

“Accepting Unexpected Health Realities”: Exploring the Life Experiences of Ovarian Cancer Patients – A Qualitative Study

Indra Sambasivam¹ and H. Gladius Jennifer²

Abstract

Introduction: Among women, ovarian cancer is the eighth most frequent cancer globally and the fifth leading cause of cancer-related deaths in women. Ovarian cancer is termed the "silent killer" because of its slow onset and unclear symptoms. Most of the advanced cases of ovarian cancer were found due to poor screening. The main objective of this study was to understand the emotional experiences, coping and resilience of patients undergoing ovarian cancer treatment. Methods: This qualitative study employs a phenomenological approach to explore the life experiences of ovarian cancer patients. An in-depth interview was conducted among patients undergoing cancer treatment. A total of 11 participants were included in this study. Thematic analysis was done. Results: The analysis of the data revealed eight main themes and 32 sub-themes that were characterized based on the experiences of cancer patients: 1) Misconceptions about symptoms, 2) Barriers in accessing healthcare, 3) Physical struggles, 4) Emotional turmoil, 5) Social issues, 6) Hope giving factors, 7) Sacrifice for family well-being, and 8) Emotional resilience. Conclusion: One of the key findings of this study is the importance of accepting unexpected health realities. This study shows the emotional journey of accepting difficult realities and mainly trusting medical professionals to guide one through treatment. Develop targeted educational campaigns to raise awareness about the symptoms of ovarian cancer and dispel common misconceptions.

Keywords: Ovarian Cancer, Emotional Experiences, In-Depth Interview, Coping, Resilience, Support.

INTRODUCTION

Ovarian cancer ranks fifth in terms of female cancer-related mortality and is the eighth most frequent cancer in the globe among women(1). The five-year survival rate for ovarian cancer is just about 45%, making it an extremely dreadful prognosis even with advances in medical technology(2). This alarming number can be attributed, in part, to the disease's early asymptomatic state, which frequently results in an advanced stage of diagnosis and a delayed diagnosis(3). Ovarian cancer is often referred to as the "silent killer" due to its insidious onset and nonspecific symptoms in the early stages(4). Unlike other gynaecological malignancies, such as cervical or endometrial cancer, ovarian cancer lacks reliable screening modalities, resulting in a significant proportion of cases being diagnosed at an advanced stage(5).

An ovarian cancer patient's treatment process is characterized by unpredictability, crisis, and strength. Patients face a challenging journey from the moment they receive a diagnosis to the demanding treatment protocols, dealing with physical symptoms, psychological stress, and deep spiritual thoughts. Every stage of the process comes with its own set of difficulties, requiring flexible ways of dealing with them and a community of support.

The ovarian cancer treatment field is known for its complicated and varied nature, which is influenced by a range of histological subtypes, disease stages, and patient-specific factors(6). Traditional treatment methods usually involve a mix of surgical procedures, chemotherapy, and, in certain instances, targeted treatments or immunotherapy. When considering treatment options, finding the right balance between therapeutic benefits and minimizing side effects is crucial(7).

Even in the face of the significant obstacles faced by ovarian cancer, many survivors exhibit incredible strength and flexibility as they navigate every stage of their journey with the illness(8). Patients use coping strategies, social support systems, and spiritual thoughts to help them navigate through the adverse conditions of ovarian

¹ Research Scholar, School of Public Health, SRM Institute of Science and Technology. Kattankulathur, Chengalpattu Dist, Tamilnadu, 603203. Email: indrasambasivam@gmail.com, ORCID:0000-0002-5123-4427

² Associate Professor, School of Public Health, SRM Institute of Science and Technology. Kattankulathur, Chengalpattu Dist, Tamilnadu, 603203. Email: gladiusj@srmist.edu.in, ORCID: 0000-0003-3934-1884.

cancer with respect for others and by drawing on inner reserves of strength(9). These personal stories are evidence of the resilient human spirit and the strength of hope in overcoming challenges.

Peer support groups, medical experts, friends, and family are pillars of strength who provide essential companionship, empathy, and practical assistance throughout every phase of an illness. The dynamic relationship between patients and their support systems plays a crucial role in nurturing a feeling of connection, strength, and optimism in the face of the unidentified factors of ovarian cancer(10).

