LAMK Lahden ammattikorkeakoulu
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Psychosocial coping in ovarian cancer patients

A Narrative Literature Review

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ABSTRACT

Ovarian cancer is one of the most common gynecologic cancers which is a cause of mortality for women due to the poor prognosis associated with it. Treatment process leads to vulnerability, psychological distress and social withdrawal. Detection of psychosocial distress by the whole society (oneself, family, friends, healthcare professionals, fellow workers) is the best way to provide optimal care and support for the patient.

The aim of this final thesis is to help women cope better with psychosocial challenges related to the treatment process of ovarian cancer as well as improve knowledge of healthcare professionals and nursing students in relation to providing holistic care. The purpose is to describe how ovarian cancer patients cope psychosocially and how nurses provide psychosocial support during treatment.

A narrative literature review was conducted into the psychosocial coping of ovarian cancer. Data was collected from online academic databases. The collected data was analyzed using thematic analysis. Articles and research pertaining other specific cancers, in other languages other than English and before the year 2007 were excluded.

The results of this thesis showed that the main ways to cope psychosocially were through psychological, social and spiritual fulfillment. Self-acceptance and management, hope, family, social support, God and health professionals is well discussed. Patient education, information and communication are the main strongholds of supporting a patient as a nurse.

The thesis would indicate that there exists a lack of sufficient research on ovarian cancer that mainly focuses on psychosocial coping strategies and how nurses could specifically be supportive concerning the same. Nurses are frontliners and an integral part of a very wide variety of patient's lives thus deeper research and direct information is needed as well as more research on how women undergoing ovarian cancer treatment could cope psychosocially.

Key words: ovarian cancer, psychosocial coping, nursing psychosocial support.

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TIIVISTELMÄ

Munasarjasyöpä on johtava naisten kuolleisuuden syy siihen liittyvän heikon ennusteen vuoksi. Hoitoprosessi johtaa haavoittuvuuteen, psykologiseen ahdistukseen ja sosiaaliseen vetäytymiseen. Psykososiaalisen hädän havaitseminen koko yhteiskunnassa (itse, perhe, ystävät, terveydenhuollon ammattilaiset, työtoverit) on parasta tapa tarjota optimaalista hoitoa ja tukea potilaille.

Opinnäytetyön tavoitteena on auttaa naisia selviytymään paremmin munasarjasyövän hoitoprosessiin liittyvistä psykososiaalisista haasteista sekä parantamaan terveydenhuollon ammattilaisten ja hoitotyön opiskelijoiden tuntemusta suhteessa kokonaisvaltaiseen hoitoon. Tarkoituksena on kuvata, miten munasarjasyöpä potilaat selviytyvät psykososiaalisesti ja miten sairaanhoitajat tarjoavat psykososiaalista tukea hoidon aikana.

Kerätyn kirjallisuuskatsaus tehtiin munasarjasyövän psykososiaaliseen selviytymiseen. Tiedot kerättiin verkko-akateemisista tietokannoista. Kerätty tieto analysoitiin temaattisen analyysin avulla.

Tulokset osoittivat, että tärkeimmät keinot selviytyä psykososiaalisesti olivat psykologisen, sosiaalisen ja henkisen täyttymisen kautta. Omaehtoisuutta ja hallintaa, toivoa, perhettä, sosiaalista tukea, jumalaa ja terveysalan ammattilaisia käsitellään hyvin. Potilasohjaus, tiedotus ja viestintä ovat tärkeimpiä vahvuuksia potilaan tukemiseksi hoitajana.

Opinnäytetyö osoitti, että munasarjasyövässä ei ole riittävästi tutkimusta, joka keskittyy pääasiassa psykososiaalisiin selviytymis strategioihin ja miten sairaanhoitajat voisivat erityisesti tukea samaan aikaan. Sairaanhoitajat ovat etulinjoja ja olennainen osa hyvin monenlaista potilaiden elämää, joten syvempää tutkimusta ja suoria tietoja tarvitaan sekä tutkimusta siitä, miten naiset, jotka ovat munasarjasyövän hoidossa, voisivat hoitaa psykososiaalisesti.

Avainsanat: munasarjasyöpä, psykososiaalinen selviytyminen, hoitotyön psykososiaalinen tuki.

CONTENTS

1 INTRODUCTION

Ovarian cancer is one of the most common cancer in women with approximately 500 women being diagnosed every year in Finland (Hus 2017). The annual mortality rate per 100,000 people from ovarian cancer in Finland has increased by 12.5% since 1990, an average of 0.5% a year (Finnish cancer registry 2017).

Ovarian cancer has no symptoms at the early stages so the disease is generally advanced when it is diagnosed therefore the prognosis is poor and the mortality rates are high. Overall poor prognosis is due to lack of screening tools for early stage disease, non-specific nature of symptoms and drug resistance in advanced disease. Patient survival is dependent on the disease stage, tumor histology and treatment. The 5-year survival rate is as high as 95% when diagnosed in early stages and as low as 35% in the advanced stages. (Mojgan et al. 2015, 1399-1406.)

Ovarian cancer is diagnosed annually in nearly a quarter of a million women globally and is responsible for 140,000 deaths each year. Patients take comfort from the fact that over the past two decades, considerable progress in the early detection and treatment of multiple types of cancers has significantly extended life expectancy. Nonetheless, cancer patients face the risk of substantial and permanent physical impairment, disability and disorganisation of their daily lives as well as psychological and social problems that results from diagnosis and its sequelae. The emotional stress of living with a diagnosis of ovarian cancer and its treatment, fear of recurrence, and the affliction imposed by living with the daily physical problems create new or worsen pre-existing psychological distress for not just the patient but also families, and other caregivers. (American Cancer Society 2017.)

Coping strategies are influential in patient's quality of life and their psychosocial adaptation to ovarian cancer as well as minimize the effects of anxiety-creating negativities in their daily lives. Through the coping mechanisms, there is a significant association between a 'fighting spirit' and the ovarian cancer outcome. Nursing psychosocial support in the ovarian cancer treatment phase can do much in reducing the perception of illness severity and allow psychological adjustment

while maintaining the quality of life. The purpose of this thesis is to describe how one would cope psychosocially as well as how nurses support patients psychosocially during treatment using professional databases CINAHL. The main aim is to improve not only patient's knowledge on psychosocial coping but also increase knowledge of healthcare professionals, families and nursing students on how exactly to provide holistic care.

2 OVARIAN CANCER

2.1 Types and stages of ovarian cancer

Epithelial tumors develop from cells that cover the outer surface of the ovary (Suzanne et al. 2010, 9). The tumors are soft, multiloculated, partially cystic, partially solid tumors with friable papillae. The 5-year survival rates in epithelial ovarian cancer depends on the staging: stage I is 90%, stage II is 70%, stage III is 39% and stage IV is 17%. (American cancer society 2017.)

Germ cells tumors arise from the cells that produce eggs and typically occurs in the first 2 decades of life. The different types of germ cell tumors arise from primordial germ cells of embryonic gonad and sex stromal derivatives. Malignant ovarian germ cells tumors account for 5% of all ovarian malignancies and most commonly affect adolescent women of reproductive age. (National cancer institute 2017.) The relative 5-year survival rates in germ cells tumors in staging are: stage I is 98%, stage II is 94%, stage III is 87% and stage IV is 69% (American cancer society 2017).

Stromal cells tumor arises in connective tissues cells that produce estrogen and progesterone female hormones as well as hold the ovary together. The tumors develop from cells that support and surround the oocytes (immature egg cells) including non-germ cells and non-epithelial components of the ovary. They represent approximately 5-7% of all primary ovarian tumors and are considered as low-grade cancers. The relative 5-year survival rates are: stage I is 95%, stage II is 78%, stage III is 65% and stage IV is 35%. (American cancer society 2017.)

Table 1: summary of the different stages and location of ovarian cancer

Stage I The cancer is confined to the ovary	**IA**-The cancer is confined to one ovary only	**IB-**The cancer found on both ovaries	**IC**-One or both ovaries are found with cancer cells spilling out from the ovaries **IC1-** Accidental rupture of the capsule by the surgeon during surgery **IC2-** Rupture of the capsule occured before surgery **IC3-** Cancer cells are found in the fluid of the pelvis/ abdomen.
Stage II Growth of the cancer involves one or both ovaries with pelvic extension	**IIA**-Extension of cancer to fallopian tubes or uterus	**IIB**-Extension of cancer to other pelvic organs	
Stage III Growth of cancer involves one or both ovaries, and the cancer has spread beyond the pelvis.	**IIIA-** Microscopic cancer cells found in the upper abdomen or lymph nodes	**IIIB**-Visible tumor found in upper abdomen less than 2cm in size	**IIIC**-Visible tumor found in abdomen greater than 2cm in size, including disease on the surface of liver or spleen
Stage IV The cancer growth is widely spread throughout the body	**IVA-** Cancer is found in the fluid around the lungs.	**IVB**- Cancer is found inside the lungs, liver or spleen	

2.2 Risk factors of ovarian cancer

Inherited genetic mutations of BRCA1 (breast cancer gene 1) and BRCA2 (breast cancer gene 2) are responsible for about 10-15 percent of all ovarian cancers. When the genes are normal they act as tumor suppressors by making proteins that keep the cells from growing abnormally, however if one inherits a mutation from genes of either parent the cancer preventing protein is less effective thus the

chances of developing breast or ovarian cancer increase. (American cancer society 2017.)

