death, and anxiety about the future.

“I had no idea how long I was going to live. The uncertainty frightened me even more than the disease itself.” (P1)

"The moment the doctor said 'lymphoma,' everything became a blur. It felt as though my life had been divided into two parts—before and after." (P5)
"At that moment, all I could think about was my children. I was terrified that I might not live long enough to see their future." (P9)
"When I learned that I had cancer, the first thing that crossed my mind was whether I was going to die." (P11)
These accounts portray the diagnosis as an existential event that disrupted participants' sense of security and future expectations.

Subtheme 1.2. Confronting a Changing Body
Participants described chemotherapy-related physical changes as profoundly affecting body image, self-perception, and self-confidence, with hair loss and reduced physical strength serving as visible reminders of the illness.
"When my hair started falling out, that was when I truly accepted that I was ill." (P3)
"I used to be a very active person. Now, even a short walk leaves me exhausted." (P8)
"It felt as though my body no longer belonged to me." (P14)
"When I looked in the mirror, I could hardly recognize myself." (P15)
These experiences reflected psychological as well as physical losses, challenging participants' identity and sense of self.

Subtheme 1.3. Social Withdrawal and Loneliness
Participants reported that the illness disrupted their social relationships, leading to reduced social participation and persistent loneliness during chemotherapy.
"Everyone called and checked on me at first, but as time passed, I was left alone." (P2)
"I stopped seeing my friends as often because I simply didn't feel well." (P7)
"Even when I was surrounded by people, I still felt alone." (P12)
"I chose not to tell anyone what I was going through because I didn't want to be a burden." (P14)
These narratives suggest that Hodgkin lymphoma contributed to both social isolation and emotional loneliness throughout treatment.

Theme 2. Sources of Psychosocial Empowerment
Participants highlighted social support as essential for coping with the physical and psychological challenges of chemotherapy. Family members, healthcare professionals, and peers were perceived as key sources of support throughout treatment. This theme comprised three subthemes: "The Unconditional Presence of Family," "Healthcare Professionals Who Fostered a Sense of Being Understood," and "Drawing Strength from Shared Experiences."

Subtheme 2.1. The Unconditional Presence of Family
Participants consistently identified family as their primary source of psychosocial support. The presence, emotional support, and caregiving provided by parents, spouses, and siblings fostered security and emotional stability during chemotherapy.
"My father never showed it, but I knew he was more frightened than I was. Even so, he never left my side." (P4)
"My mother was with me during every chemotherapy session. Simply knowing she was there comforted me more than the treatment itself." (P6)
"I could not have gotten through this without my spouse. When I was no longer strong enough, my spouse became my strength." (P9)
"My sibling called me every night. Those conversations kept my spirits up." (P15)
"My family made me realize that I was not alone. We experienced this illness together." (P16)
These accounts indicate that family support extended beyond practical care by fostering security, belonging, hope, and resilience.

Subtheme 2.2. Healthcare Professionals Who Fostered a Sense of Being Understood
Participants emphasized that healthcare professionals, particularly nurses, provided emotional support through empathetic communication, clear information, and compassionate care.
"Sometimes, simply having someone listen to me was enough. The nurses were the people I could talk to about my fears." (P1)
"On the days when I felt my worst, even their smile made me feel better." (P3)
"Knowing what to expect at every stage of the treatment reduced my anxiety." (P5)
"The way they answered my questions patiently made me feel valued." (P10)
"I remember them not as the people who inserted the needle, but as the people who gave me hope." (P12)
Participants viewed nurses as a source of trust, reassurance, and emotional security, with compassionate communication helping to reduce anxiety and facilitate treatment.

Subtheme 2.3. Drawing Strength from Shared Experiences
Several participants described peer support as an important source of emotional reassurance and hope. Meeting survivors or others who had successfully completed treatment strengthened their confidence in recovery.
"Seeing that they had made it through gave me confidence that I could make it too." (P2)
"My family supported me, but someone who had actually lived through the illness understood me in a completely different way." (P11)

"Talking to someone who had experienced what I was going through was different. I truly felt understood." (P7)
"Listening to the experiences of people who had gone through the same journey made me feel more at ease." (P13)
"Meeting people who had recovered gave me hope." (P15)
These accounts suggest that peer support reduced loneliness while fostering hope, emotional adjustment, and resilience.

