Psychosocial experiences of gynecological cancer in women

Literature Review

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Abstract

Gynecological cancers are malignant tumors that affect the female reproductive system. The higher prevalence in the aging population is of a public health concern that needs consideration and attention for a better outcome in the overall health and well-being of the individuals involved and their respective caregivers as well as healthcare providers.

The review aimed at highlighting the psychosocial experiences of gynecological cancers in women with a purpose of providing evidence-based guidelines for nurses in educating and assisting patients and their respective caregivers to have a better and easy approach in life.

A literature review was the method deployed to conduct the study. Data bases from CINAHLPlus/Ultimate and PubMed were utilized and 15 articles selected for the data analysis. Content analysis was employed to analyze the original data. The articles were synthesized to provide a comprehensive understanding of the psychosocial experiences of women diagnosed with gynecological cancer.

The main themes identified are quality of life, body image and sexual well-being, patient-provider communication and un-certainties and social support.

In conclusion the findings of the research could be used as a provision of evidence-based guidelines for nurses in caring for women with gynecological cancer in the future. Further research is also recommended in other parts of the countries on the psychosocial experiences of women with gynecological malignancy as the research recognized the limitations of the review.

Keywords/tags (subjects)

Psychosocial, Experience, Gynecological cancer, Women

Miscellaneous (Confidential information)

None

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1 Introduction

A cancer that develops in or on the reproductive organ of a woman is termed as a gynaecological cancer. A study conducted by Heinonen (2018) indicates that, the prevalence of gynaecological cancers world-wide is about 16% and are the fourth most diagnosed cancers in women of childbearing age – 15 to 45 (Heinonen 2018; Ferlay et al. 2015). These cancers include cervical cancer, vulva cancer, uterine cancer, ovarian cancer, vaginal cancer and fallopian tube cancer. The disease has higher prevalence in ages of 60 to 70. According to Heinonen (2018), gynaecological cancers can occur in all ages, but the occurrence is high in the age group of 60 -70 years. These cancers can be progressive or benign with few symptoms but diagnosing and treating earlier enhance better prognosis. These problems that affect women in their child bearing age often come with certain burdens that affect women in their day to day activities in life. The results of the impact or experience have a psychosocial effect and so what could be done for females who go through this get help to have a normal life.

Early detection of gynaecological cancers is by screening. For example, a pap smear can be done to test for cervical cancer in women which is one of the gynaecological cancers. Screening for all age groups at risk who have not yet shown or developed any symptom is recommended by the world health organization. For this reason, public education on screening and it to be performed for all age risk groups is essential. The impact of gynaecological cancer on women psychosocially can cause the lives of the individuals involved in a negative way. Research conducted by Sheldon et. al (2012) showed that, nurses play vital roles to help individuals to overcome their fears and discuss freely about their concerns and anticipations than they would with the oncologist.

The aim of the study is to find out the psychosocial experiences of women with gynaecological cancer. The purpose for this research is to provide nurses with current knowledge on evidence based guideline which is essential to the well-being of patients in the gynaecologic oncology units experiencing psychosocial problems. As evidence based guidelines is based on scientific proven for delivering quality of care in the health care system.

2 Gynaecological cancer

2.1 Description of gynecological cancer

Gynaecological cancers are cancers that affect the female reproductive system which consist of the cervix, uterus, vagina, vulva, ovaries and the fallopian tubes. Some of these cancers present with less symptoms but some also develop to invade other organs of the body through parent stage (Heinonen, 2018).

The most common cancer of the reproductive organ of women is cervical cancer. This type of cancer is caused by the Human Papillomavirus (HPV) which is the most significant cause consisting of 98%. HPV 16 and18 cause 70% of cancer of the cervix. Early screening with pap smear helps in detecting this HPV infection. The Squamous epithelium causes about 60-75% of the cancer. 25-40% of infections are Adenocarcinomas which is difficult to detect from cytological examination than cancer of the squamous cell. Cancers which invade the cervix occur in women from age 30 to 35 years. Cervical cancer causes more death of about one-forth of a million death in developing countries because of inadequate treatment in these countries (Heinonen, 2018). From the EBMG, Heinonen (2018) reveals that, the risk groups are people who have coitus at a younger age, people with more than one sexual partner and giving birth, a patient or partner who is HPV positive, and last but not least smoking. According to centers for disease control and prevention (CDC, 2016), the use of birth control pills for five or more years can predispose one to cervical cancer. Abnormal Pap smear result and test results from HPV DNA are used to diagnose patients who do not have symptoms. Signs and symptoms include, foul-smell discharge from the vagina, bleeding after sex, protrusion of the squamous epithelium into the vagina with bleeding (Heinonen, 2018). Heinonen 2018, stated that treating cervical cancer depends on the stage of the malignancy. Treatment is in many ways that include surgery, chemotherapy and radiation therapy. The chemotherapy is the use of medicine to cause shrinkage of the tumour or malignant cells. They can be pills taking orally or through intravenous. High-energy rays are used in the radiation therapy to kill cancer cells (CDC, 2016).

Uterine cancer (Corpus uteri) is another type of gynaecological cancer. Diagnosis of uterine malignancy is at age 65 years. There is less than 5% of uterine cancers which makes it not common among the cancers. When the mucosa of the uterus is exposed for a long time, it makes it risky for adenocarcinoma and when an endometrial overgrowth is not treated it advances into endometrial cancer. After more than five years use of combined oral contraceptives, there is reduction of the growth of the mucosa of the uterus and overgrowth as well and also it reduces the risk of cancer in the womb (Heinonen, 2018). Investigations such as transvaginal ultrasound for measuring endometrium thickness, gynaecological examination, endometrial biopsy for patients who come with unexplained vaginal bleeding will detect early cancer (Heinonen, 2018). About 90% of bleeding from the vagina is a cardinal symptom. Cancer causes half of bleeding issues in females aged 70 years. Uterine cancer causes about 15% of bleeding in women after menopause. Risk factors are obesity, age, diabetes, history of ovarian, colon or uterine cancers, women who have never been pregnant or given birth, polycystic ovaries, no ovulation (anovulatory cycles), treatment with oestrogen with no progesterone and anti- oestrogen treatment (CDC, 2016; Heinonen, 2018). Removing the uterus and the ovaries through surgery is a treatment option and fast recovery is best with laparoscopic surgery. In some selected cases, drugs may be an option for treatment. In treating para-aortic area and the lesser pelvis, radiation therapy is given externally (Heinonen, 2018). Complementary or Alternative treatment can also be used considering the patient beliefs adding to standard treatment plan for cancers. These include yoga, meditation, vitamin supplements and and herbs (CDC, 2016). Follow up is done in specialist units for 3-5 years and then in the primary care unit. Reccurrence of about 75% happen within 3 years after surgery. Prognosis is better since 80-90% of patients survive after 5 years and stage 1 disease in about 3 out of 4 of patients (Heinonen, 2018).