Having close family members either a mother, an aunt, a sister or a grandmother on both paternal and maternal side who has a history of ovarian cancer may increase the chances of one getting ovarian cancer as well. Approximately 40% of females with family members who have BRCA1 mutation gene develop ovarian cancer while an 87% possibility risk is associated with breast cancer for the family members with both BRCA1 and BRCA2 mutations. A family history of other cancers such as breast cancer, uterine cancer and colorectal cancer increase the risk of ovarian cancer because inherited mutation in certain genes cause the family cancer syndrome. (Llewellyn 2010, 299-300.)

Women who have been pregnant and carried it to term before the age of 26 have lower risk of ovarian cancer. The risk is high for women who have never given birth and for those who have difficulties getting pregnant. Breastfeeding has also been proven to lower the chances even further. A recent study found out that women using oral contraceptives had lower risk of ovarian cancer. However, the lower risk is seen 3-6 months of using the pill and the lower risk continues many years after the pill is stopped. In some studies, researchers have found that using fertility drug clomiphene citrate for longer than a year increases the chances of ovarian tumors. (American cancer society 2017.)

Hormone replacement therapy is prescribed to help ease the symptoms that occur during menopause in which there are reduced levels of estrogen in the body. The therapy comprises of treatment with either estrogen on its or a combination of estrogen with progesterone. Estrogen alone is prescribed for women who have had a hysterectomy while the latter is for those who have not had a hysterectomy. Studies conducted have shown that usage of the combination of estrogen and progesterone for a period of five years and more increases the risk of developing ovarian cancer in women who have not had a hysterectomy. Likewise, the use of estrogen for a period of 10 or more years increases the risk of women who had a hysterectomy developing ovarian cancer. (American cancer society 2017.)

2.3 Diagnosis of ovarian cancer

A physical exam is done by a doctor and blood tests are ordered to check for proteins produced by cancer cells and a test to measure kidney and liver function as well as the general health status. A blood count test is done to ensure there are enough red blood cells, white blood cells and platelets. The blood test CA-125 which is the most common tumor marker is more accurate in postmenopausal women and is carried out also during and after treatment, if the serum CA-125 is 35 IU/ml or greater, an ultrasound scan of the abdomen and pelvis is carried out by a gynecologic oncologist. (NICE UK 2017.)

Transvaginal ultrasonography is the use of sound waves to create an image on video screen. The sound waves are brought out from a small probe placed in the woman's vagina or on the surface of her abdomen. Echoes are created by sound waves as they penetrate the ovaries and the same probes detects the echoes that bounce back. They are then translated into a picture via a computer. TVS generates accurate ovarian images that can be used to detect early changes in ovarian morphology and volume not detected on clinical examination. Morphological abnormality is established on presence of solid areas or papillary projections from the cyst wall in a complex cystic ovarian tumor or a solid ovarian tumor with an abnormally increased volume. It also useful in finding a fluid-filled cyst. TVS has not been reliable in differentiating benign from malignant ovarian tumors. (American Cancer Society 2017.)

Computed tomography (CT scan) is performed in the pelvis and abdomen to determine the extent of the disease. The x-ray creates a three-dimensional picture of the inside of the body. It looks for signs that the cancer has spread but it does not detect all ovarian tumors. They however see larger tumors as well as see if the tumor is growing in the nearby structures. The scan is used to find lymph nodes and that an ovarian tumor is affecting the kidney or bladder. A liquid dye known as contrast might be injected in the vein to help outline clearer structures in the body. It helps that all organs appear white thus it's easier to see anything unusual clearly. (Cancer research UK 2017.)

For positron emission tomography (PET scan), an injection of radioactive glucose solution is administered. Because cancers use glucose at a higher rate than normal tissues, the radioactivity tends to concentrate in the cancer. It is more accurate than the CT scan and the results are used in determining the combination of treatment likely to work, helps with planning before the surgery and to check on how the treatment is working. (American cancer society 2017.)

2.4 Management of ovarian cancer

This is the initial management step with a purpose of removing malignant tissue without much damage to the remaining part and to determine the staging if necessary. The possibility for a surgery to be performed is dependant on the location, extent of spread and the nature of the tumor. It is recommended to remove as much of the malignant tissue as possible. Factors that might determine that a successful maximum surgical debulking is achieved include patient's fitness for the surgical procedure and prior imaging of the site. There are adverse factors that might prohibit maximum debulking such as extensive upper abdominal disease, small bowel mesentery and diaphragm, involvement of porta hepatis, extensive ascites and spread of the cancer beyond abdominal cavity (stage iv).It is recommended to conduct a direct visual inspection through laparoscopy before debulking is performed to prevent an unsuccessful debulking.However, if a patient's condition is very poor and surgery cannot be performed, preoperative chemotherapy is started after the disease has been confirmed by collection of a biopsy percutaneously. (NICE 2011.)

Fertile women with stage 1 disease should be advised to consider conservative surgery since in such cases low malignant potential tumors are more common and they can be managed by a conservative approach without necessarily removing the contralateral ovary if it is normal thus ensuring that the fertility of the woman is not tampered with. Women with a higher staging of the disease can be offered

postoperative adjuvant chemotherapy which does not affect the fertility if the uterus and other ovary function normally and have no signs of cancer cells. (Jayson, Kohn, Kitchener and Ledermann 2014, 1376-1388.)

Objectively chemotherapy is given to slow down the growth and spread of cancer cells or to destroy the cancer cells completely. It can be administered under three circumstances whereby it is being used to cure cancer on its own, after surgery to help improve the treatment and prevent a recurrence of cancer cells and where chemotherapy is necessary to alleviate the cancer symptoms and prolong life expectancy and wellbeing of the patient. Chemotherapy works by inhibiting cancer cells from dividing and thus are killed in the process. It involves the combination of cisplatin and paclitaxel (taxol) medications. They are administered intravenously every 21 days. The combined chemotherapy is toxic and results in severe side effects such as 60-80% of the patients have severe nausea and vomiting, 50-60% have severe hair loss, 5-30% develop peripheral neuropathy and 15-60% develop renal toxicity. (Llewellyn 2010, 300.)

3 PSYCHOSOCIAL COPING IN OVARIAN CANCER DURING TREATMENT

Ovarian cancer has a thorough and variable course characterized by foremost response to antineoplastic therapies followed by relapse and progression of the disease. Subsequently, ovarian cancer has a powerful physical and emotional impact on women and their families. (Margaret 2010, 66-67.)

Psychosocial health care needs according to most ovarian cancer patients are not well addressed during their cancer journey. This is regarding insufficient information given about their diagnosis, prognosis, available treatments and management of the illness and health. Health care providers often fail to communicate this information effectively in ways that are understandable to and enable action by patients. (Epstein &Street 2007, 6225.) Psychosocial oncology works towards achieving greater recognition of this broader impact and develop services to address all essential patient concerns: low mood and depression, fears and anxieties, psychological stress as well as experiences of distress (Debbie & Nicholas 2015, 327-342).

Psychosocial interventions are valuable adjuncts to physical treatments for individuals who have been diagnosed with cancer. It has been determined that 33% of individuals diagnosed with cancer experience severe psychological distress and 70% exhibit some level of anxiety and depression. Therefore, excellent care should include interventions that focus more on information and psychosocial needs of everyone. Facilitating emotional expression helps to modulate distress and enhance coping abilities. Psychosocial interventions including therapeutic communication have been successfully used to minimize stress, improve quality of life, treat depression, and support cancer patients throughout the course of their diagnosis and recovery. (Bonnie Raingruber 2011, 2-6.)

3.1 Psychological coping in ovarian cancer during treatment

Psychological coping is a complex mental process by which an individual deals with stressful situations, solves problems, and makes decisions. It can include an entire array of responses ranging from engaging with negative health behaviors (smoking, getting drunk) to seeking out information, seeking emotional support from family and friends, or seeking solace in religious or spiritual practices. Without proper psychological wellbeing, traditional mental health diagnoses, such as depression, bipolar disorder and anxiety are common. (Wikipedia 2017.)