Ovarian cancer continues to be a significant and challenging problem in the field of cancer research, known for its invisible beginning, fast advancement, and frequently poor prognosis. Although there have been notable advancements in the field of medical science, the identification and management of ovarian cancer pose considerable physical, mental, and social challenges for individuals affected by the disease. In addition to the clinical symptoms, the personal experiences of persons dealing with this illness are complex and highly important. This study adheres to qualitative approach to explore the narratives of individuals diagnosed with ovarian cancer to determine the various aspects of their experiences throughout the process of diagnosis, treatment, and survival.

Objectives

To gain insight into the emotional experiences from the appearance of symptoms to the treatment process of ovarian cancer.

To examine the role of social support in facilitating patient’s resilience throughout their treatment process.

METHOD

This qualitative study employs a phenomenological approach to explore the life experiences of ovarian cancer patients. As a research method, phenomenology focuses on understanding the essence of human experiences as they are lived and perceived by individuals. Through in-depth interviews and thematic analysis, this study seeks to investigate the participants' personal experiences.

Participants with a history of cancer treatment within the past two years were selected purposively. Participants were selected based on criteria such as age, stage of cancer, treatment modalities, and duration since diagnosis. Semi-structured interviews were conducted to facilitate rich, detailed accounts of participant’s experiences. Data saturation was attained with 11 participants, and the interviews lasted for 15 to 30 minutes. were employed to encourage participants to share their stories, perspectives, and emotions freely.

Thematic analysis was done to identify patterns, themes, and overarching narratives within the data. The iterative process of coding and categorization enables the extraction of meaningful insights and the construction of a comprehensive understanding of the lived experiences of ovarian cancer patients.

Ethical clearance was obtained at SRM Institute of Science and Technology. Informed consent was obtained from all participants, ensuring confidentiality, anonymity, and voluntary participation. The study adhered to ethical guidelines outlined by institutional review boards and regulatory bodies.

RESULTS

A total of 11 participants underwent treatment between the ages of 32 and 65. The mean age at cancer diagnosis of the study participants was 50.27 years, with a standard deviation of 10.041. The demographic details of the study participants are described in **Table 1**.

The analysis of the data revealed 10 main themes and 40 sub-themes that were characterized based on the experiences of cancer patients: 1) Misconceptions about symptoms, 2) Barriers in accessing healthcare, 3) Physical struggles, 4) Emotional turmoil, 5) Social issues, 6) Hope giving factors, 7) Sacrifice for family well-being, and 8) Emotional resilience (**Table 2**).

Table 1: Demographic details of the participants

Participant ID	Age at cancer diagnosis	Marital status	Education	Occupational status	Family Income
P1	45	Married	Primary school	unskilled worker	10000
P2	58	Married	Middle school	clerical/Shop/ Farm	30000
P3	42	Married	Professional Degree	Professional	12000
P4	62	Married	Illiterate	unskilled worker	10000
P5	47	Married	Middle school	Not went to work	18000
P6	46	Married	Primary school	unskilled worker	3000
P7	32	Married	High school	Not went to work	13000
P8	65	Widowed	Illiterate	Not go to work	20000
P9	43	Married	Illiterate	Not go to work	7000
P10	55	Married	High school	Semi-skilled worker	20000
P11	58	Married	Primary school	Not went for work	12000

Table 2: Themes and subthemes

Themes	Sub-themes
Misconceptions about symptoms	Presumption, perception, peer information, unawareness
Barriers in accessing healthcare	Financial hardship, Lack of interest, side effects, access to services, dependence.
Physical struggles	Inability to work, changes in appearance
Emotional turmoil	Hiding their disease, Regret, fear, low self-esteem, sobbing, suicidal thoughts, ignoring to receive help, resisting acceptance, fear of recurrence of disease.
Social issues	Social pressure, Stigma, ignoring to attend functions
Hope giving factors	Getting support, finding comfort in shared experiences.
Sacrifice for family well-being	Protection of loved ones, hiding pain, parental responsibility
Emotional resilience	Contentment through resolution, accepting unexpected health realities, motivation for recovery, seeking reassurance

Misconceptions About Symptoms

All the women interviewed reported that misconceptions are inaccurate assumptions or interpretations of illness or discomfort.

Presumption

Participants stated presumption was a belief, assumption, or inference about their illness without direct evidence or proof. Participants often draw conclusions based on incomplete information, prior experiences, or existing knowledge.

