A diagnosis of cancer is very stressful and frequently entails adjusting to new life conditions (Hellbom, Brandberg, Glimelius, & Sjödén, 1998; Hindley & Johnston, 1999; Wiggers, Donovan, Redman, & Sanson-Fisher, 1990). Individuals diagnosed with cancer often experience a loss of control over their lives (Given & Given, 1989), a feeling of helplessness (Hindley & Johnston), and worry about the future (Ferrell, Grant, Funk, Otis-Green, & Garcia, 1998). Cancer involving the female genitalia affects women in a unique way, both cognitively and emotionally, because the uterus, ovaries, and vagina are associated with femininity, motherhood, and sexuality (Capone, Good, Westie, & Jacobson, 1980; Krant, 1981). Studies also have shown that women with gynecologic cancer worry more about their condition than patients with cancer in general (Corney, Everett, Howells, & Crowther, 1992) and that their sense of psychological well-being is poorer than that of patients with chronic illnesses and healthy individuals (Greimel & Freidl, 2000). They need information about therapeutic procedures and the disease process, as well as clarification of misunderstandings, and an opportunity to talk about their feelings (Good & Capone, 1980; Williamson, 1992).

The meaning an individual woman attaches to a diagnosis of cancer and how smooth her interaction is with the healthcare system affects her satisfaction with care, her everyday life (Cleary & McNeil, 1988; Wiggers et al., 1990), and her ability to cope (Rustoen, Wiklund, Hanestad, & Moum, 1998). What is important from the patient’s perspective may not be perceived as being of the same central importance by caregivers and healthcare professionals (Larsson, von Essén, &