The Lived Experiences of Women Diagnosed with Stage II or Greater Gynecological Cancer

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Background / Significance

• Gynecological cancer is defined as cancer of the female genitalia or reproductive system.

• In 2021, it is estimated 900,420 women will be newly diagnosed with cancer and approximately 167,900 of these cases will be gynecological cancer. Approximately, 43,600 women will die from breast cancer in 2021, while gynecological cancer will account for 42,380 deaths.1

• Women with advanced stage gynecological cancer, specifically ovarian, uterine cervix (cervical), and uterine corpus (endometrial) cancers, have poorer prognoses.2

• Women diagnosed with late-stage gynecological cancer encounter unique physical and psychosocial stressors.

• Stressors include cancer-related stigma, late-stage diagnosis, distinct experiences of isolation and loneliness, intense decisions related to treatment, and extensive treatment regimens which may result in the loss of reproductive capabilities.

• The existing body of literature identifies individual stressors or symptoms, quantifies symptom experiences, or focuses on one type of gynecological cancer and/or treatment process.

• In previous studies, there was an exclusion of a holistic perspective of the gynecological cancer patient experience, including the acknowledgement of shared experiences across gynecological cancer types.

Purpose

This study explored the lived experiences of women diagnosed with stage II or greater gynecological cancer, including personal perceptions of quality of life, cancer-related stigma, and the health–illness transition.

Research Questions

This study was guided by four research questions.

• RQ1. What are the lived experiences of women diagnosed with stage II or greater gynecological cancer?

• RQ2. What are the health–illness transitions that occur in women diagnosed with stage II or greater gynecological cancer?

• RQ3. What are the perceptions of women of the stigma associated with a diagnosis of gynecological cancer?

• RQ4. What daily behaviors of women are influenced by the environmental stressor of the cancer diagnosis?

Conceptual Framework

Meleis’ transitions theory and Roy’s adaptation model informed conceptualization of the study.

Methods

Design

An interpretive phenomenological approach was utilized to guide the research study. Purposeful and snowball sampling techniques were used to collect qualitative data via in-depth semi-structured individual interviews.

Sample

N = 10 women diagnosed with stage II or greater gynecological cancer were interviewed.

Setting

An outpatient oncology clinic associated with a large regional hospital in the Midwestern United States was the setting for this qualitative research study.

Data Collection

One semi-structured 60-90 minute interview served as the means of data generation. Informed consent and demographic data were collected prior to the start of the interview. The semi-structured interview was comprised of 13 open-ended questions with probing statements.

Analysis

An interpretive phenomenological approach, Benner’s method for analyzing qualitative data, and Saldana’s processes of manual coding were used to guide data analysis.3,4,5

Protection of Human Subjects

Approval for the study by the Mercer University Institutional Review Board (IRB) was obtained. Secondary approval was granted by the hospital IRB.

Results

Themes

• The Existential Experience of Time

  - From Then to Now: The Physical & Emotional Experience
  - Health/illness Shift
  - Perception of the Future

• Awareness of Loss

  - The Concept of Self
  - Moments with Family & Friends

• Navigating New Waters

  - Feelings of Relief
  - The Stigma of Cancer
  - Maintaining the Status Quo

• Sustaining Faith

  - Belief in a Higher Power
  - Purpose in the Experience

• Moving Forward

  - Resilience
  - “The New Normal”

Conclusions

• This research promotes understanding of the personal perception and impact of an advanced stage gynecological cancer diagnosis, including adaptation to the environmental stressor of cancer, discovering meaning in the cancer experience, and its effect on survivorship.

• The unique physical and psychosocial symptoms women experience are intertwined and influence patients’ perception of time and quality of life.

• Communication by the health care provider was highlighted as a vital component to the patient’s cancer journey and established the critical impact the nurse’s relationship with the patient can have on this process.

Implications for Practice

Implications for practice include improving knowledge of the physical and emotional changes these women experience, in addition to recognizing the losses women encounter and the modes of adaptation utilized throughout the cancer journey.

References (Abbreviated)