Theme 3. Regaining Strength and Reconstructing Meaning in Life

Participants described the illness not only as a period of hardship but also as an opportunity for personal growth and meaning reconstruction. Over time, they developed adaptive coping strategies, reassessed their priorities, and regained hope for the future. This theme comprised three subthemes: "Developing Coping Strategies," "A Changed Perspective on Life," and "Hope for the Future and Personal Empowerment."

Subtheme 3.1. Developing Coping Strategies

Participants described using psychological and behavioral strategies to cope with treatment-related challenges, helping them manage emotional distress, maintain a sense of control, and adapt to chemotherapy.
"I set small goals for myself every day. That was how I kept going." (P4)
"Praying gave me strength." (P6)
"I learned to live one day at a time." (P8)
"I learned to accept the things I could not control. That brought me peace." (P10)
"I tried to stay away from negative thoughts." (P11)
These narratives suggest that adaptive coping strategies reduced emotional burden, supported psychological adjustment, and helped participants maintain hope throughout treatment.

Subtheme 3.2. A Changed Perspective on Life

Participants described the illness as a transformative experience that reshaped their priorities and values, leading to a greater appreciation of the present and of what truly mattered.
"I think I have become a calmer and more patient person." (P5)
"I realized that I had been putting life off all along." (P9)
"I came to understand that many of the things I once considered important were not really important after all." (P13)
"I learned that health is more important than anything else." (P14)
"Cancer taught me how precious life really is." (P16)
These accounts indicate that the illness became not only a source of suffering but also a catalyst for personal growth, self-awareness, and meaning reconstruction.

Subtheme 3.3. Hope for the Future and Personal Empowerment

Despite treatment challenges, participants described maintaining hope and gradually regaining strength as they began to envision life beyond cancer.
"There are so many things I want to do once my treatment is over." (P2)
"I feel stronger than I was before." (P3)
"I believe a new life is waiting for me now." (P5)
"This journey broke me, but it also made me stronger." (P8)
"I am trying to look toward the future with hope rather than fear." (P16)

For participants, hope represented not only recovery but also confidence in rebuilding their lives and pursuing future goals. Together with adaptive coping resources, psychosocial support strengthened resilience, personal empowerment, and psychological recovery throughout the cancer journey.

4. Discussion

This study explored the psychosocial support experiences of patients with Hodgkin lymphoma undergoing chemotherapy and identified three overarching themes: The Psychosocial Burden of Life Following Diagnosis, Sources of Psychosocial Empowerment, and Regaining Strength and Reconstructing Meaning in Life. The findings indicate that Hodgkin lymphoma is experienced not only as a biological disease but also as a life-changing event that profoundly affects psychological, social, and existential well-being. This is consistent with previous studies showing that hematological malignancies influence identity, social roles, and life meaning in addition to physical health (Goswami et al., 2020; Li et al., 2025).

The first theme, "The Psychosocial Burden of Life Following Diagnosis," highlighted uncertainty, fear of death, and loss of control following diagnosis. Mishel's Uncertainty in Illness Theory suggests that psychological adjustment is impaired when individuals cannot predict or understand the course of their illness (Mishel, 1988; Zhang, 2017). Likewise, psychological distress is greatest immediately after diagnosis and treatment initiation among patients with hematological malignancies (Muzzatti et al., 2020). Although Hodgkin lymphoma has high cure rates, patients commonly fear mortality, disease progression, and disruption of future life plans (McGrady et al., 2024), a pattern also reflected in the present findings.

Chemotherapy-related physical changes also emerged as a key psychosocial challenge. Hair loss, reduced physical strength, and altered appearance diminished self-confidence and negatively affected

body image. Body image is an important but often overlooked aspect of the cancer experience (Ivanova et al., 2023), particularly among young adults, for whom appearance-related changes can adversely affect self-esteem, intimate relationships, and social interactions (Mehnert-Theuerkauf et al., 2024). These findings highlight the need to address chemotherapy-related physical changes as psychosocial as well as medical concerns.

Social isolation and loneliness also emerged as prominent experiences during treatment. Participants reported disrupted social roles, weakened friendships, and persistent loneliness throughout chemotherapy. Previous studies have linked social isolation in patients with hematological malignancies to increased depression, anxiety, and poorer quality of life (Liang et al., 2022; Weis, 2015). Reduced social interaction due to immunosuppression, together with reluctance to burden others, may further intensify loneliness (Badger et al., 2023). Consistent with these findings, participants experienced loneliness as both physical isolation and emotional disconnection, highlighting the need to address both dimensions in psychosocial care.