Ovarian Cancer These are malignancies or tumours of the ovaries. Certain changes in genes cancer predispose one to ovarian cancer such as the susceptibility genes 1 & 2 – BRCA1 and BRCA2 and that of Lynch syndrome (CDC, 2016). The age group for highest occurrence is 60- 69 years, but it can happen in all age groups. The risk for a female to develop ovarian cancer is 1-2%. Other risk factors include a family history of ovarian cancer, gene mutation that is inherited, age of more than 40 years, women who have not given birth before, endometriosis, menopausal symptoms like HRT for more than 10 years (Heinonen, 2018). There are no specific symptoms for ovarian cancer and it stays asymptomatic and hidden for more time and often not detected until it spreads. During a gynaecological examination, there could be a mass that is palpable in the abdomen or pelvis. Pressure or disturbance in bowel and bladder function can cause pain. Distension of the abdomen is also a sign that the cancer has spread into the abdominal cavity and ascetic fluid formation. Patient may also complain of weakness, fatigue, weight loss and low grade fever (Heinonen, 2018). The basis of diagnosis is getting a detailed history, tumour marker measurements, clinical examinations and ultrasonography. To know the size and nature of the tumour, ultrasound of transvagina and abdomen are used. The main aim for initial surgery is abdominal cavity cytoreduction and hysterectomy. Chemotherapy is used as both first line-treatment in advanced stage and as a supplementary therapy after surgery (Heinonen, 2018).

Vulvar and vagina Cancers are also another types of cancers of the female reproductive system. The tumours normally occur in the inner part of the labia vaginal cancer in the vagina. These types of cancers are not common. Though all females have a higher risk for vulvar and vaginal cancers, just a few of them get it. In all gynaecological cases diagnosed in the United States, these cancers comprise of 8% od them. (CDC, 2016.) Risk factors include women with history of cervical cancer, low immunity such as HIV, smoking. Predisposing factors include Lichen sclerosis, papillomavirus infection (Heinonen, 2018; CDC, 2016). Symptoms involve burning sensation, itching and pain in the vulva bleeding from the vagina and physical mass in the vagina. The treatment for vaginal cancer is mainly surgery to remove the masses and that of vulval malignancy may be radiation therapy or chemotherapy (Heinonen, 2018).

2.2 Nursing responsibilities and interventions

The diagnosis and treatment side effects of gynaecological cancers come with intimacy and bodily functional issues that have impact on social functioning and close relationships. Because of this, there was a need to help individuals diagnosed with these cancers to have a support system that would increase their sense of living to cope with life (Huffman et al., 2016; Izycki et al., 2016).

Nurses play an important role in the care of patients diagnosed with gynaecological cancers. These responsibilities include assessing how the daily life of a patient is affected by the fear of the progression of cancer, with consideration to prior trauma and losses that may increase the fear of the progression of the disease, and also encouraging the patients to voice out their fears. Nurses also partner with psychologists and social workers to provide guidance for patients with needs that are complex (Reb et al., 2020). Psychosocial and emotional support to patients with advanced malignancy and their family members are provided by oncology nurses (Wittenberg et al., 2018). Research conducted by Sheldon et al., (2012) showed that nurses play pivotal roles in helping patients overcome their fears and freely discuss their concerns and anticipation with them more than they would with the oncologist.

According to Coolbrandt, Mellisen, Wildeirs, Aertgeerst, van Achterberg, Van der Elst & Dierckx de Casterlé (2018), patients feel a sense of reassurance and better are able to cope with their symptoms because of the caring support combined with competent care from nurses as interventional care in the patients’ homes. Home visit which is one of the interventional studies conducted by Schofield et al. (2020) stated that nurses can have enough time to answer patients’ questions which they could not do at their visits to the hospital. Another significant responsibility of the nurse is tracking cancer patients in their homes for follow-up at the hospital to get the needed information which would enable the patients to better understand their diagnosis and side effects associated with treatment (Wong, D’Alimonte, Angus, Paszat, Soren, Szumacher (2011). The knowledge and training nurses receive also make them competent in counselling patients for sexual rehabilitation and the usage of dilators after surgical radiotherapy in cancer survivors (Baker, Mens, de Groot, Tuijnman-Raasveld, Braat, Hompus, Poelman, Laman, Valema, de Kroon, van Doorn, Creutzberg, and Ter Kuile, 2017).

However, the nurses’ duties involve not only the patient but also serving as an advocate between the patient and the doctor or other health care professionals during reviews or follow-up appointments where the doctor receives information about the patient from the nurse. For instance, research conducted in Denmark showed that a physician’s individual information on a patient is enhanced by the update of the nurse navigator, they also prioritize the concerns of the patient and schedule the time for other visits to the outpatient clinic that would be convenient for the patient and explains the treatment plan and side effects to the patient and a relative that may have accompanied the patient for the review (Thyggesen, Pedersen, Kragstrup, Wagner, & Mogensen, 2012). The oncology nurses' visits to the patients’ homes are also cost-effective to the patients since the cost involved in transporting them to the hospital is reduced.

Counselling by nurses could effectively improve the quality of life, sleep, psychological status and treatment coordination of patients with gynaecological cancer by alleviating their anxiety and terror, reducing the occurrence of adverse reactions of patients and improving the cooperation of patients with treatment for tumours (Wang, Gao & Chen, 2022).