Distress in an undesirable emotional experience of psychological, social or spiritual attributes that could hinder the capability to effectively cope with cancer. It ranges from feelings of vulnerability, sadness and fears to depression, panic and anxiety complications. Distress from unmet psychological needs is a serious issue as every patient deserves holistic care. Coping can be either cognitive or non-cognitive. Cognitive mainly involves the thought and learning necessary to identify the source of the stress while non-cognitive are automatic and focus on relieving the discomfort. It is a process of change and adaptation that occurs as an individual attempt to integrate cancer into their lives whilst at the same time maintaining some sense of normality. (Debbie & Nicholas 2015, 327-342.)

Quality of life is an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad-ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships and their relationships to salient features of their environment. (Connie et al. 2011, 205-206.) Treatment of ovarian cancer involves surgery and chemotherapy both of which have a great impact on a woman's quality of life. The site of the disease, treatment-specific, patient-specific factors affect the quality of life, moreover physical functioning due to the side effects of treatment, sexual dysfunction associated with physiologic changes of treatment, psychological distress caused by fear or anxiety of recurral affect women with ovarian cancer. With ovarian cancer also comes the risk of loss of childhood potential for younger women. (Sun, Ramirez & Bodurka 2007, 18-29.)

3.2 Social coping in ovarian cancer during treatment

Sociological coping refers to processes whereby one learns to endure their illness as well as maintain a sense of value and meaning of life, despite symptoms and their effects. Bracketing off the impact of illness to minimize the effects on identity is the focus. (Debbie &Nicholas 2015, 327-342.) Recent qualitative studies draw on understanding illness as a process of normalization, suggesting some patients with cancer make reasonable attempts to regain normality. Cancer individuals normalize their illnesses through keeping their pre-illness lifestyle and identity intact by either minimizing symptoms or maintaining as many pre-illness activities as possible. (Molassiotis &Roger 2012, 197-204.)

Generally, cancer diagnosis process significantly disrupts the expected life course, need for reorganization of self-identity as well as sense of uncertainty about the future. This is because once diagnosed with cancer certain aspects of an individual's everyday life are challenged: identity, environment, self-perceived role and relationships. Human beings take for granted assumptions about their bodies, social world, suffering and death until disruptions caused by illness arise. Identity and loss through illness therefore bring about repairment of 'loss of self' through struggle against illness and organising life in such a way as to regain, restore and preserve a pre-illness sense of self and identity. Preservation of pre-illness involves removing illness from the general flow of life or viewing illnesses as an enemy. (Debbie & Nicholas 2015, 327-342.)

Once the initial uncertainty has been established, coping with the crisis and stress as well as coping to gain personal control over the situation follows. Psychological acceptance of the diagnosis and gained emotional equilibrium bring about restoration of well being. At this stage, there is a clear contrast between individuals who take a positive perspective, narrating feeling hopeful and

optimistic while others respond negatively, with distress and anxiety. (Bellizzi & Blank 2007, 44-48.)

Little attention is paid to the 'social' world in which an individual exists. For there to be a full understanding of the whole cancer experience from an accurate biopsychosocial perspective, social context is an important part of the puzzle. Knowing more about a patient's relational networks and how their close family and friends are adjusting as well as the dyadic nature of these parallel processes, should be a part of explaining their anxiety and distress. (Hubbard et al. 2013, 309-317.) It is important to examine the connections between a patient and partner psychosocial adjustment following cancer diagnosis. Recent studies show that increasing anxiety in patients is closely associated with increasing anxiety in partners and family members. Dyadic coping is a key psychosocial adjustment concept as it describes the couple's efforts to cope jointly with a common or shared stressor. Dyadic coping acknowledges that couples cope both individually and collectively as a unit to shared stressors and it concentrates more on this shared experience than the individual stressor response. Development and evaluation of supportive care interventions tailored to attachment styles of couples or family units should be a long-term goal within cancer care. (Debbie & Nicholas 2015, 327-342.)

3.3 Spirituality in ovarian cancer during treatment

Spirituality is a belief in a force that gives meaning to life, one's place in the universe and one's life's purpose. It is an orientation to living within a broader sphere of ultimate significance, purpose and meaning that people embody in a worldview expressed through beliefs, values and practices. (Nagel 2010, 3-7.) First, spirituality operates as an inclusive perception in healthcare premised on a basic and universal human capacity rather than being a synonym for religion. Secondly, it provides a way of distinguishing a larger human reality that cannot be accommodated by the partial and reductionist view of the physical sciences.

Thirdly, it's a dimension of personhood in healthcare alongside the psychological, social and physical dimensions, all of which constitute a whole person. (Debbie &Nicholas 2015, 327-342.)

Cancer services should be able to incorporate spiritual assessments into their routines and practices, their purpose and how they will manage the outcomes of an assessment, including care planning and referral. This is because spirituality for some patients plays an important role in how they perceive themselves and live their lives. Cancer services should therefore consider how they offer a positive approach that recognizes, respects and supports spirituality as part of the care they offer. (Debbie &Nicholas 2015, 327-342.)

3.4 Psychosocial nursing support in ovarian cancer during treatment

A nurse is usually at the frontline in the care of ovarian cancer patients and they thus automatically take the role of key worker with the patients. A nurse strives to know the long term and far-reaching effects of both the physical and psychological challenges connected to ovarian cancer in order for a provision of care within a holistic framework. A nurse is present in the treatment plan that includes surgery, chemotherapy, palliative care or a combination of all. (Suzanne et al. 2010, 1464.)

Nursing support is very essential in each phase and stage of the ovarian cancer care. The support begins from preparation for surgery, steps taken to prevent complications in the acute postoperative period and emotional turmoil that comes with the entire process. One of the major roles of a nurse is to be able to identify both physiologic and psychological stressors earlier in the treatment process. (Suzanne et al. 2010, 1464-1467.)

Psychosocial support provided by nurses mainly involves psychological, social and spiritual care which aims at improving the quality of life. Creating dialogue as the main foundation of communication enables patients to open about their inner emotions thus helping nurses understand them at a more individualised level. Providing information both verbally and in written form allows a patient to understand more about the disease both in hospital and even once released from hospital. (Hodgkinson 2008, 67-79.) A lot of fear and different emotional reactions come up due to pain, complications, anesthesia, fear of death or the disease itself. This is due to that they face a threat to their roles in life, permanent incapacity, body integrity and burden on family members. Nurses have a responsibility to not just monitor but also listen to understand a patient's words and actions or changes in behavior. Being empathetic and constantly providing information helps alleviate the concerns. (Suzanne et al. 2010, 9.)

Good communication conveys empathy and support through general interaction skills as well as being clearer in providing medical information that can be understood and not easily forgotten. Patients expect the nurses to be trustworthy, open and honest, present, respectful, assist in setting mutual goals and be part of the social support. (Melanie 2011, 61-64.) Patient education involves teaching sessions, resources, written materials with instructions, telephone follow ups all aimed at guiding the patients and ensuring that they have ample time to ask questions. Nurses should always teach through including explanations of the sensation a patient will undergo to enable them to understand what exactly to expect but also do it in a sensitive manner by providing less information depending on individual’s needs. It has been proven to provide relaxation and less anxiety. Nurses also learn to respect and support one’s cultural beliefs and spirituality as it could be therapeutic for some patients. Being able to identify one’s religion and its customs builds up trust and rapport. (Suzanne et al. 2010, 91-93.)

Continuity in patient education, symptom management, good communication, informational care, emotional support and tangible support have led to an increase in the overall quality of life, better health and an establishment of therapeutic

relationships. Being apart of the cancer journey requires constant empowerment through support which enables patients to have a feel of control as well as reassurance as their needs which include quality of life, intimate relationships and social situations are met. (Melanie 2011, 64-66.)

4. PURPOSE, AIM AND RESEARCH QUESTIONS

The purpose of this thesis is to describe how ovarian cancer patients cope psychosocially during the treatment process as well as describe the nurse's role in psychosocial support using academic databases. The aim is not only to help the patients learn better how to cope with the psychosocial challenges but also improve knowledge of healthcare professionals and nursing students for a holistic nursing care whereby all needs of the patient are met. This narrative literature review also aims at exploring the topic to especially find out what is already known about it.

Ovarian cancer was of our interest because most studies focus on improving diagnosis and therapy rather than the psychosocial (psychological, social and spiritual) challenges women with ovarian cancer face throughout the trajectory of care and survivorship and mainly how they could cope with the challenges.