“Previously, neighbours told me that excessive bleeding means menopause symptom. They even said, “You are getting old so it will stop.” So, I stayed at home and did not see any doctor for that.”

Few participants believed that cancer is a hereditary disease, and they firmly believed it. Another participant expressed, *“In my family, no one had this problem. Only, it came for me. I don’t know why it happens to me.”*

Perception

Most of the participants believed that the symptoms were happened due to life style changes, food habits and job preferences. They are relating the minor illness according to their perception based on their previous experiences. *“For two to three months, I left everyone and changed my place for a job, so I can’t able to eat properly. I lost my weight. I stayed alone when I went to job, so I thought that my weight loss was due to loneliness.”* When experience a stomach pain while eating foods one of the interviewed women expressed, *“I thought it was paining due to ulcer problem. For that I took treatment for more than 6 months. When I took that medicine, my stomach pain will be reduced.”*

Peer Information

Most of the study participants gained knowledge about their symptoms from their peer members. They often discuss about their menstruation, mass in the abdomen, abdominal pain and bloating. One of the participants shared that, *three years back, the periods stopped for me. I thought it was due to menopause. even my peer members said, “You have crossed 45 years, so menopause happened for you, and also you don’t have blood in your body, that’s why menstruation stopped. This is normal only; don’t worry about it”*. When getting this information, women in the age group of above 40 years confirmed their symptoms was normal and they don’t need medical attention.

Unawareness

The study participants mostly get right information regarding their symptoms and health issues only from the doctors especially about the cancer symptoms and treatment. When the interviewer asked about getting the information of cancer, one participant said, *“The doctor only told me about the cancer. Then only others told me that “if you get cancer mass, you will not have any pain.”* Most of the women were not aware about the cancer symptoms and its severity due to lack of information. The study participants were not aware about the warning signs of cancer. *“I didn’t know anything about cancer before I got it.”* They are ignoring to take treatment at the starting stage. When the symptoms become severe, then they are seeking treatment for their illness. *“No one told me about this. Not being informed would be a mistake. If informed, I would visit a doctor at the early stage itself.”*

Barriers In Accessing Healthcare

Women participated in this interview and their families struggled to cover the costs of medical treatments, access to availability of hospitals and transportation. Many of the study participants reported that they are having hesitation to continue treatment due to several side effects of the treatment and also dependence of family members to support when they are taking treatment.

Financial Hardship

The study participants experienced financial issues such as lack of money to start the treatment, high cost of medicines, and lack of financial support from the hospital and government schemes. *My surgery was done at a private hospital. Then, I can’t pay for chemo in a private hospital. So, I went to the government hospital to take chemo under the government scheme.* Some of the participants arrange money with the ways such as selling jewellery. getting debt on interest, and sometimes they borrowed money from their relatives. *Sometimes, we pawned the jewellery for taking treatment. We sold all the jewellery and we don’t have any source of income for taking treatment. It was very difficult to arrange money.* Some of them getting money on interest, *“There is no other way, I have to take treatment by getting money as debt.”* Even some of them borrowed money from their relatives and peer members. *“we faced lot of difficulties, even we borrowed money for treatment and it was very difficult to us”*. Few participants thought to quit the treatment due to lack of money in their hands. *It is very difficult to manage spending money for treatment. sometimes, I thought to stop the treatment. but what to do, we should not stop treatment in between.*

Lack of Interest

Participants lack of motivation or engagement in managing their health. When the interviewer asked about their emotions during their treatment process. *I had lot of fear to take treatment. But disease came, what to do and there is no other way I had to take the treatment.* Due to lack of interest on their health and fear about treatment, few of the women followed treatment on irregular intervals.

Side Effects

The study participant’s experienced mild, moderate, or severe side effects and it varies depending on the type of treatment or medication, dosage, and duration of use. *Due to chemo, there are certain side effects came. Last month I had heart pain and done Angio for me. So, doctor told us that, “there might be a chance to develop chest pain due to chemo also. There are several possibilities to develop more side effects. So, we can stop chemo treatment”*.

Access to Services

The women participated in this study faced difficulties to find the hospitals for treating cancer in their village or districts and the quality of healthcare facilities and providers. Lack of healthcare facilities influenced the study participants to complete the treatment process.