3 Study Aim, Purpose and Research Question

Aim: The aim of the study is to find out the Psychosocial experiences of gynaecological cancers in women

Purpose: The purpose is to provide evidence based information as guidelines for nurses in guiding and assisting these women and their respective caregivers in the period of experiences for an easy and better approach in life.

Research question: what are the psychosocial experiences of patients with gynaecological cancers?

4 Methodology

4.1 Literature review

Literature review provides an overview of an existed knowledge and a critical analysis objective of the theme in a specific research field (Monash University, 2013; Cronin, Ryan & Coughlan, 2008). For a good literature review there must be summary, analysis, evaluation and synthesis of the relevant literature within the particular research field (Cronin et al., 2008).

Educating the reader on the current and new knowledge on the research topic in question is the objective of the literature review (Cronin et al., 2008). To make new or change policies, plan interventions, and identify the need for further research in a specific field of practice, it is essential to provide evidence-based practices by using a literature review in nursing education for nurse researchers, nurses, nursing students. (Cronin et al., 2008; Ward-smith, 2016; Whittermore and Knalf, 2005). The ten steps used in literature review by *identifying the specific research questions to be answered, stating the purpose of the review, identifying inclusion and exclusion criteria, selecting the search terms to use, identifying appropriate data bases to search, conducting the electronic search, reviewing outcome of the search and match with inclusions/exclusion criteria, extracting the data and retrieving systematically data from each included paper, interpreting the* *meaning of the evidence retrieved and acknowledging limitations and biases inherent in the process* (Rew, 2011).

Hence, the use of a literature review, to conduct this research as it makes it better to approach and search knowledge on the psychosocial factors or problem being experienced by women diagnosed with gynecological cancer. The ten steps approach by Rew (2011) is adopted in guiding this research. The ten steps approach is shown in Table 1 below.

Table 1 Steps in a systematic Review of Literature

Steps in Systematic Review of Literature	
1	Identify specific research questions to be answered
2	State purpose of the review. What are its aims
3	Identify inclusion and exclusion criteria
4	Select search terms to use
5	Identify appropriate data bases to search
6	Conduct the electronic search
7	Review outcome of search and match with inclusion/exclusion criteria
8	Data extraction. Systematically retrieve data form each paper included
9	Interpret meaning of the evidence retrieved
10	Acknowledge limitations and biases inherent in the process

4.2 Literature search

This review included studies from two data bases, Pubmed and Cinahl plus (Ultimate). The boolean operators used were “AND” and ”OR” along with the key words Gynaecological cancer (OR genital neoplasm OR female genital cancer) psychosocial” ”experiences (OR psychosocial attitude OR psychosocial perception OR views OR feelings) AND Women (OR female OR females); synonyms and acronyms of these search terms were used. The aim of the search was to select the most suitable articles studied to address or answer the research question. The inclusion criteria consisted of full text access to Jamk students, english language, published between 2012 and 2022. PICOs was used for the preliminary search as shown in Table 2.

Table 2 PICOs Criterion

PICOs	Criterion
Population	Women OR female
Interest	Gynaecological cancer AND/ OR genital neoplasms OR female or genital cancer
context	Psychosocial experience AND/ OR Psychosocial attitude OR Psychosocial perception or views or feelings
Studies	Articles published from 2010 – 2023, abstract available, free full text to Jamk students, language in English

Using a step by step approach to search for articles in the CINAHL Plus/Ultimate and the PubMed data bases, 236 articles were collected with 198 from CINHAL plus and 38 from Pubmed, respectively. Two studies were removed as duplicates. Based on the abstract and title, 35 articles were retained and 201 articles excluded because they were not relevant to the research question. 15 studies were used to answer the research question and 20 studies excluded in the end as they did not answer to the research question.

The process of the selection is shown in figure 1 below.

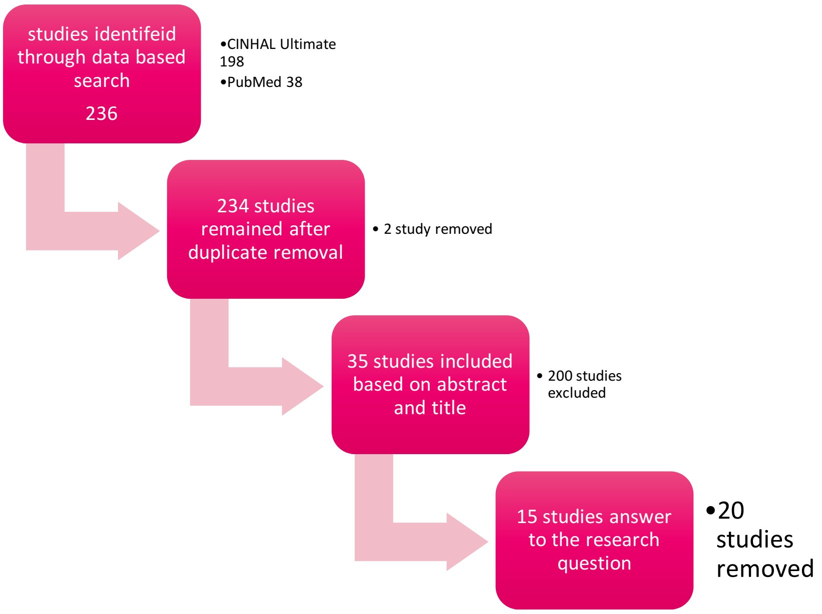

Figure 1. Studies selection process

4.3 Data analysis

Content analysis is a method used by researchers for better understanding by identifying and analyzing the data in a systematic approach (Elo and Kyngäs, 2008). This method helps in nursing research to identify, analyze and report qualitative and quantitative data. Elo and Kyngäs, (2008), reported of two processes in content analysis which are the deductive and inductive. Deductive analysis uses the approach of generalization to specification, where as the inductive is to generalize from specification. Hence the inductive content analysis process was used in this literature review.

In this study, the information collected from each article was categorized similarly and the analysis of the content is conducted by grouping them into categories and subcategories. To create categories and subcategories, a three-step process of open- coding was applied. Similar groups of categories were obtained from the information collected from every article, therefore the content analysis was done by parting them into distinct categories and subcategories. The data provided similar results from the fifteen articles, making it predominant and saturation of data obtained. (Elo and Kyngäs, 2008.)