The main research questions are:

1. How do ovarian cancer patients cope psychosocially during treatment?
2. How do nurses support ovarian cancer patients psychosocially during treatment?

5 METHODOLOGY

5.1 Literature review

Literature review is a simple summary of sources or an analysis of the progression of a certain field. It contains an extensive compilation of what is known about a phenomenon. The review is governed by a researchers' interest about a case and gaps in the knowledge about what the cases are. (Cronin & Coughlan 2017, 5-8.)

This thesis is a narrative literature review which is also referred to as traditional or descriptive review. It aims at identifying, analysing, assessing and interpreting what has previously been established and is arguably the most commonly used literature review. The power of the focus and the extent of the literature to be covered in the review varies according to the context in which it is being conducted. The background theory relating to the topic is extensively described, new research is highlighted, and areas that lack significant information are emphasized on, thus paving way for further research on uninspired areas. (Cronin & Coughlan 2017, 10-15.)

The main power of narrative lies in its extreme flexibility and the fact that researchers can concentrate on different areas that they find beneficial throughout the process because narrative literature review is remarkably changeable mid-process. It provides an opportunity to speak with self-knowledge, thoughtful practice and acknowledgement of shared education phenomena. However, this type of review likely focuses on highlighting how hypothetical and non-structured it often is. (Kangasniemi et al. 2012, 291-301.)

We have no doubt that the flexibility and idea to grasp the diversities as well as pluralities of understanding around scholarly research topics will help us to review different psychosocial coping strategies that can be used by patients during their treatment process as we conduct our research.

5.2 Implementation of the literature review

A qualitative approach was used in evaluating the articles to be selected for use in this narrative literature review. At the beginning stage while conducting our search for the articles, thousands of articles were retrieved from the databases however they were narrowed down to those that matched the purpose of the thesis. They were a total of six articles that were agreed upon to be used. They were summarised and critically analysed. They were extracted from CINAHL (EBSCO). The keywords used for the search were “psychosocial coping” AND “ovarian cancer”, “nursing psychosocial support” AND “ovarian cancer”, “support” AND “ovarian cancer”and “spirituality” AND “ovarian cancer”. The conjunction “and” was applied to aid in getting more information relevant to the research questions.

To ensure that our thesis was not biased and that it could be regarded as trustworthy we had to ensure that our sources were reliable and were strictly from academic databases in this case which were accessed through the school library portal. In relation to the purposes of our thesis the articles used carried themes that directly reflected on these purposes. Three articles explored on how ovarian cancer patients can cope psychosocially during the treatment period. These were focusing on psychological support, social support and spirituality. The other two articles explored how nurses’ role in providing psychosocial support to the ovarian cancer patients’ is essential. One article carried both themes of psychosocial coping and nurses’ support role.

5.3 Data collection process

For our final thesis, our data was collected using database searches. The database used was CINAHL (EBSCO). Other databases such as Pubmed, Sage journals and Cochrane Library were also put into consideration however none yielded any articles as per our inclusion and exclusion criteria. The inclusion criteria for articles was that they were qualitative research articles, published in English language during the years 2007-2017, available as free full text and answered the research questions. The exclusion criteria used was articles published before 2007, written in any other language than English and articles that focused on other specific cancer conditions. We concluded that it was fundamental to limit the scope of our narrative literature review so we can be more specific about our findings. The easiest way to confine it was by concentrating mainly on ovarian cancer and gynecological cancers only. We however used academic sources, regardless of specific cancers during the background research. The main languages of our sources were mainly English but also Finnish. The table below shows the databases search:

Table 2: Database search and results

Databases	Keywords	Results	Free full articles	Articles in english	Articles relevant to study
CINAHL(EBSCO)	“Psychosocial coping” AND “ovarian cancer”	887	848	840	5
CINAHL (EBSCO)	“Nursing psychosocial	4423	670	600	3

	support" AND "ovarian cancer"				
CINAHL (EBSCO)	"Support" AND "ovarian cancer"	283	52	52	4
CINAHL (EBSCO)	"Spirituality" AND "ovarian cancer"	11	5	5	2

The search yielded thousands of results however most were excluded mainly because they did not meet the full text and the English language criteria. Some of the main search terms yielded similar result of articles. This was essential to us in that it enabled an easier selection of the articles to be used. Also since our thesis had a specific theme many of the articles served an all-round purpose in answering our research questions and fulfilling the intended purpose. Each article that had the main search terms was evaluated at a deeper level mainly based on the title and the abstract. This was necessary to determine whether it met the inclusion criteria and if the information in the article was specifically related to our topic. Eventually a total of seven articles were selected in writing this final thesis as they fulfilled the inclusion criteria. Among all the key search terms used "psychosocial coping" AND "ovarian cancer" and "support "AND "ovarian cancer" yielded the most articles which were similar. Five and four articles retrieved from those search terms were used in writing this thesis respectively. "Nursing psychosocial support" AND "ovarian cancer" yielded three articles while "spirituality" AND "ovarian cancer had a total of two articles. The articles were categorized based on the relevancy of the aspects which we used on how patients can cope psychosocially during ovarian cancer treatment. In the table they have been categorized according to the aspect subgroup, database from which they were extracted, the main search term used and the number of relevant articles obtained.

Table 3: Categorization of selected articles

category	Database	Search term	Relevant articles
psychological coping	CINAHL (EBSCO)	"Psychosocial coping" AND "ovarian cancer"	5
Social coping	CINAHL(EBSCO)	"support" AND "ovarian cancer" "Nursing psychosocial support" AND "ovarian cancer"	4 3
spirituality	CINAHL (EBSCO)	"Spirituality" AND "ovarian cancer" "support" AND "ovarian cancer"	2 1
Nursing psychosocial support	CINAHL (EBSCO)	"Nursing psychosocial support" AND "ovarian cancer" "Psychosocial coping" AND "ovarian cancer" "support" AND "ovarian cancer"	3 2 3

For easier visualisation of the data collection process, the articles were categorized into subgroups of psychosocial coping namely: psychological coping,

social coping, spirituality and nursing psychosocial support. Many articles were used for more than one subgroup since they have relevance to the topic in the subgroup. In the first subgroup of psychological coping a total of five articles were used based on the search term “psychosocial coping” AND “ovarian cancer”. In the second subgroup social coping, the search terms “support” AND “ovarian cancer” and “nursing psychosocial support” AND “ovarian cancer” resulted in the use of four and three articles respectively. The spirituality category had the least articles. However, in an effort to broaden the amount of information to be collected search terms “spirituality” AND “ovarian cancer”and “support” AND “ovarian cancer” with two and one articles being used respectively. In the nursing psychosocial support category the search terms used were “nursing psychosocial support” AND “ovarian cancer” (3 articles used), “psychosocial coping” AND “ovarian cancer” (2 articles used) and “support”. AND” ovarian cancer” (3 articles used). The choice to link the subgroup and the search term was because most articles in the categories were relevant to the theme being discussed.

The first article “Quality of life and mental health among women with ovarian cancer: examining the role of emotional and instrumental social support seeking” is an empirical research article. This article was used for both psychological coping and social coping subgroups. The research was conducted in United States whereby the participants were recruited by use a cancer registry. In total (n =782) women who had been diagnosed with ovarian cancer in the year 2011 and had been registered in the Pennsylvania Cancer Registry were contacted through post. A package was mailed that included a questionnaire to be used and a postage paid envelope for sending the questionnaire. The questionnaire measured the quality of life through a functional assessment of cancer therapy; depression, anxiety and stress levels; emotional and instrumental social support seeking and the sociodemographic and medical information. The research had a relatively small sample group (n = 98) since not all participated and other cases were ruled out due to missing data. The main findings indicated that emotional and social factors influence the mental health in women with ovarian cancer as they cope through treatment thus making socioemotional support the most productive type of

support. It also concluded that emotional and social support influences the quality of life and the general well-being of the patient, families and their caregivers and in how they can cope socially with each other.

The second article "Managing women with ovarian cancer: the role of a nurse" is a review article that focuses on the role nurses play when managing women with ovarian cancer and the significance of the support they provide to the patient. This article was used in gathering information for three subgroups namely psychosocial coping, social coping and nursing psychosocial support. Good communication between a nurse or nurse specialist has been emphasized as an essential tool in coping as it assists in the promotion of psychological health of an ovarian cancer patient especially during the treatment phase during where contact between a patient and the health care personnel is prudent. The next article "Evaluation of sexual dysfunction and affecting factors in Turkish women with gynaecological cancer" is a qualitative research article which consisted of (n =230) participants with a 30-75 years range whereby forms detailing patient information and an index of female sexual function as well as recorded voice interviews were used to collect data. The data was collected between 1st May and June 2013. Sexual dysfunction was noted in 80% of the women with attributing factors such as 50 years and older and undergoing surgical operations. The study concluded that sexual dysfunction has a great impact on the sexual health of a woman and their partner. Sexual health involves physical, mental, social and emotional attributes of a person therefore affecting the way an ovarian cancer patient can cope psychologically and socially while undergoing the treatments. The manner which health care professionals can approach sexual dysfunction in a gynaecological patient has also been illustrated. Therefore, this article was used for psychological coping, social coping and nursing psychosocial support categories.