My native is Vanthavasi. for each cycle, I have to come here (Chennai) for treatment. Around 120km I have to travel for every month and also it cost nearly 1000 to 2000 rupees for both of us. Even we (for patient and attender) need to spend amount for eating food. We applied for insurance but it is not approved by the hospital. So, we are paying money for chemotherapy treatment also. It was very difficult to me when I think about the treatment because everyone (in the oncology ward) get treatment under insurance only. Few participants were searching possibilities for changing their treatment method and they are discussing it with the doctor also. Some participants thought to quit the treatment due to long travel.

Dependence

Most of the patients seeking cancer treatment rely on family members. They can't take treatment alone without getting someone's help. Naturally, they need to depend on others. When the interviewer asked about the steps taken to overcome the problems faced during treatment process. Participant said *"No, I thought to quit the treatment because it's difficult to spend money for 6 six months. Even, I have to bring one attender to accompany with me, it is also very difficult for me."*

Physical Struggles

The participant's undergoing cancer treatment facing lot of difficult situations such as pain, nausea, vomiting, loose stools, their daily functioning and overall well-being. *After chemo, it is very difficult to work. Even I can't able to eat for 10 days. I felt very tired, nauseated, mouth will be bitter, can't able to eat food and drink water.*

Inability To Work

Most of study participants were worried that they can't perform their job duties and engage in gainful employment. *"I don't know, whether I can able to do work with this condition. After taking chemo, I can't do any work, I felt nauseated, tired and giddiness."*

Changes In Appearance

Physical alterations or transformations experienced by participants includes hair loss, weight loss, changes in skin colour or texture, and alterations in body shape or size. when the participants were asked to share about their relationship with the peer members. One of the participants reported that, *"They will gossip about me and also, I don't have hair in my head. I feel ashamed to go out with this head"*.

Emotional Turmoil

Hiding Their Disease

Participants choose to hide their disease due to fear of stigma, embarrassment, concerns about privacy. *At first, I was afraid to say that I had cancer. I thought, what will they think about me.* Few participants had a desire to maintain a sense of normalcy in their relationships and daily life. *Usually, I won't discuss about my issues with my neighbours. So, they don't know about my problem.*

Regret

The study participant's regret for their missed opportunities, mistakes, or the consequences of actions that they done previously. *I won't eat properly. I will eat breakfast in the afternoon, and I will eat lunch in the evening. Most of the time, I drink tea instead of food. I didn't eat properly at that time. I only spoiled my health.* It involves reflecting on past experiences and wishing that things had been different or that different choices had been made. *Cried and said, "it was very difficult." I struggled a lot to forget about my past treatment history. Because I always think, "I have done a mistake,*

I have done a mistake. I regret always that if I came earlier, I would be recovered soon. Why I have done this? I left this without knowing.

Fear

Study participants had lot of fear when the doctors revealed about their diagnosis. I get cancer even if no one in my family had that history. We are living together in the same house. So, I will always think I shouldn't stay with them, I have to live alone. I'm having fear whether it will affect my sons. Immediately they started to think about their family and myth about the disease, whether they will be isolated. Cried and said “When they told me that I had cancer lump I got fear that whether they will isolate me. I'm having children.”

Low Self-Esteem

Participants experienced negative perception of themselves, lacking confidence in their abilities, worth, and value as a person. I'm living for my children only. but when I entered hospital, there are lot of test, so I broke down completely. I lost my confidence. When I hear that word(cancer), I got upset completely.

Sobbing

Participant's often express emotional response typically associated with feelings of grief, sadness, or overwhelming distress. I don't know about it (treatment process). Started crying and said, “I wish to be good until I was alive”. When the participants think about their experience, they started to break-down as it was happened in the first time. It was very difficult. Cried and said, “For one week, I cried continuously when I heard that I had cancer”.