Table 3. shows an example of the content analysis made with quality of life as the main category and three different subcategories that include psychological, physical and social.

Table 3. Example of Content Analysis

Source	**Themes identified from the research articles**	**Subcategory**	**Category**
Gonzales et al. (2017)	Most women complained of distress, depression, and anxiety	Psychological	Quality of life
Sekse et al. (2017) Nakayama et al. (2020)	More than half of the women mostly younger reported physical fatigue due to severe distress and anxiety affecting their quality of life. Bladder catheterization during treatment intervention (surgery) led to urinary incontinence with urge and stress. Mixed incontinence affected the quality of life	Physical	
Kömürcü et al. (2015)	The women reported feeling lonely and marital problems with their spouses.	Social	

5 Results

Four main themes were obtained after the data analysis and these include poor quality of life, body image and sexual well-being, support and communication difficulties. The main psychological experiences related to gynaecological cancer were presented as the main themes.

Table 3. Categories and subcategories

What are the psychosocial experiences of women with gynaecological cancer?	
Categories	**Subcategories**
Quality of life	• Psychological • Physical • Social
Body image disturbance and sexual well-being	• Changes in sexuality and activity • Effects of treatment on the body • Sexual activity and function • Anxiety related sexual well-being
Social support	• Peer-to-peer social program • Use of psychosocial services • Family • Coping strategy
Patient-provider communication and uncertainties	• Emotional expectancies • Uncertainties and lack of information

5.1 Quality of life

Most of the women diagnosed with gynaecological neoplasm who took part in the various studies used in this research had many experiences that affected their quality of life, ranging from psychological and physical to social effects. Psychologically, the women experienced depression, anxiety, and distress and held back their concerns, leading to a decrease in their quality of life. (Gonzales, Manne, Stapleton, Virtue, Ozga, Kissane, Heckman & Morgan, (2017).

Anxiety, depression and distress from diagnosis and treatment caused major negative impacts on the lives of the women. A study by Sekse, Hufthummer & Vika (2017), revealed that more than half of the women mostly younger had distress and anxiety leading to physical fatigue. Further, urinary incontinence from the bladder catheterisation after surgery caused inconvenience as it was analysed from the questionnaire by the researchers that stress and urge incontinence resulting in mixed incontinence reduced the quality of life in the women who responded in the study (Nakayama, Tsuji, Aoyama, Fujino & Liu, 2020).

The impact of these negative experiences affected relationships and even marriages, as some women, for instance, revealed that they felt lonely and had problems with their spouses (Kömürcü, Bedang & Merih, 2015).

5.2 Body Image disturbance and sexual well-being

Most gynaecological cancer women experienced critical challenges in their sexual life, hence affecting their relationships and or marriages. Research conducted in Turkey by Yaman and Ayaz (2016) showed that the patients' sexual well-being was affected by the adverse effects of the treatment regimen and the signs and symptoms of reproductive cancer. Additionally, it was confirmed by other researchers that sexual dysfunction experiences caused lower enjoyment of sexual activities, which affected their daily normal life and relationships (Hubs, Michelson, Vogel, Rivard, Teoh and Geller (2019); Kömürcü, et al., (2015); Yaman and Ayaz, 2016). Another negative experience from the effect of treatment of reproductive cancer was a loss of hair and energy with complaints like "I don't look like myself" were serious, nevertheless, there were also weight changes, hormonal and respiratory experiences as well (Pozzar, Hammer, Cooper, Kober, Chen, Paul, Conley, Levine & Miaskowski, 2021).

However, there were positive experiences in sexual quality and body image with early conservative surgery in the early stages of cancer (Barlow, Hacker, Hussain & Parmenter, 2013).

5.3 Social Support

Social support was an important aspect for women's experiences in coping with issues that come with the diagnosis of gynaecological cancers. This was confirmed in research conducted by Warren, Melrose, Brooker & Burney (2018) that the women had an emphasis on the vital role social support networks and support groups played in coping with their experiences with gynaecological neoplasms. Support experiences from family and friends in patients diagnosed with gynaecological neoplasm differed from person to person and in geographical location. A study by Manne, Kashy, Kissane, Ozga & Virtue (2019) revealed that patients perceived unsupportive from family and friends individually with problems relating to the negative experiences from gynaecological cancer. Lesser/fewer perceived unsupportive responses and reduced perceived unsupportive responses over time resulted from coping meaning and peace and coping efficacy.

Geographically, studies conducted in Norway and Turkey showed supportive needs were from family and friends which were predominant amongst Norwegians in women experiencing problems with genital neoplasm diagnosis, especially when newly diagnosed (Solbrække and Lorem, 2017; Yaman & Ayaz, 2016). However, research by Kömürcü et al., (2015) in Turkey showed some women complained they had less support from their husbands and others confirming how support is gained by patients from different environments. Other researchers indicated that family and peer support is an important part in the journey of care for females diagnosed with gynaecological cancer. The support was in social activities or emotional needs. For example, supporters encouraged the patients to be positive all the time and not think or talk about any negativity (Bontempo et al., 2022)

According to Moulton et al., (2013), peer-to-peer support programs from volunteered survivors of gynaecological cancer were an essential source of support for women receiving treatment in genital neoplasm and their families.

5.4 Patient-provider communication and uncertainties

Some studies revealed that uncertainties and emotional expectancies affected cancer-related communication with their healthcare providers and their relatives or friends (Bontempo et al. (2022). Research conducted by Hubbs et al. (2019) stated that women could not talk about some sensual experiences such as those with sexual health and prevented initiation of discussions by healthcare providers and cited other issues as more important (Hubbs et al., 2019).

Norwegian women who had hysterectomies from the effect of gynaecological cancer could not feel positive and self-growth, leading to the feeling of having lower status and a taboo to talk about their experiences compared to other women who had breast cancer (Barlow et al., 2013; Solbrække & Lorem, 2016). Another experience was that loneliness and less support from spouses could be a lack of communication and stigmatisation surrounding malignant neoplasm and a lack of information and knowledge on sexuality from healthcare professionals (Kömürcü et al., 2015; Cleary et al., 2012).