"Ovarian cancer surgery: health and coping during the perioperative period "article was used for the nursing psychosocial support and social coping subgroups. It is a qualitative research article with the study being conducted at a national centre for surgical treatment of gynaecological malignancies in Denmark. The period range in which the study was conducted was 2009 -2010 where

participants were distributed into groups differently over the years with questionnaires being used to collect data. The first group in 2009 (n = 149) was used to provide baseline measurements. The second group in 2010 (n = 55) was an intervention group that included women with ascites and pelvic mass thus a > 200 risk of malignancy index. The third group in 2010 (n = 90) was considered a non-genuine control group since they were only under suspicion of ovarian cancer. It was concluded that interventions undertaken by health professional from the initial stages of ovarian cancer journey and ensuring follow up has significant effects on how patients can cope mentally, socially and physically with ovarian cancer diagnosis and treatment.

The article "Transforming the death sentence: elements of hope in women with advanced ovarian cancer "was a study conducted in women (n =20) with an age range of 42- 73 years who had advanced ovarian cancer and had undergone chemotherapy but no signs of remission were present. A focused guided interview on the women's experiences of hope and fill in form on personal data were used to collect data from the participants who had been recruited from oncology clinics in Northeastern United States. The study concluded that ovarian cancer is a journey with various approaches on how to cope with each outcome along the way. Support from family, carers and health providers has been portrayed as being a pillar of hope in overcoming ovarian cancer. Communication between the patient and the health care providers as well as spirituality determine the women's ability to transform the death sentence from ovarian cancer. This article was used for spirituality and social coping subgroups.

The next article "Spiritual well-being and practices among women with gynecologic cancer" was used for spirituality subgroup. The study was carried out in Southeastern United States at a private gynecologic-oncology practice where about 85% of the patients (> 65 years) in attendance had some form of a gynaecologic cancer. Among the participants (n= 85) who were used in the study 49% n= 42) had ovarian cancer which was the most common form of gynecologic cancer. Others such as cancer of the uterus 28% (=24), cervix cancer 15% (n= 15) and vulva &vaginal cancers 7% (n= 6) were also present. The

religions commonly practiced were judaism (n= 42) and christianity (n= 39). Spirituality has been illustrated as an aiding tool in finding meaning and purpose in life after being diagnosed with ovarian cancer. In this way women with ovarian cancer can cope with the disease as through spirituality the sense of loss, helplessness and control over their illness is reduced.

"The lived experience of ovarian cancer: a phenomenological approach" is an empirical research article that mainly explored the experiences of women with ovarian cancer. It was used for psychological coping and social coping subgroups. Data was collected through open ended questions interviews of women (n = 11) with ovarian cancer aged between 23- 66 years old. The participants had different stages of ovarian cancer; stage ii (n = 1), stage iii (n = 8) and stage iv (n = 2). The study brought an insight on how women learnt to embrace an ovarian cancer diagnosis and others found peace after a correct diagnosis was confirmed after a struggling with symptoms that ruled out for other conditions for a long time. This article is very educative and informative as their experiences would help other women undergoing the same problem to have an idea on what to look out for and embrace their diagnosis positively.

After reading the articles and critically summarising them a table was put together with a division showing the title, author and year of publication and a summary of main findings as illustrated below:

Table 4: Summary of the 7 articles that focused on psychosocial coping with ovarian cancer**.**

Article title	Authors and year of publication	Summary of article
Transforming the death sentence: elements of hope in women with advanced ovarian cancer	Anne, M, 2007	Reviews the process and experience of hope for women with advanced ovarian cancer

Spiritual well-being and practices among women with gynecologic cancer	Aida, J, L., Ruth, M., Mary, T, Q, G., Joyce, J, F. 2009	Discusses the importance and different forms of spiritual well-being and practices among women with gynaecological cancers
Managing women with ovarian cancer: the role of the nurse	Clarke, L., & Bailey, C. 2010	Reviews the importance of a nurse's role in providing support and information on patients undergoing treatment
The lived experience of ovarian cancer: a phenomenological approach	Joanna, G., Anne, S., & Jane, D, Champion. 2012	Discusses the importance of women voicing their experiences about ovarian cancer.
Ovarian cancer surgery: health and coping during the perioperative period.	Lene, S., Jan, B., Lone, K, P., & Lise, H. 2012	Describes the general health and coping in women undergoing ovarian cancer surgery and also discusses the supportive care intervention needed from healthcare professionals.
Evaluation of sexual dysfunction and affecting factors in turkish women with gynecological cancer.	Gul, P., Sena, K., Ayse, A., Halime, A., Ali, A., & Yavuz, A. 2015	Reviews in depth sexual health needs of women in order to enhance the patient's sexual function.
Quality of life and mental health among women with ovarian cancer: examining the role of emotional and instrumental social support seeking	Erin, M, Hill. 2015	Discusses social support as an important coping strategy for quality of life and reduction of depression.

5.4 Data analysis

After thorough evaluation and reviewing of the articles, we concluded that using thematic analysis would help us analyze our articles from a more content-driven perspective. We decided that ovarian cancer affected women in so many psychosocial ways thus finding information based on psychological coping, social coping, nursing psychosocial support and spirituality would help us specifically delve into our topic thus find answers to our research questions.These themes helped in understanding the interventions that have worked for others and could help women newly diagnosed with ovarian cancer as well as help nurses have a better perspective on how they need to ensure holistic care for each individual. In this area our work will delve into how the articles used answer the research questions for this thesis. The research questions are; how do ovarian cancer patients cope psychosocially during treatment? and how do nurses support ovarian cancer patients psychosocially during treatment?

The first article used in this thesis answers both our research questions. It has covered how patients cope psychologically, socially and how the help of nurses' aid in the coping. According to the author of the article social support has an impact on the physiological processes and clinical outcomes. It has been linked to increases in the probability of survival rates in ovarian cancer when other factors such as depression are controlled. Having a social support system lowers psychological stress and enhances the application of other coping strategies that improve the quality of life. Seeking and receiving of emotional social support seeking has been recognised as a facilitator for emotional disclosure which enables ovarian cancer patients to opt for ways that promote their health such as seeking health care services and maintaining self care through proper dieting and exercise. Health care professionals support and promote emotional support seeking as a method to cope during treatment and in remission. (Erin 2015, 551-558.)

The second article explores the role nurses can play in ensuring easy coping for patients with ovarian cancer. It answers the research questions clearly. The authors depict nurses as information givers, support pillars and advocates in the decision making especially concerning treatments and thus the article was also suitable for use in social and psychological coping subgroups. Nurses are in contact with ovarian cancer patients on many levels while receiving care and are thus at the best position to realise any kind of distress a patient is going through for example psychological, social or emotional distress. It the duty of a nurse to encourage a patient to speak up and through that channel they can intervene and help accordingly. For example, when a nurse realises that a patient needs psychological intervention they may connect or refer them to a psychiatrist or counsellors. Information on other tools that maybe of help such as websites or support groups may be provided. Through doing this the nurse also acts as a support system for the patient as they can be open when the communication channel is easy and effective. (Clarke & Bailey 2010, 44-49.)

The third article answers the question how nurses can help in the psychosocial coping during treatment. It highlights coping from the initial stages of treatment and the effect it will have on the continuous treatment journey. It has been used for the psychological and social coping as well in the nursing psychosocial support. The authors indicate that being diagnosed with a serious illness and having to undertake severe treatments can be challenging to many patients. This may lead to poor mental health and the levels of anxiety and depression may increase. Therefore, psychosocial support during the entire journey with cancer should be greatly considered. Application of these support systems ensure an easy transition among the care regimens given for ovarian cancer. Nurses should intervene at every transition point and ensure follow up to make it easier for the patient to cope. For example, intervention on the lifestyles changes such as proper nutrition, exercises and smoking cessation that a patient need to implement are better understood and done easily when there is guidance from the nurse. (Lene et al.2012, 575-581.)