Suicidal Thoughts

Participants had suicidal thoughts or ideations about ending their own life. It is often associated with feelings of hopelessness, and emotional pain. *For what I have to tolerate this pain, it would be better if I died instead of giving a burden to my son.* Some participants often searching reasons to live in this world. *Sometimes I will think, why I'm alive? Even I don't have husband, what is the use to live in this world?* Few participants believed it is punishment given by god, when alone they wanted to end their life. *Started crying and said, “I don't want to live.” why God has given me such a disease? It's too difficult for me. Sometimes, I get angry with God, “I have done everything for you, so why are you punishing me?”.*

Ignoring To Receive Help

Participants ignoring to receive help from seeking assistance, support, or guidance from others, even when it may be needed or beneficial. *But I don't want to get help from others. We should not live with other's concerns. When we are alive, we have to live with what we have.* This behaviour may stem from feelings of pride, self-reliance, shame, stigma, or a belief that one can handle difficulties independently. *No, I won't ask for help from anyone. If I ask for help, they look at us badly.*

Resisting Acceptance

Mostly study participants are opposing or refusing to understand the reality, such as a diagnosis of illness, loss, or significant life changes due to treatment process. *When I was alone, I felt very bad. With a crying voice, “Why did it happen to me? I can't accept it.”* This resistance may be driven by denial, fear, or a desire to avoid confronting painful emotions or uncertainties about the future. *They removed my uterus, then why doctor informed to come for treatment 6 months. It was very difficult for me to accept this.*

Fear of Recurrence of Disease

Participants have persistent worry, anxiety about the possibility of a cancer recurrence after treatment. *I am worried about the treatment process because I have heard that “patients who discharged after completion of chemo, again they get cancer in other regions.”* This fear can impact quality of life, emotional well-being, and decision-making regarding healthcare management and follow-up care.

Social Issues

Social Pressure

Social pressure motivates study participants to conform to social norms, seek approval from others, or adhere to group expectations. *Old people are saying, "Alas, you have three children. complete their marriage when you're still alive? When I listen to them, my mind will get disturbed. It won't be easy.* Social pressure led to stress, anxiety, or feelings of obligation to meet perceived social demands.

Stigma

Participants experience social exclusion, and discrimination about their disease which leading to reduced opportunities to limited access to resources, and negative impacts on mental health and well-being. *Where I worked in the past, the people in that house told me, "It is a communicable disease, so don't come for work." You are working in many houses, so you would have got this disease from someone, and don't spread here also.*

Ignoring To Attend Functions

Due to the occurrence of disease participants avoiding or declining invitations to social gatherings, events, or activities. *"I stopped going for functions when I came to hospital. I'm not in a good mood. So, I won't attend any functions."*

Hope Giving Factors

Few participants getting support from their family members and the health care providers in order to get various aspects of social support, personal resilience, and positive outlooks on the future.

Getting Support

Participants getting support mainly from their family members, peers, and healthcare professionals. *My husband is a driver, but he is not going to work to take care of me. Whenever I get chemo, he stays with me. He will cook for me, and he will do all the household work. From dress washing and cutting tender coconuts for me, he will take care of everything.*

Finding Comfort In Shared Experiences

Participants having the feeling of less fearful or anxious about medical procedures, such as injections, when witnessing other patients undergoing the same experience. *I got a little frustration, I'm having fear to take medicines but when I saw the patients in the ward, I got little clarity.* It highlights the importance of peer support and community in healthcare settings, where individuals can draw strength and courage from one another, ultimately alleviating their own fears and anxieties.

Sacrifice For Family Well-Being

Participants in this study prioritizing the needs and happiness of their family members by sacrificing their own desires, interests, or comfort. This can involve making selfless decisions, enduring hardships, or gratifications in order to support and ensure the well-being and flourishing of family members.

Hiding Pain

Participants attempting to appear unaffected but experiencing significant discomfort or suffering. *No, I won't tell anyone. My family members will worry about me a lot if I look sad.* The act of concealing or suppressing feelings of emotional distress from others, often to avoid burdening them.

Parental Responsibility

The study participants had deep sense of responsibility and love that parents have for their children, underscoring the importance of health and well-being not only for oneself but also for the sake of providing care and support to loved ones. *I want to recover completely, that's what I need. Because I have children, I want to take care of them.* Few participants had fear about the transmission of disease and they wanted complete cure from this disease. *It has to be done with me. it should not come to my sons that's why I coming for treatment. Otherwise, I won't come to take treatment. I'm having fear whether it will affect my sons*

Emotional Resilience

Contentment Through Resolution

Participant’s health issues are resolved through the treatment received at the hospital; they anticipate feeling completely satisfied. *I will be satisfied, if I didn’t get any problems in future. It was okay, that we went to that hospital, they cured us. Then I will be satisfied completely.* This indicates the human desire for resolution and the sense of fulfilment that comes with overcoming obstacles or achieving desired outcomes.

