Important Aspects of Health Care for Women With Gynecologic Cancer

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Purpose/Objectives: To describe what women diagnosed with primary gynecologic cancer reported to be important during their interaction with the healthcare system.

Design: Qualitative.

Setting: A specialized gynecologic cancer care unit in central Sweden.

Sample: 14 women diagnosed with primary gynecologic cancer were recruited. The women had been referred to the specialized care unit for radiation or cytostatic therapy.

Methods: Tape-recorded interviews were transcribed, coded, categorized, and analyzed.

Main Research Variables: Primary diagnosed women with cancer and their experience with quality of care during diagnosis and treatment.

Findings: Three partly overlapping categories (i.e., optimal care, good communication, and self-image and sexuality) were found to be of central importance in quality of health care. Participants stated that health care should be based on their own perceptions of the need for information and dialogue and how the disease and treatment would affect their health, self-image, and sexuality. Everyday conversations also were very important.

Conclusions: Central importance in health care for the women included both rational and human aspects. The primary need of participants was to achieve a rapid cure, which necessitated health care that was available, competent, and coordinated.

Implications for Nursing: Women with gynecologic cancer should be given individualized information and care to satisfy their individual needs and reinforce their self-image. Nurses have an important role in strengthening women’s feelings of hope and supporting them in maintaining as positive a self-image as possible. Information and everyday conversation are of great significance. Sexuality should be an integral part of holistic care; to this end, inclusion of each woman’s sexual partner may be helpful when discussing concerns regarding sexuality occur.

A diagnosis of cancer is very stressful and frequently entails adjusting to new life conditions (Hellbom, Brandberg, Glimeilius, & 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, &