The next article explores how women with ovarian cancer can cope psychologically and how nursing psychosocial support can aid in that process when sexual dysfunctions develop during treatment. It therefore answered both our research questions as in this case sexuality is viewed as a broad field that involves a state of emotional and mental well-being. Ovarian cancer treatments for example surgeries have a great negative impact on the sexuality of women as they can result in physical body alterations that leave women cautious of their bodies and not able to function sexually like they used to before. Mental health as a result is affected and leads to the women developing anxiety, stress and depression. Fear of being rejected by their partners is a concern and many women are reported to lose confidence and self esteem. The duty of a health professional has been illustrates as providing guidance and support to these women and must be skilled to recognise the concerns and assist accordingly. Patient education by health-care professionals on the effects of the treatments on sexual functions beforehand and how they can cope when the dysfunctions develop has been illustrated as an essential intervention. (Gul et al. 2015, 50-60.)

The fifth article answers the research question how ovarian cancer patients cope psychosocially during treatment through social coping and spirituality. When an individual is faced with a serious illness there is fear of the uncertainty in its outcome and the final result in this case death. Having hope and support is shown as a way of reducing the uncertainty and thus improving the quality of life. Support group attendance was helpful to some of the women as they got to interact with ovarian cancer survivors and learn from them. The connection with others provided a sense of hope and the women became optimistic about the future since they realize that they are not alone in the ovarian cancer journey. This article also highlighted how spirituality brought a sense of hope and a new meaning to life during stressful situations brought about by ovarian cancer. Spirituality as an aspect of psychosocial coping was not a mandatory application in the coping process since faith and religion is optional. (Anne 2007, 70-78.)

The sixth article focused primarily on spirituality as an aspect of psychosocial coping. It answered both the research questions. Spirituality is illustrated as

anything that has a purpose and meaning to life for example family, music and the community. The main forms of spirituality applied included prayer, meditation, relaxation, mental imagery, yoga and spiritual healing. They help women with ovarian cancer by reducing the sense of loss, helplessness and control over the disease. A higher frequency in the use of spiritual practices has been reported as having greater results in achieving a purpose and meaning to life. Nursing care can be improved through the use of spirituality whereby nurses can use information from existing research in encouraging ovarian cancer patients to apply forms of spirituality such as relaxation, exercise and meditation in their daily life routine to achieve a better quality of life. (Aida et al. 2009, 300-304.)

The final article was a summary of the experiences of women who were battling ovarian cancer and it answered both the research questions. The experiences of these women and how they coped through each obstacle that they faced can be applied by other women who are newly diagnosed to cope as well. For most women whether newly diagnosed or those already in the ovarian cancer journey, having something to look up to and compare in relation to what they are going through helped them feel they are not alone and thus were more accepting to their illness. Nurses can also apply the information from the experiences of other women who have lived through ovarian cancer as a tool of intervention in encouraging, educating and support the women they come across with ovarian cancer. They can also educate the support pillars of the women on how to cope in every step thus ensuring that the support system grows stronger. (Joanna et al. 2012, 595-603.)

6 FINDINGS

6.1 Social coping in ovarian cancer during treatment

Great social relationships have been identified as a very important aspect that can greatly influence the emotional well-being of a woman with ovarian cancer as it is discovered in the advanced stages due to poor prognosis. Hence, being loved, valued and respected by family, friends, health care professionals and community in general have a great impact on the women with ovarian cancer to lessen emotional outbursts, poorer health and bad mental health. Social coping is an important tool in maintaining emotional equilibrium, clinical outcomes as wells acts as a disease-related biomarker. (Erin 2015, 552.)

A partner or caregiver presence in treatment information helps a patient be more open about their feelings thus solve problems more effectively and reduce stress levels (Clarke et al. 2010, 46). Optimistic and encouraging people around a patient throughout the entire treatment process had a great impact on increased probability of survival as one finds a reason to live, fight, be stronger and not allow illness to mean defeat (Erin 2015, 552; Anne 2007, 72). Distress, confusion and vulnerability from thoughts of not seeing one's kids grow, not being able to give affection to husbands and making family can be replaced by finding joy in the present most important things in life such as travelling with friends, spending time with family reduces the thoughts of death and impossibilities (Joanna et al. 2012, 596).

Disease-related physiological processes and clinical outcomes were reported to have been impacted by a strong social backbone. Reduced levels of vascular endothelial growth factor, interleukin-6, cytokines associated with growth tumor have been greatly linked to a good emotional and social backbone. (Erin 2015, 556.) Involvement in mind-body techniques, yoga, listening to music and family activities greatly influenced the treatment process (Aida et al. 2009, 303).
Social comparisons of long-term survivor warriors and finding humor through the treatment process was linked to hope and inspiration of survival. Shifting

expectations and focusing more on prioritizing meaningful things such as accepting change in jobs or career goals enabled them to live a more normal life. Finding meaning and new perspectives in life meant appreciation of the very little things in life, valuing relationships which overall made them optimistic about the future. (Anne 2007, 76.) Emotional social support provides help for mainly their personal concerns while pursuing sympathy and understanding thus reducing their psychological stress. There is an emotional revelation on both ends of seeking and receiving emotional support. Women become more focused on taking care of themselves in a healthy manner such as good nutrition and physical activity. Instrumental social support leads to more concrete and information-based support which builds more knowledge as well as understanding of why things happen the way they do. Social support mainly leads to an improved quality of life in general and better mental health for the women. (Erin 2015, 552.)

Using one's experience to provide education about the illness to the society from the simplest symptoms would help save many lives but also acts as a form of therapy for the individual. Women with ovarian cancer thus put up seminars, visit communities, organisations spreading the word and telling their own experiences. (Joanne 2012, 597.) With an incredibly good social system, it has been proven easier to receive better healthcare and support services which meant better physical and mental health. Acceptance of treatment is easier and there is an increase in chances of better health. There have been survivors of ovarian cancer whose main purpose is to create hope and encourage the women through their own experiences. They show them the real definition of a fighting spirit, resilience and having the will to live. This had a positive effect on the women as they felt that the survivors could relate to their situations at a personal level. (Gul Pinar et al. 2015, 54.)

6.2 Psychological coping in ovarian cancer during treatment

All types of ovarian cancer patients whether newly diagnosed, those who are already living with the disease or those who have experienced ovarian cancer

stand to have elevated physical symptoms burden and psychological distress has been reported (Erin 2015, 551; Lene et al.2012, 576). Distress has been illustrated as a major symptom and effect and impact of ovarian cancer. It has been dealt with in depth whereby it is defined as an unpleasant emotional experience of a psychological (cognitive, behavioural, emotional), social and /or spiritual nature, which may interfere with the ability to cope effectively with cancer, its physical symptoms and its treatment. Some of the signs of distress include poor concentration, preoccupation with thoughts of illness and death, disease or illness side effects, lack of appetite, anger, sadness about loss of usual health and anxiety about the illness. These signs need to be assessed on a regular basis and a distress thermometer may be used to monitor them. The importance of patient assessment on distress is that it helps health professionals provide help to the patient accordingly. (Clarke & Bailey 2010, 47-48.)

According to Erin (2015, 557), the study was conducted to examine the role in which emotional and social support seeking play in the mental health of women who have survived through ovarian cancer. It is illustrated that after the remission status was controlled low rates of depression were reported. Occurrence of fear and anxiety has also been reported where there is a high chance of recurrence of ovarian cancer. Once recurrence had been confirmed, a strain in the relationship between the patient and the health care provider develops since it is interpreted as if the health care provider has lost hope in the patient's condition. As a result, the patient experiences a state of hopelessness and some live in a state of uncertainty concerning their prognosis and the treatments administered (Joanna et al. 2012, 595.) Cognitive coping should also be considered in determining the role they play in the mental health of ovarian cancer patients and their quality of life. Through measuring some of the cognitive- oriented coping such as optimism, helplessness or hopelessness and minimization helped in predicting the quality of life a patient had closer to death. (Erin 2015, 558.)

Many health facilities are not always equipped to provide all the care needed by an ovarian cancer patient. Thus, the patients are forced to switch health care centres whereby some are located very far from their homes. This affects the

patients psychologically and emotionally because they are distanced from their normal support system such as family members, friends and support groups. In such cases support from health care professional is paramount to fill in the void and reassure the patient to help them cope during their treatment. Voluntary organisations have also come in handy in providing information and support through face to face support groups and internet forums that can be accessed by the patients. (Clarke &Bailey 2010, 47.)