Research conducted in the USA found that there was a challenge in communication about the survivorship care plan holistically, as expressed by the health care providers, hence the need for more information on the care plan for survivorship, preferably for various gynaecological cancers individually. This plan is discussed before the end of treatment, hence the need for a consensus in dialogue amongst the health care providers and the patient and their family members (Rooij, Thomas, Post, Flanagan, Ezendam, Peppercorn & Dizon, 2018).

6 Discussion

6.1 Discussion of the result

This literature review identified numerous psychosocial experiences of gynaecological cancer in women. These were grouped into four main themes as quality of health, body image disturbance and sexual well-being, support and patient-provider communication. These experiences were both positive and negative with the negative experiences out weighing the positive experiences. The results show challenges women with gynaecologic cancer experience from the diagnosis through treatment to survival. The impact of gynaecological cancer on women’s sexual well-being is significant, which have effect on their relationships and marriages. There have been studies explored on the relationship between body image and sexual well-being in women with gynaecologic cancers. The adverse effects of treatment regimens as well as signs and symptoms of gynaecological neoplasm, were identified being the primary causes affecting sexual well-being in women. The negative effects from the treatment such as loss of hair, change in genital appearance, weight loss or gain, changes in body shape can cause changes the in body that can impact the sexual well-being of women (Huffman et al., 2016; Izycki et al., 2016; Carter et al., 2013). However, in the early stages of the cancer, early conservative surgery could effect body image and sexual well-being positively (Huffman et al., 2016; Bober et al., 2017). It is necessary to understand facilitators and patient- reported barriers to seek and access sexual health services to help in formulating strategies to assist gynaecologic cancer patients to overcome hindrances to access sexual education and/ or treatment when challenged with sexual concerns (Dai et al., 2020). Distress in sexual dysfunction could be long-term effect on the majority of gynaecological malignancy survivors in years after treatment (Bobber et al., 2017). The lives of cancer patients and their partners can be changed completely by the diagnosis and treatment of gynaecological cancer (Izycki et al., 2016). In conclusion the significant effect on sexual well-being of women with gynaecological cancer can impact their relationships and marriages. However, early conservative surgery in the early stages of the cancer could positively affect body image and sexual quality. To improve the overall health and well-being of patients, health care providers should prioritize early detection and treatment of reproductive cancer.

A gynaecological cancer diagnosis can significantly impact the need for women’s social support. The experiences with support are viewed individually from the patients’ perspective and could be geographical. This is supported by a study done in Norway and Turkey as the women received great support from their family members and social groups and social networks, especially in newly diagnosed patients (Warren et al., 2018; Solbrække; Lorem, 2017; Yaman & Ayaz, 2016). However, research by Kömürcü et al., (2015) revealed that some women complained of gaining less support from their spouses. The social need of women with gynaecologic cancer who are receiving treatment has also been affected by the COVID-19 pandemic. Studies by Türkcü et al, (2021) and Moran et al., (2020) revealed that the mechanism of gynaecologic cancer care delivery has been challenged by the pandemic and affected the coping strategies of women receiving treatment for gynaecologic malignancy and breast cancer.

The diagnosis and treatment of genital cancers had a notable effect on the quality of life of women (Gonzales et al., 2017; Sekse et al., 2017). Relationships and marriages could be affected by negative experiences leading to feelings of loneliness and issues with spouses (Kömürcü et al., 2014). In improving the quality of life of women with gynaecological cancer, it is important to prioritize the provision of psychological intervention and social support. There should also be a consideration in the use of combined diagnostic tools such as colour Doppler and Ultrasonography to improve the accuracy of diagnosis by health care professionals.

In patient-provider communication, it is crucial for a survivorship care plan. However, in-depth structured interview research conducted in the United States of America showed that over a decade after the extensive recommendation of the survivorship care plan, evidence-based content and processes for survivorship care planning in gynaecologic oncology remain undefined (Rooij et al., 2018), confirmation from a randomized trial research conducted in Canada relating to breast cancer survivorship care plan showed that survivors from an early stage breast cancer who received a survivorship care plan did not benefit in quality of life, cancer-related distress, patient satisfaction, and other measures after a year compared to those who received only standard discharge and visits (Sprague et al., 2013). The instance with Norwegian women who had hysterectomies from the effect of genital neoplasms could not feel self-growth and positivity, which lead to the feeling of having lower status and a taboo to talk about their experiences compared to women with breast cancer (Solbrække and Lorem, 2016; Barlow et al., 2013). Lack of knowledge and information on sexuality from health care professionals and lack of communication and stigmatisation surrounding cancer could lead to loneliness and decreased spousal support (Kömürcü et al., 2015; Cleary et al.,2012). To address the uncertainties and emotional expectancies of patients that affect cancer-related communication with healthcare providers and their relatives or friends is crucial have effective patient-provider communication (Bontempo et al., 2022). However, according to Hubbs et al. (2019), women could not talk about certain sensual problems like sexual health and cited other issues as important, thus preventing the initiation of discussions by health care workers. Healthcare professionals should prioritize the initiation of discussions and communication on sensitive topics, such as sexual health with patients.

6.2 Critical appraisal, Ethical consideration, Validity and reliability

The review ensured that the articles selected were of high quality and met the criteria for inclusion in the study. The Hawker, Payne, Kerr, Hardey & Powell (2002) critical appraisal was used to assess the quality of the articles. Various aspects of the articles were assessed with the form, including the abstract, introduction and aim, method and data, sampling, data analysis, ethics and bias, results, transferability and generalizability, and implications and usefulness. The articles selected for the literature review were considered to be of high quality with an average score of 33 out of 36.

Ethical considerations were considered in this systematic review, even though human subjects were not involved. The review ensured the articles selected were of high quality and met the inclusion criteria for the study. However, the review was written in accordance with the report writing format of Jamk University of Applied Sciences and to avoid plagiarism. The credibility and reliability of the review is enhanced by the ethical considerations and quality of the selected articles for the review.

Nevertheless, there was limitation to this study as the articles selected to conduct the review were mostly from the developed countries with the United States of America dominating. The findings made mention of cultural and social differences as major concern in regards to the sensitivity of some of the findings like body image and sexual well-being as one of the main categories. Hence thresearch in this makes it bias as it could not be compared to experiences from developing countries.

