

# Linkages Among Empathic Behaviors, Physical Symptoms, and Psychological Distress in Patients With Ovarian Cancer: A Pilot Study

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**Purpose/Objectives:** To explore linkages among empathic responding by informal caregivers with the physical symptom experiences and psychological distress of patients with ovarian cancer.

**Design:** Preliminary, descriptive, correlational, and cross-sectional.

**Setting:** Psychosocial oncology support group in Canada.

**Sample:** Convenience sample of 13 women with stage I–IV ovarian cancer with the majority diagnosed with disease recurrence.

**Methods:** Data were collected on a single telephone call using the Hospital Anxiety and Depression Scale, the Empathic Responding Scale, the Memorial Symptom Assessment Scale, and the Dyadic Perspective-Taking Scale. Analysis included a correlation of variables.

**Main Research Variables:** Empathic responding, physical symptom experiences, and psychological distress.

**Findings:** Preliminary findings provided partial support for linkages among the perceived empathic behaviors of informal caregivers and the psychological distress and physical symptom experiences of patients with ovarian cancer. Patients who were more depressed reported elevated symptom experiences. Patients also reported more anxiety and depression when they perceived that their informal caregivers were engaging in less empathic behaviors toward them.

**Conclusions:** The empathic behavior of informal caregivers toward patients appeared to be related to lower levels of anxiety and depression in patients with end-stage ovarian cancer.

**Implications for Nursing:** Clinicians need to be aware that anxiety and depression in patients with ovarian cancer appear to be related to the patients' physical symptom experiences and the degree of empathic support the patients perceive from their informal caregivers. This has implications for clinical assessment of patients' anxiety and depression, physical symptoms, and available empathic social support.

## Key Points . . .

- Ovarian cancer is a leading cause of mortality for women, making those diagnosed vulnerable to psychological distress.
- Research indicates that the impact of physical symptom experiences on psychological distress varies among patients with ovarian cancer.
- Empathic responding of informal caregivers may be associated with the reactions of patients with ovarian cancer to psychological distress.

Despite evidence that women with ovarian cancer suffer from high levels of psychological distress (Kornblith et al., 1995; Norton et al., 2004, 2005; Portenoy, Kornblith, et al., 1994), the impact of ovarian cancer on psychological functioning is a neglected area of research. Although evidence of a relationship between psychological distress and physical symptoms exists, wide variability remains in psychological distress experienced among patients with ovarian cancer (Norton et al., 2005). This suggests that the relationship between psychological distress and symptom experience is influenced by other factors, namely available social support.

## Background

### Symptom Experiences and Illness

Although symptom experience has been studied widely within patients with cancer and other chronic illnesses, limited information was found involving symptom experiences of patients with ovarian cancer. Portenoy, Kornblith, et al. (1994) revealed that pain, fatigue, and psychological distress were prevalent symptoms in ovarian cancer. Apart from symptom

In the United States, ovarian cancer accounts for about 3% of all cancers in women and is the fifth-leading cause of cancer-related deaths among women (American Cancer Society, 2008). An estimated 21,650 new cases of ovarian cancer and 15,520 deaths resulting from the disease will occur in 2008 in the United States. In Canada, an estimated 2,500 new cases of ovarian cancer and 1,700 deaths resulting from this disease will be reported in 2008 (Canadian Cancer Society/National Cancer Institute of Canada [CCS/NCIC], 2008). Epithelial ovarian cancer is the most commonly diagnosed type with a peak incidence in women aged 50–60 years who are diagnosed at stage III or IV of the disease (Jemal et al., 2007; CCS/NCIC).

Women with ovarian cancer are vulnerable to psychological distress as a result of ablative surgery (which may harm body image), a high rate of disease recurrence, and low cure rates (Howell, Fitch, & Deane, 2003; Norton et al., 2005).

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