Accepting Unexpected Health Realities

This highlights the participants disbelief and shock upon receiving the information that they had cancer, especially when it contradicts prior beliefs or expectations of the participants. *I can’t believe that but doctors told me that I had cancer. So, I have to take treatment. I thought I shouldn’t have that problem. I just believed because it was told by doctor.*

Motivation for recovery

Most of the participants getting comfort and reassurance derived from observing others in similar situations. *When they (doctors) said about injection, I got fear, but when I saw other patients here (ward), I felt okay.* It highlights the phenomenon of feeling less fearful or anxious about medical procedures, such as injections, when witnessing other patients undergoing the same experience.

Seeking Reassurance

Sometimes, participants don’t have a trust on their treatment process and they need clarifications from the healthcare providers to continue their treatment process. They will ask lot of questions and enquire about the disease and treatment progress to all the healthcare providers. *This is good injection only, right. Whether it will cure my disease. If I complete one chemo, I will go home but I’m normal only, what it does to me? really, I don’t know. It doesn’t show any symptoms that’s why I got lot of fear and guilt. Previously I was very bold, but now I’m very weak. Will that body and mind come to me now? After completion of chemotherapy, is it necessary to come to hospital? whether I can able to live a normal life. Because everyone says that it is a deadly disease.*

DISCUSSION

The study participants reported that they were not aware of the seriousness of the symptoms, and they perceived the symptoms as mild problems. Most of the information they got from their peers and the participants believed that was true. They get the proper information about cancer symptoms and treatment process only from the healthcare providers, especially from the doctors. Herrmann et al., in a study, reported that women were worried about their ability to identify their symptoms at an early stage(11). They believed that a family history of cancer plays a crucial role in the transmission of disease from one generation to another generation.

In this current study, participants reported that they are facing severe side effects which could affects their treatment process. Even they are lacking the interest to continue their treatment. A similar study reported by Sibeoni et al. participants complained about the side effects affecting their day-to-day activities(12). However, the challenges faced by individuals and families who may struggle to cover the costs of medical treatments and procedures were a significant barrier in the treatment process. Kristanti et al. reported that family caregivers spent more money on the patient's treatment process. They struggled a lot to manage their financial circumstances(13).

Participants expressed worry about the loss of hair, and it also prevents them from leading a normal life like other women. A similar result was reported by Fischer et al that body image, such as hair loss, is an essential aspect for women, and they are looking at this as an identity for women with ovarian cancer(14). Olesen et al. reported that bodily-based preparedness was thought to be a permanent change among women with cancer(15). Although the study participants always felt tired and unable to do their work. They worry about their inability

to go for a job. Laidarr P et al. reported that cancer survivors experience physical and psychosocial issues such as returning to work and the barriers in the working area(16).

The study participants also reported that they are not having only physical troubles, even if they are undergoing mental health issues. It highlights the profound impact of mental distress on one's well-being, leading to feelings of being trapped and unable to overcome the challenges they face. These study results were similar to the study by Sekse et, al that many of the physical symptoms caused mental distress among the ovarian cancer survivors and also they had increased levels of depression and anxiety(17). The present study revealed that participants faced several social issues, such as stigma and social pressure, and thus made them avoid attending social gatherings.

Hope is an essential factor for cancer patients coping with their illness. Sowerbutts et.al reported that patients who were engaged in hope indicated living their lives actively(18). These results were similar to those of the current study in that the participants had hope, which involves encouragement from family members and healthcare providers. Also, they find comfort in others' personal experiences of cancer survivors.

Even when they get hope from family members and healthcare providers, participants hiding their pain they are experiencing it in real. They got fear about their family members and they always worry about them. While facing many health challenges, they follow coping mechanism in various ways such as accepting their reality situations, aware about their health issues, and seeking reassurance from the healthcare providers. Additionally, spiritual practices such as prayer, meditation, or participation in religious communities can offer emotional support, guidance, and a sense of community and belonging.

Furthermore, this study revealed the importance of social support networks and healthcare professionals in facilitating patient's adjustment to their health realities. The role of family, friends, and medical professionals emerged as crucial in providing emotional support, practical assistance, and information, enabling patients to navigate the complexities of their illness and treatment.