The treatments used in ovarian cancer such as surgery and chemotherapy are so severe that they can completely change a person. According to the findings, a lot of physical alterations occur due to surgery and chemotherapy. Weight gain, hair loss, physical weakness and fatigue, infertility, discomfort during intercourse are just some of the problems that come along with the illness. Removal of the ovary causes rapid decrease in the estrogen and testosterone levels thus leading to hot flashes, vaginal dryness and diminished libido. (Gul et al. 2015, 58-59.) Identification of the main concerns of sexuality are vital before being able to provide professional guidance to patients about their sexual problems. The PLISSIT model was suggested for all health professionals who were involved in providing guidance for sexual health. It is a sex model therapy used to determine the different levels of intervention for individual clients. Asking patients about their sexual concerns in the most non-judgemental and comfortable way enables them to voice their concerns with ease. Open-ended questions are good as they help health care professionals have an opportunity to further explore the patients' anxiety and uncertainty. Giving them limited information about the effects that their treatments have on their sexual functioning enables them to anticipate and not be extremely worried when they happen. Health professionals should also provide recommendations on how to cope with the dysfunction that may arise. For example, using vaginal moisturizers and water-based vaginal lubricants during foreplay would reduce discomfort and pain. Wearing wigs, using make-ups, exercise and good nutrition are some of the few norms that help bring out more confidence in all women. Infertility could be easened by fostering, adoption or surrogacy. Guiding patients for further interventions to other clinical wards if need be helps them receive holistic care. There is a lot of psychosocial challenges

that come with ovarian cancer so referral to a psychiatrist helps solve most of the psychosexual changes. (Gul et al. 2015, 60.)
The lived experiences of other women with ovarian cancer has helped newly diagnosed as well those living with the disease to cope by finding a new purpose in life; for example, finding the need to educate others about ovarian cancer, deciding to become normal; by leading a normal life like they did before the diagnosis through maintaining a routine and being proactive and reorganizing their priorities and living every moment as it comes (Joanna et al. 2012, 599).

6.3 Spirituality in ovarian cancer during treatment

Results from articles illustrated that spirituality helps in finding a purpose and meaning to life. Spirituality involves the need to seek meaning in life, death, goodness and suffering as well as find a connection within oneself, others and the superior powers. It has been linked to a force, power or energy that prompts individuals to seek a connection and contact with an element greater than life itself. It gives a sense of purpose and meaning to life. (Aida et al. 2009, 303.) Research has shown that several women depended on their relationship with God or a higher power as their main source of hope. Ovarian cancer due to poor prognosis is discovered at its advanced stage which comes with fear of negative statistics and confusion. There is thus a need to seek comfort and spirituality in a greater force. Women relied on prayer to have their fears in control as well as handle every situation with strength thus can transform the ‘death sentence’. (Anne 2007, 77.)

Ovarian cancer patients consider their faith and spirituality to play an integral role in their treatment and their experience with cancer. Spirituality helps them through the difficult times and in developing psychological well-being and the strength to fight through their illness. Through spirituality, increased levels of satisfaction in life, lower stress levels and a higher sense of meaning into their lives has been achieved. (Aida et al. 2009, 302.) There is an overwhelming feeling, uncertainty and difficulty in seeing beyond the present circumstances

which causes one to feel trapped in the illness. Praying to God or rather just have a communication with a force greater than humans brought about hope, peace and acceptance of the limitations that come with the illness. Communication with a greater force also helps reduce the burden or the emotional distress that comes with ovarian cancer as letting one's guard down and showing true emotions lessens the burden. (Anne 2007, 77.)

Many individuals find their spirituality through religion or having a personal relation with God or a supernatural power. Alternatively, some find it in nature, principles, music, values, art and through scientific truth search. In the studies conducted most of the patients had high levels of spiritual well-being and individual sufficiency that translates to having meaningfulness in their lives. Even though prayer is optional and a personal choice, several women used prayer to seek calmness amid the storm. In a study conducted of complementary and alternative medicine (CAM) use in women with gynaecologic cancer found that all the women who participated used a form of spiritual practice to cope. 95 % of the participants used prayers while 90% asked others to pray for them. 87% of the participants reported that they would also prefer if their specialists prayed with them. (Aida et al. 2009, 301.)

Spirituality has also helped most women have a renewed appreciation of their faith. Having faith to them meant having acceptance of the fact that death is an ultimate form of healing as physical healing has not been much of an option. They believed that God knew why the illness had to happen to them thus more contentment and a reason to live life to the fullest or greatest potential as death only symbolised eternal healing. (Joanna et al. 2012, 600.) Other forms of spiritual practices applied in order of high frequency to lowest frequency included familial activities, exercise, listening to music, helping others, meditation and yoga. Health professionals can use the information on spiritual practices to introduce spirituality as a coping mechanism to those who are not applying it yet and encourage those already using it. Some of the ways in which they can put this into practice is by encouraging the women to incorporate relaxation, exercise, prayer and meditation into their daily routine. Explaining to the patients the

significance role spiritual well-being and practices play in bringing purpose and meaning to life may also be helpful since the patient can decide whether to use them as a coping mechanism. (Aida et al. 2009, 304.)

Through expressed experiences it has been reported that majority of the women had the tendency to appreciate their faith more as well as their families after being diagnosed with ovarian cancer. Advanced ovarian cancer has been described as living on the edge as no one knows when they are going to die. Acceptance that death is a possibility helped women live life fully knowing that being able to get up every morning meant another chance. Finding joy in the most important things in life like travelling, spending time with family, having faith in God helped them have less fear of death and viewed it as an ultimate form of healing. (Joanna et al. 2012, 597.)

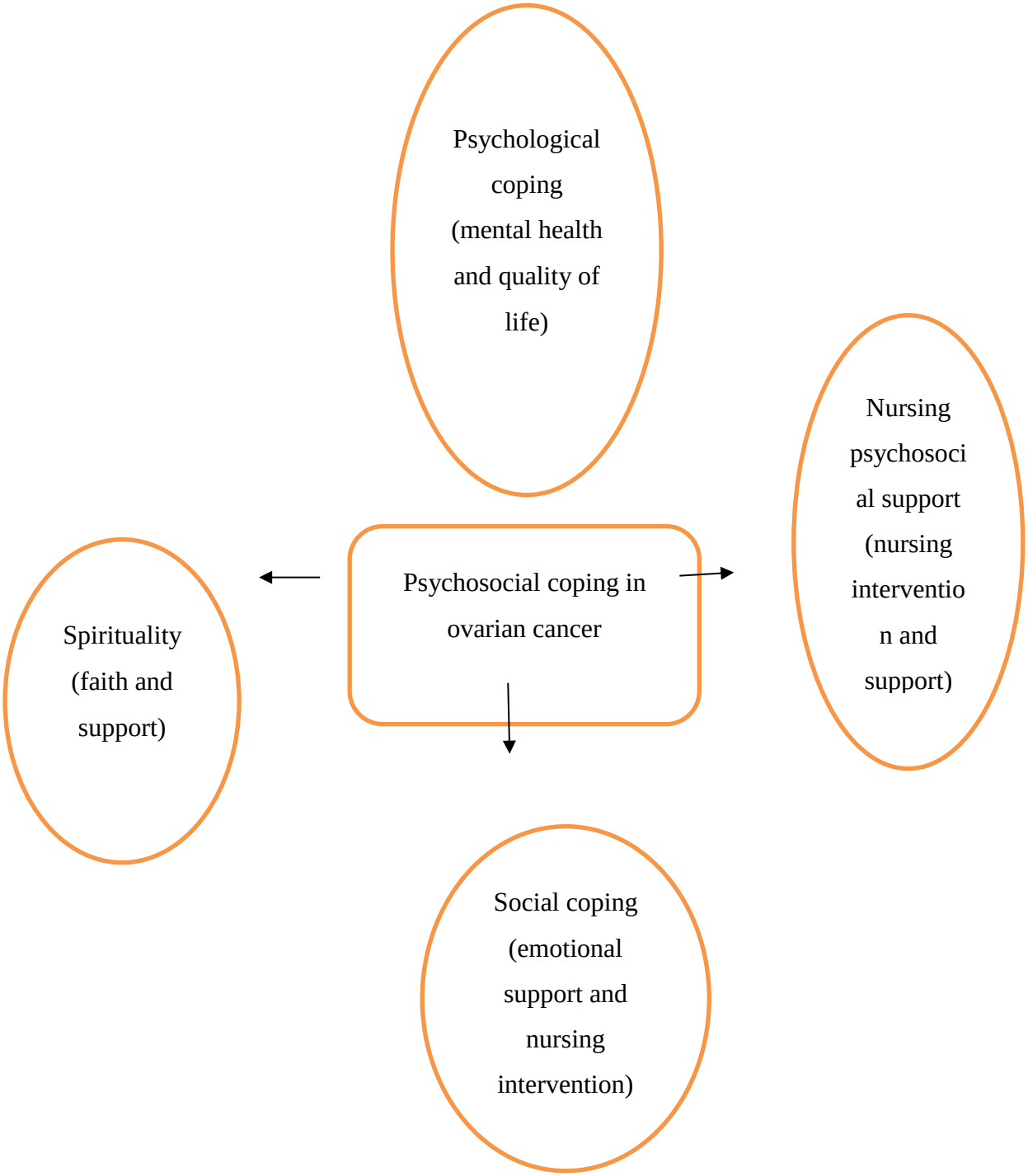
6.4 Nursing psychosocial support in ovarian cancer during treatment