Apendix 1 shows the detailed analysis of the articles retrieved to conduct the research (Hawkers et al., 2002).

7 Conclusion

In conclusion, four main significant impacts of gynaecological cancer on women are deduced and they include; social support being an essential aspect of women's experiences to cope with related to diagnosis of gynaecological cancer, impact on the sexual well-being of women which can affect relationships and marriages, effective patient-provider communication is crucial to address the uncertainties and emotional expectancies affecting cancer-related communication with healthcare providers and families or friends and last but not least diagnosis and treatment of genital cancer have a significant effect on the quality of life of women. Hence the need for healthcare providers to prioritize the provision of social support for the improvement of overall health and well-being.

Secondly, early detection and treatment of reproductive cancer to improve patients' well-being and general health.

Another priority by healthcare professionals should be on communication about sexual health being a sensitive topic and initiating discussions with patients. Cultural and social contexts also play an essential role in patient-provider communication. However, to determine the effectiveness in improving patient outcomes, the provision of a survivorship care plan requires further research (Grandfeld et al.,2011; Smith & Synder, 2011).

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Appendices

Appendix 1. Critical appraisal of the research articles

Authours	Abstract /title	Introduction and aims	Methods and data	Sampling	Data analysis	Ethics and bias	Results	Transferability/generalization	Implication and usefulness
Bontempo et al., (2022)	4	4	4	4	4	4	4	2	4
Cleary et al. (2012)	4	4	4	4	4	4	4	4	3
Mouton et al. (2013)	4	4	4	4	4	4	4	3	4
Gonzales et al. (2017).	4	4	4	3	4	4	4	3	4
Hubbs, et al. (2019).	4	4	4	3	3	3	4	3	4
Manne, et al. (2019).	4	4	4	4	4	4	4	4	4

Barlow et al. (2013)	4	4	4	3	4	4	4	4	4
Sekse et al. (2014)	4	4	4	4	4	4	4	4	4
Yaman and Ayaz, (2016)	4	4	4	3	4	4	4	3	4
Kömürcü, et al. (2014).	4	4	4	4	4	4	4	4	4
Warren et al. (2018).	4	4	4	4	4	3	4	2	4
Sobrække & Lorem,. (2016).	4	4	4	3	3	3	4	1	4
Pozzar et al. (20	4	4	4	4	4	4	4	3	4
Nakayama et al. 2020).	4	3	4	4	4	4	4	4	4
Rooij et al. (2018).	4	4	4	4	4	4	4	4	4

Appendix 2. Summary of the research articles

Authour, year and country	Aim of the study	Method and design	Sample (n)	Validility/ Variability	Main results	Critical appa-raisal (Hawker et al., 2002)
Bontempo, A. C., Green, K., Venetis, M. K., Catona, D., Checton, M. G., Buckley de Meritens, A., and Devine, K. A., (2022). United States of America	The aim of the study was to investigate whether patients diagnosed of gynaecologic cancer nad their support persons have expectancies for emotions and whether the existence of theses expectancies	A qualitative research design with a semi-structured interview conducted	There 18 gynaecologic cancer patients with 16 of their support person making a total of 34.	The study is valid due to the method used and verbal consent from the patients, however it may not be generalized to other types of cancers due to its small sampling sizse and only conducted on gynaecolgical cancer conducted on g	The patients and support persons expectation on not having any negative emotions perceived from the supporter could affect cancer-related communication	34

	affect cancer related communication, and also to identify the implications of the expectancies on the well-being of the patients.					
Cleary, V., Hegarly, J., and McCarthy, G., (2012). Ireland	Aim of the study is to explore the impact of gynaecological cancer from the perspective of the patient	Qualitative descriptive design. An audiotaped semi-structred Interviews lasting 30-55 minutes conducted	8 women diagnosed with gynaecological cancer from the gynaecology department. Interviews were done on the date and time of preference of	The detailed method used in this study makes it valid with suggestions for future	Receiving information on sexuality has numerous benefits including increase in knowledge, reduction in distress and fear and enhancing communication with partners. These benefits help resolve barriers (lack of time, lack of knowledge and embarrassment) to	35

			the women and time for inter was from 30 to 55 minutes. Age range from 25-68 years with the mean age of 47years		addressing issues with sexuality.	
Sekse, R.J.T., Hufthammer, K.O., and Vika, M. E., (2014). Norway	The study aim is to evaluate the changes in perceived unsupportive behavior from friends and families	A descriptive cross-sectional study	120 Women diagnosed with gynaecological cancer and aged 18 years and above who have completed primary treatment, recruited from two hospitals in Norway	The use of medical records to extract the characteristics of the disease and treatment and the use of standardized questionnaire to assess psychological stress, fatigue and health related quality of life increased the validity and	The findings of the research underlined the importance of screening for patient education, fatigue and symptom management, higher levels of anxiety and depression being risk factors for fatigue. The type of cancer a woman is diagnosed of has little impact on her risk of fatigue when adjusting to age hence the younger	35

			with sufficient knowledge in Norwegian language	reliability of the study.	patients having more fatigue than the older patients.	
Moulton, A., Balbierz, A., Eisenman, S., Neustein, E., Walther, V., and Epstein, I. (2013) USA	To describe the origin and implementation of the Woman to Woman peer-to-peer support program for women being treated for gynaecological cancer and their families and to provide formative evaluation	Recruitment of volunteers with a formative evaluation	The participants were women in treatment for gynaecologic cancer	The evaluation tool used in this study has no reliability or validity , however the survey questionnaire had room for improvement	the program was helpful to the patients and their families as it was a source of information and emotional support to them.	35

	on the program					
Gonzales, B.D., Manne, S.L., Stapleton, J., Virtue, S.M., Ozga, M., Kissane, D., Heckman, C., and Morgan, M. (2017). United States of America	Aim is to identify subgroups of patients with gynaecologic malignancy who have distinct trajectories of quality of life outcomes in eighteen month period after diagnosis and also determine whether predictors derived from Social-Cognitive Processing	Randomised clinical trial	Women over 18 years diagnosed with gynecological cancer in the previous 6 months, undergoing treatment in the USA, ambulatory, self care capability, resides in 2hours commute from the recruitment centre, speak English and have no hearing	The use of Functional Assessment of Cancer Therapy (FACT-G) to assess health related quality of life demonstrated adequate validity and reliability and internal consistency of the study.	The study found that patients with high risk for persisting depression, decreased quality of life, and greater physical disability was associated with more intrusive thoughts, holding back concerns and use of pain medications at the baseline assessment.	35

