Preserving Oneself in the Face of Uncertainty: A Grounded Theory Study of Women With Ovarian Cancer

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Ovarian cancer is the deadliest gynecologic malignancy and the fifth leading cause of cancer-related deaths among women living in the United States (American Cancer Society [ACS], 2018). The overall five-year relative survival rate for ovarian cancer is 47%, which drops to only 29% for women who are diagnosed with late-stage disease (ACS, 2018). Although the development of novel cancer therapies, such as poly adenosine diphosphate ribose polymerase (PARP) inhibitors and immunotherapy, has been promising (Nelson & Jazaeri, 2017; Pujade-Lauraine, 2017), research indicates that the majority of women with ovarian cancer do not receive treatment in concordance with National Comprehensive Cancer Network guidelines (Champer et al., 2018; Warren et al., 2017). According to Bristow, Chang, Ziogas, and Anton-Culver (2013), guideline-concordant treatment is associated with improved overall survival rates for patients with cancer. Better understanding of the factors that influence the quality of ovarian cancer care can improve treatment and outcomes for patients and ensure that patients are receiving the maximum benefit from novel therapies.

In a systematic review of the determinants of guideline-concordant treatment of ovarian cancer, Pozzar and Berry (2017) determined that the majority of research on this topic has focused on identifying relationships between sociodemographic or clinical factors and care quality. Conversely, several studies have highlighted the need to explore patient, provider, and caregiver perspectives on decision making for ovarian cancer treatment (Pozzar, Baldwin, Goff, & Berry, 2018; Warren et al., 2017). Although several studies of women’s experiences living with ovarian cancer have been done (Burles & Holtslander, 2013; Ekwall, Ternestedt, Sorbe, & Sunvissos, 2014; Howell, Fitch, & Deane, 2003), women’s perceptions of the