Diagnosing ovarian cancer at an early stage is difficult because symptoms can be associated with common, benign conditions. Women experience physical symptoms including bloating, frequent urination, and abdominal pain prior to an ovarian cancer diagnosis (Goff et al., 2007; Goff, Mandel, Melancon, & Muntz, 2004). These and other symptoms are commonly referred to as the “vague symptoms of ovarian cancer” (Goff et al., 2004; Jayde, White, & Blomfield, 2009–2010). Women with ovarian cancer shared their personal stories and mentioned the need to consider feelings and listening to one’s body and intuitions (Smith, 2008). Feelings that occur at the same time as the vague physical symptoms of ovarian cancer may be influential in a woman’s decision to seek medical care. The purpose of the current study was to explore the feelings that occurred at the same time as the vague physical symptoms of ovarian cancer.

**Background and Significance**

The vague and early symptoms of ovarian cancer are discussed extensively in the research literature. However, a lack of knowledge is noted regarding the signs and symptoms of ovarian cancer among women (Lockwood-Rayermann, Donovan, Rambo, & Kuo, 2009) as well as physicians (Schorge et al., 2010). Nurses’ knowledge of ovarian cancer symptoms is not noted in the literature, and discussions of women’s feelings relate primarily to the impact of an ovarian cancer diagnosis (Fitch, Gray, & Franssen, 2000) rather than feelings experienced prior to the diagnosis of cancer.

The literature clearly defines the early and vague symptoms noted by women prior to the diagnosis of ovarian cancer. Although few women (5%–10%) are asymptomatic, most experience symptoms for a period of time before a diagnosis (Jayde et al., 2009–2010). The four key symptoms experienced by women diagnosed with early- or late-stage ovarian cancer are bloating, pelvic or abdominal pain, frequent or urgent urination, and difficulty eating or early satiety (Devlin et al., 2010). The type and frequency of symptoms experienced are even delineated to the stage of ovarian cancer at diagnosis (Koldjeski, Kirkpatrick, Swanson, Everett, & Brown, 2003). For example, the symptom pattern noted in stage I–II relates to gastrointestinal (GI) symptoms (bloating, indigestion, painful spots, and fatigue); in stage III–IV, symptoms include other organs and systems (abdomen pain, chest pain, etc.).

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**Purpose/Objectives:** To explore the feelings that occurred at the same time as the vague physical symptoms of ovarian cancer.

**Research Approach:** Qualitative, descriptive methodology.

**Setting:** University cancer institute in southeastern United States.

**Participants:** 24 women (ages 39–78) diagnosed with ovarian cancer. Most were Caucasian, were diagnosed at stage II–III, had a college-level education, and had health insurance. Eighty-three percent did not know the signs and symptoms of ovarian cancer prior to diagnosis, and 91% had no family history of the cancer.

**Methodologic Approach:** SPSS® (version 18.0) was used to summarize the demographic characteristics and qualitative descriptive content analysis to identify and summarize themes in the narrative data.

**Findings:** Two themes were noted in the handwritten answers provided by the women: (a) “thought symptoms were aging” and (b) “felt or knew something was not right.”

**Conclusions:** Findings demonstrate and reinforce that a need exists for education regarding signs and symptoms of ovarian cancer among the general population as well as the common providers of women’s health care.

**Interpretation:** Education campaigns on signs and symptoms of ovarian cancer and normal aging are necessary so women are empowered with knowledge and healthcare providers can suspect and evaluate the symptoms.