	Theory could distinguish these subgroups.		impairment			
Manne, S.L., Kashy, D.A., Kissane, D.W., Ozga, M., and Virtue, S.M. (2019). United States America	The study’s aim was to evaluate the changes in perceived unsupportive behavior from families and friends amongst newly diagnosed women with gynaecological cancer as well as initial demographic, disease	Longitudinal study design with the usual care arm of the randomized clinical trial	125 women newly diagnosed with gynaecological cancer	The insights into the course and predictors of the unresponsive responses from friends and family in newly diagnosed women with gynaecological was valuable.	The main findings of the research show that patients had low levels of perceived unresponsive responses form family and friends and over time they did not report any systematic change in perceived unresponsive response and n conclusion the importance of providing social support for patients with cancer inn the psychological adaptation and interventions for social support for patients. Factors such as emotional distress, functional impairment, cancer	36

	and psychological factors as predictors of the course of perceived unsupportive behavior over time.				concerns cognitive and behavioral avoidance and holding back concerns were shown to be predictors of perceived unresponsiveness. However, efficient coping, cultivating meaning and peace were associated with reductions in perceived unresponsiveness as well as fewer perceived unresponsiveness over a period of time, hence the variation in perceived unresponsiveness from patient to patient.	
Hubbs et al. (2014) United States of America	The aim of the study was to evaluate changes in sexual function	A qualitative approach based on interpretive phenomenology with van Mane's	The results of the survey in the single university-based gynaecological	The research was conducted in a single university, with a small number and potential for selection bias which were	Most women experienced changes in sexual function after the cancer treatment, a few of the patients wanted health care	32

	andn describe patients' preferences in regards to healthcare providers roles to address and treat sexual dysfunction in survivors of gynaecologica cancer. It aims to understand how to improve communication between patients and healthcare providers and address the patient's	(1990:31) 'six step' approach as guidance in the research process	clinic makes the study appears to be valid, however it is difficult to fully validate without further information about the methodology and analysis.	stated as a limitation to the study, hence generalization and transferability may be limited	professionals to initiate communication on sexual issues while most of the patients felt there was more important issues to discuss as compared to sexual dysfunction and this became a barrier to communication.	

	well-being in this aspect.					
Barlow, E.L., Hacker, N.F., Hussain, R., and Parmenter, G. (2013). Australia	The research was to provide deeper understanding of the experiences of each individual woman treated for early stage of vulvar cancer with a focus on their experiences of body image and sexuality.	A qualitative interview study conducted within a period of 5 years (from June to October)	The participants were 41 women with ages over 18 years who were who been treated for early-stage vulvar cancer	The research is valid which provides valuable insights into the experiences women after treatment for early-stage vulvar cancer	The research findings enlightened on other different issues relating to sexuality, information, communication and support. There was also a good report from the conservative surgery about sexuality and body image.	36

Yaman, S. and Ayaz, S. (2016) Turkey	To reveal the psychosocial problems Turkish women with gynaecological cancer experience during their illness and how they cope with the problems.	A phenomenological study with semi structured in-depth questionnaire conducted	17 married Turkish women who were under treatment for gynaecological cancer. Mean age was 58.4 years with 48% being primary school graduates and 83.3% not working	The validity or variability was considered by the method used in this study and appropriate measures were taking hence the research is variable and valid according to the guideline.	Patients used different mechanisms for coping with the illness which include such as praying, seeking social support from family and friends and engaging in daily activities. Some women also used denial as a coping mechanism. Some of the experiences with the illness include depression, uncontrollable anger, problems with sexual life and body image disruption. Hence, recommended to be evaluated from the psychosocial aspect for provision of frequent spiritual care and social support.	34
Rooij, B., H., Thomas, T., H.,	The aim was to describe the challenges	In-depth semi-structured inter-	Participants were 30 in	The use of a rigorous methodology for data collection and	The implications were that due to the variations in the disease types,	36

Post, K., E., Flanagan, J., Ezendam, P., M., Pepprcorn, J., & Dizon, D., S. (2018). USA	that follows treatment and the preferences regarding survivorship care amongst gynaecological cancer patients, their caregivers and healthcare providers	view regarding survivorship conducted.	total consisting of 13 patients, 9 caregivers and 8 health care providers	approval by the Harvard cancer Center Institutional Review Board suggest the credibility of the research.	patients and care givers needs may require multi-faceted, individualized survivorship care planning.	
Warren, N., Melrose, D.M., Brooker, J.E., and Burney, S. (2018). Australia	The study aim was to gain deeper understanding of the psychosocial factors that contribute to or assist in alleviating	An iterative thermatic analysis (Braum and Clark, 2013) qualitative research design was used to obtain and interpret gynaecological	7 Caucasian heterosexual women diagnosed with gynaecological cancer within the past five years of the date of the	The study is limited in the area of its sample size but the method used and citation of literature and provision of detailed discussions of the implications of its findings for clinical practices and	The research highlights the importance of organized support groups and social networks to cope with the diagnosis and treatment of gynaecological cancer. It also suggests the need to address the social and emo-	33

	the distress that women diagnosed with gynecological cancer and treatment experience	women's narrative.	study, aged 35-65 years. % were peri-menopausal at the time of their diagnosis. 2 employed and 5 with post-secondary qualification	future research makes it valid.	tional needs of gynecological cancer women for supportive care strategies.	
Pozzar, R., A., Hammer, M., J., Cooper, B., A., Kober, K., M., Chen, L., M., Paul, S., M., Conley, Y., P., Levine, J., D., and Miaskowski, C. (2021).	The aim was to describe the cancer care process as perceived by women diagnosed of ovarian cancer	Grounded theory approach with interview conducted	18 English-speaking women with ovarian cancer recruited from an advocacy organization ab	The study is valid but cannot be generalized to a wider population until further research is conducted duet o the qualitative nature of the study.	The research is useful and can aid nurse scientist to develop communication and education interventions to enable patient-centered care and information exchange in ovarian care settings.	35

