

One Step at a Time: Self-Management and Transitions Among Women With Ovarian Cancer

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Women with ovarian cancer often experience late-stage diagnosis, immediate major surgery, and an arduous chemotherapy regimen (Jemal, Siegel, Xu, & Ward, 2010).

Effective self-management of the cancer and its psychosocial ramifications is critical to women's quality of life (Lowe, Ferrell, & Leong, 2007). Self-management includes the tasks that individuals undertake to deal with the medical, role, and emotional management of their health condition (McCorkle et al., 2011). Self-management is a daily, interactive, and dynamic process requiring skills such as problem solving, goal setting, decision making, resource use, forming patient-provider partnerships, action planning, and self-tailoring (Grey, Knafl, & McCorkle, 2006; Lorig & Holman, 2003).

Development of self-management skills is particularly urgent for women with ovarian cancer as frequent recurrence, limited treatment options, and an often short prognosis abruptly propel these women into a period of intense transitions (Power, Brown, & Ritvo, 2008). Transitions, or passages between two relatively stable periods of time during which an individual moves from one life phase, situation, or status to another (Schumacher, Jones, & Meleis, 1999), are times of vulnerability to risks that may influence health and well-being (Davies, 2005). Experiences of self-management and transitioning may be more intensive in ovarian cancer than in some other cancers because of its shorter prognosis that condenses the duration of self-management. The purpose of this exploratory study was to describe self-management experiences among women with ovarian cancer, particularly during transitions between health and illness. Having a clearer picture of how women with ovarian cancer handle their health and well-being during such transitions will assist in the development of interventions that teach self-management skills for women with advanced cancer.

Purpose/Objectives: To describe experiences of self-management and transitioning among women with ovarian cancer.

Research Approach: Interpretive description.

Setting: Participants' homes.

Participants: Purposive sample of 10 women with ovarian cancer.

Methodologic Approach: Individual interviews about women's self-management and transition experiences.

Main Research Variables: Self-management, transitions, and ovarian cancer.

Findings: Participants self-managed to increase their sense of control and to self-advocate. They managed their care one step at a time to prevent becoming overwhelmed. Common transitions were diagnosis, surgery and recovery, starting chemotherapy, managing symptoms, and recurrence. Transitions were challenging, even if previously experienced, and influenced the ability and willingness of women to self-manage. Barriers and facilitators to self-management were identified.

Conclusions: The approach to self-management of one step at a time is somewhat illusory, as women face multiple transitions simultaneously. The short trajectory of ovarian cancer leaves little time between transitions and an awareness of mortality. Women are forced to confront goals of care quickly, which may affect their ability to self-manage.

Interpretation: Women with ovarian cancer need clinical and social support to prioritize and manage transitions. Introducing palliative care shortly after diagnosis could facilitate women's anticipation of and adjustment to transitions.

Ovarian Cancer

In 2012, about 22,280 women will be diagnosed with ovarian cancer (American Cancer Society, 2012). Detected at its earliest stage, ovarian cancer has a five-year survival rate of 89%; however, diagnosis often occurs at advanced stages as a result of subtle physical symptoms and lack of effective screening techniques (Buys et al., 2011; Clarke-Pearson, 2009; Dutta, Wang,