The results from the articles which explore the information, communication and education course of patients with ovarian cancer, reasonably show that acknowledgement of the needs resulting from cancer treatment helps both patients and healthcare providers thus a general improvement in the aspect of care provided in oncology settings. Supportive care goes hand in hand with women empowerment as it enables them to make their own treatment decisions. (Clarke & Bailey 2010, 47.) Effective transmission on information is fundamental in improving a patient's adaptation to the ovarian cancer treatment. Good information in the treatment process focuses on ensuring clarity, well-informed decisions thus less anxiety. Women undergoing treatment need to be informed and guided about the potential effects on their sexual function and performance. (Gul et al. 2015, 58.) Nurses exercise their duties by providing guidance on safe and effective use of online services that provide accurate and reliable information. Constant improvement of a nurse’s knowledge ensures up to date information as the treatment process is continuously assessed. (Clarke &Bailey 2010, 46.)

Patients genuinely want the nurse to be their explainer, friend, advocate, assistant and constant source of encouragement. This requires nurses to be well-knowledgeable about ovarian cancer treatment delivery, management of side effects and psychosocial support. Personalised information adjusted to the patient and family, telephone follow-ups, written information on treatment care pathway and audio-visual information reduces distress. (Lene et al. 2012, 579.) Nurses need to be skillful in assessing verbal and nonverbal information to identify signs of the need for extra psychological support. Nurses have a pivotal role to ensure improvement of quality of life thus immediate identification of distress or loss of control requires referral to other healthcare professionals such as physiotherapists, dieticians or occupational therapists. Being a great listener, sensitive and slow in communication allows patients to open, reflect on conversations, influences hope and have a greater understanding of their own words and emotions. (Clarke & Bailey 2010, 47; Anne 2007, 78.)

Symptom management requires experienced nurses for consistency in the length of recovery. Side effects resulting from surgical wounds were treated accordingly to reduce distress. Women with pelvic mass should be offered nutritional supplements to reduce food ingestion impairment. (Lene et al. 2012, 578.) The impact of treatment unfolds over time in ovarian cancer patients thus dire need to ensure health promotion and increased quality of life. Spirituality has proved to minimize weakness and sense of control thus including spiritual practises in the holistic care ensures new purpose to life and respect of one's beliefs. Prioritizing one's spiritual needs meant enhancement of wellness. (Aida et al. 2009, 304.)

Diagram 1: Summary of psychosocial coping in ovarian cancer findings



6 DISCUSSIONS

Ovarian cancer psychosocial issues have always been a not-so spoken about topic as there is difficulty in understanding the exact individual needs and help. Patients themselves were more likely hiding their real feelings and emotions and thus falling into depression and other mental impairments. This thesis contributes to the psychosocial field of ovarian cancer. The authors chose the subject of psychosocial coping to be examined in this final thesis with a purpose of influencing and encouraging women by describing the main coping strategies that could help with their psychosocial challenges as well as how nurses could support the women during the ovarian cancer treatment phase. The main questions revolved around psychosocial coping strategies and nurse's psychosocial support. Both questions were carefully investigated for this thesis. Different articles have shown a strong harmony between social, psychological and spiritual coping as well as nurse's role as an educator, information giver, communicator, and symptom management all to offer psychosocial support. These nursing roles improve the quality of patient care and raise standards of nursing care in general.

Psychosocial coping involves God, family, healthcare professionals and the society. All articles show that women are greatly attached to their emotional side and finding psychosocial help meant improvement in quality of life, resilience, shifting life expectations and a stable or manageable mental health. Psychological coping was in great harmony with positivity, finding oneself, self-acceptance. Social coping according to the findings meant a great social backbone from family, friends, health care professionals, workmates and society. Spirituality was key in finding purpose, hope and meaning to life through the shifts that come with the treatment journey. A patient who has been empowered through successful patient education, communication, information, support or psychiatric help does not fully guarantee an immediate high clinical result of their treatment. Instead, it contributes to an increase in their knowledge about the disease, its complications and side effects thus a gradual step by step journey towards the positive side of ovarian cancer treatment process.

Patients need close monitoring in ensuring they are mentally stable by ensuring they are around people with positive mindsets and can naturally shift their life expectations through good support systems. Nurses should strive to have better understanding of the associated meaning of ovarian cancer and symptoms on patients can promote supportive communication during all times. The ovarian cancer treatment phase should include constant education and increase of knowledge for the nurse can offer continuous holistic care. Patients should be able to acknowledge their fears and anxieties with strength and assurance that they will receive the psychosocial care that they need in not just the treatment phase but their entire cancer journey.

While doing this final thesis the authors came to be familiar with specific terms which represent ovarian cancer patients' development in a psychosocial dimension. They are: self esteem and self acceptance. It therefore it is vital that further research and materials are made available for not just ovarian cancer patients but also their support system and health care providers. Also more research on psychosocial coping would be necessary for future use.

7 RELIABILITY AND ETHICAL CONSIDERATIONS

Observation of ethics while conducting any type of research is of paramount importance as it ensures that the information being gathered and gathered is honest and not biased. The ethical considerations of a literature review are regarded as less sophisticated compared to qualitative studies since they are no interactions with the participants who may be harmed if their privacy is not protected or their autonomy is not respected. (Cronin & Coughlan 2017, 25.) All the article selected were in public domain so no permission to use them was required thus privacy was not violated.

The main ethical issues that we put into consideration in our literature review were: avoiding plagiarism, ensuring the proper references were used when referring to already existing written research, revealing our findings honestly, avoiding bias in the analysed data and findings and ensuring consistency to our research topic while writing the literature review (Cronin &Coughlan 2017, 25.)

Our thesis was written in accordance to the stated ethical considerations. Findings were written honestly and the literature used was collected from reliable academic databases and sources. References were appropriately input and recorded in respect to the source of the original researchers and authors.

9. LIMITATIONS

The relevant articles searched that were accepted for use in this literature review were peer reviewed and original articles found in CINAHL (EBSCO) and masto finna databases. A total of 7 articles were used. A constant criterion used in the data search was that the articles were available in full text, the text was in English language and the timeline was 2007-2017.

Our greatest challenge while writing this thesis was finding articles related to our research topic. The articles found were limited since the search results mostly had articles that covered topics on how to cope with other types of cancer and cancer in general. Some relevant articles found were also in other languages other than English and were also not within the timeline that needed to be covered.

8 CONCLUSIONS

The main aim of this thesis was to be able to help improve knowledge, influence, encourage women on how to psychosocially cope with ovarian cancer. Improving the knowledge of nurses through the reliable sources and information in order to be able to care and support patients the right way throughout their cancer journey was also vital in our thesis. In addition, we aimed at shedding light to not just the targeted group but also the entire thesis audience to ensure that we all have a better understanding of ovarian cancer, how to recognise symptoms of depression, distress and its solutions.

The background mainly explained ovarian cancer in detail to create a better understanding of what to expect. Psychosocial coping delved deeper into psychological, social and spirituality which would help patients, nurses and nursing students master the entire process. Psychosocial coping for ovarian cancer does not need to be just medication for depression or anxiety. Other ways can be used that help patients react better to situations and receive better lasting treatment. For example, using health models to be able to get to know the patient deeper with ease, using other people's experiences to define the ovarian cancer journey, understanding the physical alterations that come with treatment and how to solve the problems, defining hope and knowing the importance of quality of life. Nursing support through patient education and guidance through the entire process, good communication skills both verbal and non-verbal would help reduce anxiety, improve knowledge and live a full life.

A lot of the research articles emphasized the importance of helping patients cope psychosocially and the results of inadequate psychosocial care but did not mention the main coping styles that were used. The coping styles or strategies needed additional research to be able to broaden the findings and effectiveness. The psychosocial coping methods used specifically for ovarian cancer patients were quite limited during this time.

Being able to cope psychosocially with ovarian cancer brings healing to the mind, body and soul. Nothing compares to the realisation that everyday means you have

survived the disease and are no longer trapped to anything. Women need constant positive support, patience in communication, help in finding their purpose and improvement in their perception of time in relation to hope.

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