United States of America						
Nakayama, N., Tsuji, T., Aoyama, M., Fujino, T., and Liu, M. (2020). Japan	The aim was to examine the rates and impacts on quality of life on urinary storage symptom such as overactive bladder and urinary incontinence after surgical treatment for gynaecological cancer	A cross-sectional study with a questionnaire survey conducted	The participants were women diagnosed with gynaeclogic cancer who underwent hysterectomy between 2008 to2013	The study is generalized with a large sample size and suggestion for clinical practice and future research	Post-surgically the mixed incontinence rate was higher and reduced quality of life for the patients with mixed incontinence due to the stress and urge incontinence	35

Kömürcü, N., Beydag, K. D., and Merih, Y., D. (2014). Turkey	The aim of the study was to determine the impact of gynaecological cancer on marriages and loneliness on with diagnosed with the cancer.	Cross-sectional design using a socio-demographic data survey and the UCLA-LS Loneliness Scale for data collection.	95 participants admitted to the gynaecolgic clinic of a private education research hospital in Istanbul, Turkey from June 2012 to June 2013.	The study is valid as it has an appropriate sample size for generalization and suggestions for clinical practice.	Stigmatization and lack of communication between spouses could be considered the the reasons for the loneliness and marital problems.	36
Sobræke and Lorem (2016) Norway	The aim of the study was to explore the experiences of young Norwegian women with gynaecological cancer who have under-	the method is a qualitative study conducted via a broad phenomenological-oriented approach	8 young Norwegian women diagnosed of gynaecological cancer who have undergone hysterectomy with age from 25 to 43 years	The social and cultural content of the research mad it valid, however, careful to generalize it beyond the Norwegian culture due to the limitation to just Norwegian young women	The findings enlighten on how the women did not have the same pressure display positivity and self growth as breast cancer survivors in English-speaking Western cultures would. The Norwegian women felt that gynaecological cancer had a lower status which led to the sense of taboo	30

	gone hysterectomy to examine critically cancer survivorship by asking two questions: 1. “In which social norms is the diagnosis of gynaecological cancer and life beyond embedded?” 2. “To what extent is the breast cancer survivorship model of positivity and self				surrounding its discussion of their experiences.	

	growth applicable to other forms of cancer survivorship beyond English-speaking Western cultures.					

Appendix 3. Research articles

Authors	Title	Journal	Year	Quality approved Total score allocation Maximum score = 36

Barlow, E.L., Hacker, N.F., Hussain, R., and Parmenter, G.	Sexuality and body image following the treatment for early-stage vulvar cancer: a qualitative study		(2013).	35
Bontempo, A. C., Green, K., Venetis, M. K., Catona, D., Checton, M. G., Buckley de Meritens, A., and Devine, K. A.	“We Cannot Have any Negativity”: A secondary analysis of expectancies for the experience of emotion among women with gynaecological cancer.	Journal of Health Psychology.	(2022).	34
Cleary, V., Hegarly, J., and McCarthy, G.,	How diagnosis of gynaecological cancers affects women’s sexuality.	Cancer Nursing Practice.	2012	35
Gonzales, B.D., Manne, S.L., Stapleton, J., Virtue, S.M., Ozga, M., Kissane, D.,	Quality of Life Trajectories after Diagnosis of Gynaecological Can-	Gynaecologic Oncology	2017	34

Heckman, C., and Morgan, M.	cer: A Theoretically Based Approach			
Hubbs, J.L., Dickson Michelson, E.L., Vogel, R.I., Rivard, C.L., Teoh, D.G., & Geller, M.A.	Sexual quality of life after the treatment of gynecologic cancer: what women want.	Supportive Care in Cancer	2019	32
Kömürcü, N., Beydag, K. D., and Merih, Y., D.	Illness impact on marriage and level of loneliness for women diagnosed with gynaecologcial cancer.	Asian Pacific Journal of Cancer Prevention	2014	36
Manne, S.L., Kashy, D.A., Kissane, D.W., Ozga, M., and Virtue, S.M.	The course and predictors of perceived unsupportive responses from family and friends among women newly di-	TBM	2019	36

	agnosed with gynaecological cancers.			
Moulton, A., Balbierz, A., Eisenman, S., Neustein, E., Walther, V., and Epstein, I.	Woman to woman: a peer to peer support program for women with gynecologic cancer.	Social Work in Health Care.	2013	35
Nakayama, N., Tsuji, T., Aoyama, M., Fujino, T., and Liu, M	Quality of life and the prevalence of urinary incontinence after surgical treatment for gynaecologic cancer: a questionnaire survey.	BMC Womens Health	2020	36
Sekse, R.J.T., Hufthammer, K.O., and Vika, M. E.,	Fatigue and quality of life in women treated for various types of gynaecological cancers: A cross-sectional study.	Journal of Clinical Nursing	2014	35

Sobrække, K., N., and Lorem, G.	Breast cancer – isation explored: Social experiences of gynaecological cancer in a Norwegian context.	Sociology of Health and Illness.	(2016).	30
Yaman, S. and Ayaz, S.	Psychological problems experienced by women with gynaecological cancer and how they cope with it: A phenomenological study in Turkey	European Journal of Oncology Nursing	2016	34
Pozzar, R., A., Hammer, M., J., Cooper, B., A., Kober, K., M., Chen, L., M., Paul, S., M., Conley, Y., P., Levine, J., D., and Miaskowski, C	Symptom clusters in patients with gynaecological receiving chemotherapy.	. *Oncology Nursing Forum.*	(2021).	35

Rooij, B., H., Thomas, T., H., Post, K., E., Flanagan, J., Ezendam, P., M., Pepprcorn, J., & Dizon, D., S.	Survivorship care planning in gynecologic oncology- perspectives from patients, caregivers, and health care providers.	*Journal of Cancer Survivorship*	(2018).	36
Warren, N., Melrose, D.M., Brooker, J.E., and Burney, S.	Psychosocial distress in women diagnosed with gynecological cancer.	*Journal of Health Psychology*.	(2018).	33