The second theme, "Sources of Psychosocial Empowerment," highlighted the importance of social support for psychological adjustment. Family was consistently identified as the primary source of support. According to Social Support Theory, perceived social support is a key determinant of psychological well-being (Harris et al., 2017), and family support enhances resilience, reduces depressive symptoms, and improves treatment adherence among patients with cancer (Schnabel et al., 2023; Mehnert-Theuerkauf et al., 2024). Consistent with these findings, participants described family support as fostering security, belonging, and hope, emphasizing the importance of family-centered oncology care.

Healthcare professionals, particularly nurses, also emerged as key sources of psychosocial support. Empathetic communication, clear information, and emotional support facilitated psychological adjustment. Therapeutic communication has been shown to reduce psychological distress and improve patient satisfaction (Harris et al., 2020; Rosenzweig et al., 2024). Accordingly, nurses play a crucial role in building trust, reducing uncertainty, and promoting emotional well-being through compassionate, patient-centered care (Mackay et al., 2023).

Peer support also contributed to psychosocial empowerment. Participants reported that interactions with individuals with similar experiences fostered understanding, hope, and reassurance. Previous studies show that peer support reduces loneliness, strengthens coping (Kiemen et al., 2023), and improves psychological well-being and self-efficacy among patients with hematological malignancies (Milzer et al., 2023). Participants likewise viewed peer relationships as an important source of resilience.

The third theme, "Regaining Strength and Reconstructing Meaning in Life," reflected participants' psychological adjustment through redefining priorities, adopting adaptive coping strategies, and maintaining hope. These findings are consistent with posttraumatic growth theory, which describes positive psychological change following traumatic experiences (Zhang, 2017). Previous studies similarly report that cancer can increase appreciation of life, strengthen relationships, and enhance resilience (Burney et al., 2019; Casellas-Grau et al., 2017).

Hope emerged as a key resource for resilience. Higher hope is associated with more adaptive coping and lower psychological distress in oncology (Zingler et al., 2025; Rustøen et al., 2023; Gallagher et al., 2024). Participants likewise described hope as essential for rebuilding their lives.

Overall, these findings support systematic assessment of psychosocial needs from diagnosis. Early identification of psychological distress, family-centered interventions, nurse-led psychosocial care, and integration of peer support into routine oncology practice may improve psychological well-being, treatment adherence, adjustment, and quality of life in patients with Hodgkin lymphoma.

Strengths and Limitations

A major strength of this study is its in-depth exploration of the psychosocial support experiences of patients with Hodgkin lymphoma undergoing chemotherapy from their own perspectives. Using a phenomenological approach and in-depth interviews provided a rich understanding of patients' lived experiences, while examining family, healthcare professional, and peer support together offered a comprehensive view of psychosocial support throughout the cancer journey.

This study has several limitations. As it was conducted at a single center with a relatively small sample, the findings are not readily generalizable to other settings. In addition, only patients receiving active chemotherapy were included, limiting insights into the experiences of long-term survivors and individuals in the post-treatment survivorship phase. Despite these limitations, the findings provide valuable evidence to support the development of more comprehensive, patient-centered oncology care.

5. Conclusions

This study identified three overarching themes describing the psychosocial support experiences of patients with Hodgkin lymphoma undergoing

chemotherapy: “The Psychosocial Burden of Life Following Diagnosis,” “Sources of Psychosocial Empowerment,” and “Regaining Strength and Reconstructing Meaning in Life.” The findings demonstrate that Hodgkin lymphoma and its treatment affect psychological, social, and emotional well-being as profoundly as physical health. Support from family members, healthcare professionals, and peers promoted treatment adaptation, resilience, hope, and the development of adaptive coping strategies. These findings emphasize the importance of systematically assessing psychosocial needs from the time of diagnosis. Integrating family-centered care, nurse-led psychosocial interventions, peer support, and professional psychological counseling into routine oncology practice may enhance holistic, patient-centered care. Future multicenter qualitative and mixed-methods studies across diverse settings are needed to strengthen the transferability and applicability of these findings.

Conflict of Interest

The authors declare no conflicts of interest.

Author Contributions

Study concept: MGS; Study design: MGS; HB; Data collection: MGS; HB; Literature search: MGS; HB; Data analysis and interpretation: MGS; Manuscript preparation: MGS; Critical review: HB; OS.

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