

Sword of Damocles Cutting Through the Life Stages of Women With Ovarian Cancer

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According to Greek legend, Damocles was a courtier to Dionysius II. When Damocles remarked to Dionysius that his power and authority made him a fortunate man, Dionysius offered to trade places with Damocles for a day. As Damocles was enjoying the evening banquet after a day of kingly treatment, he noticed hanging above his head a sharp sword attached by only a single horsehair. Dionysius had ordered it to be placed there to show Damocles that he lives in constant fear. Damocles quickly realized that fortune and happiness cannot be totally achieved when one lives in constant fear. Waiting for the sword to fall overshadows all other aspects of life and well-being.

Ovarian cancer is the fifth-leading cause of cancer death in women and the most deadly of the gynecologic cancers. Because of inadequate screening procedures and diagnostic tools, the disease may not be identified until it is in an advanced stage. In the United States, 21,880 women are diagnosed annually and about 14,000 women will die within five years of diagnosis (American Cancer Society [ACS], 2010). Even with the advances in cancer diagnosis and therapy, the incidence and death rate in the Western world continues to rise (Parkin, Bray, Ferlay, & Pisani, 2005).

Three types of ovarian cancer are distinguished by cell type and ovary location. Each variety has different characteristics and prognoses. Epithelial ovarian cancer is the most common and is diagnosed most frequently in women of middle or older age. Oftentimes diagnosed at a late stage, epithelial ovarian cancer is associated with a poor prognosis. Germ cell tumors account for more than 30% of tumors found on the ovary, but only 5% are diagnosed as a malignancy. The vast majority of germ cell tumors are benign teratomas. Tumors arising from the germ cell layer are seen most often in girls and adolescents with a generally good prognosis for recovery. Stromal (or sex cord) tumors account for about 8% of ovarian tumors and are found in younger women. As with the other forms of ovarian cancer, the earlier the diagnosis, the more favorable the prognosis.

Purpose/Objectives: To identify the most prevalent worries and fears of women diagnosed with ovarian cancer.

Research Approach: Online survey design was used to elicit qualitative data. Examination of worry was a single question extracted from a broader investigation.

Setting: A “virtual interview” enabled women from 12 countries and 44 states to participate in this study.

Participants: 360 English-speaking women aged 19–82 years with a diagnosis of ovarian cancer. Ninety-one percent of the women were partnered, were Caucasian, and had received at least some college education. The sample was equally stratified on income, geographic location (rural versus urban), and distance to healthcare services.

Methodologic Approach: A descriptive survey was used to investigate “worry” among women with ovarian cancer. Colaizzi’s qualitative method was used to analyze the narrative responses.

Main Research Variables: Worries and fears of women with ovarian cancer stratified by age and development stage.

Findings: Consistent with previously published studies, worry about recurrence and fear of death were expressed by most women, regardless of age, ethnicity, or stage of life. Other worries expressed by study participants varied by age and development and were found to correlate with the last three stages of life as described in Erikson’s Theory of Psychosocial Development.

Conclusions: Age and development stage are key determinants of the needs and concerns of women with ovarian cancer.

Interpretation: Age and development stage should be considered when developing an individualized plan of care. Because recurrence is common among this population, the fear of death exists regardless of age and should be explored by nurses, particularly during periods of remission.

Ovarian cancer commonly appears in postmenopausal women; only an estimated 20% of women with ovarian cancer are of reproductive age. Chan et al. (2006) suggested that younger age is an independent prognostic factor for survival because this age group tends to be diagnosed at an earlier stage, have lower grade cancers, and contract tumors with a lower malignancy potential.