CONCLUSION

This qualitative study has shed light on the profound impact of ovarian cancer on the lives of affected individuals. Through in-depth interviews and analysis, the present study uncovered the multifaceted nature of the experiences faced by ovarian cancer patients, highlighting themes of misconceptions about symptoms, barriers during the treatment process, physical and emotional struggles, and resilience. Due to the treatment process, many participants face a lot of consequences, and it affects physical and mental health. The study participants experience emotions such as guilt, shame, and hatred that can accompany mental health struggles, highlighting the importance of seeking support and assistance in coping with these difficulties. Most of them were in mental distress, leading to feelings of being trapped and unable to overcome the challenges they faced.

One of the key findings of this study is the importance of accepting unexpected health realities. This study shows the emotional journey of accepting difficult realities, grappling with uncertainty, and ultimately trusting medical professionals to guide one through treatment. Despite the uncertainties and adversities, participants demonstrated remarkable strength and resourcefulness in coping with their diagnosis and its implications for their lives.

Overall, this study contributes valuable insights into the lived experiences of ovarian cancer patients, emphasizing the importance of acknowledging and adapting to unexpected health realities. By amplifying patients' voices and experiences, we can inform the development of more patient-centred approaches to care and support, ultimately enhancing the well-being and resilience of those affected by ovarian cancer.

RECOMMENDATIONS

Develop targeted educational campaigns to raise awareness about the symptoms of ovarian cancer and dispel common misconceptions. Emphasize the importance of early detection and prompt medical attention to improve prognosis and treatment outcomes. Support further research into the psychosocial aspects of ovarian cancer and the development of innovative interventions to improve patient outcomes. Encourage interdisciplinary collaboration and the integration of patient perspectives into research design and

implementation. Ensure access to comprehensive psychosocial support services, including counselling, support groups, and survivorship programs. Tailor these services to meet the diverse needs of patients and their families, providing both emotional and practical support throughout the cancer journey.

Additionally, participant’s shared experiences underscored the need for psychosocial interventions and supportive care services to address the unique needs of ovarian cancer patients. Enhancing access to holistic support mechanisms can empower individuals to cope effectively with the emotional, physical, and practical challenges associated with their diagnosis, ultimately improving their overall quality of life.

REFERENCES

- Momenimovahed Z, Tiznobaik A, Taheri S, Salehiniya H. Ovarian cancer in the world: epidemiology and risk factors. *Int J Womens Health*. 2019 Apr 30;11:287–99.
- Marth C, Abreu MH, Andersen KK, Aro KM, de Lurdes Batarda M, Boll D, et al. Real-life data on treatment and outcomes in advanced ovarian cancer: An observational, multinational cohort study (RESPONSE trial). *Cancer*. 2022 Aug 15;128(16):3080–9.
- Doubeni CA, Doubeni AR, Myers AE. Diagnosis and Management of Ovarian Cancer. *Am Fam Physician*. 2016 Jun 1;93(11):937–44.
- JASEN P. From the “Silent Killer” to the “Whispering Disease”: Ovarian Cancer and the Uses of Metaphor. *Med Hist*. 2009 Oct;53(4):489–512.
- Daoud T, Sardana S, Stanietzky N, Klekers AR, Bhosale P, Morani AC. Recent Imaging Updates and Advances in Gynecologic Malignancies. *Cancers*. 2022 Nov 10;14(22):5528.
- Matulonis UA, Sood AK, Fallowfield L, Howitt BE, Sehouli J, Karlan BY. Ovarian cancer. *Nat Rev Dis Primer*. 2016 Aug 25;2:16061.
- Mokhtari RB, Homayouni TS, Baluch N, Morgatskaya E, Kumar S, Das B, et al. Combination therapy in combating cancer. *Oncotarget*. 2017 Mar 30;8(23):38022–43.
- Hu S, Baraghoshi D, Chang C, Rowe K, Snyder J, Deshmukh V, et al. Mental health disorders among ovarian cancer survivors in a population-based cohort. *Cancer Med*. 2022 Jun 30;12(2):1801–12.
- Frey MK, Chapman-Davis E, Glynn SM, Lin J, Ellis AE, Tomita S, et al. Adapting and avoiding coping strategies for women with ovarian cancer during the COVID-19 pandemic. *Gynecol Oncol*. 2021 Feb;160(2):492–8.
- Camara C, Caroline Vos M, de Rooij BH, Pijnenborg JMA, Boll D, van de Poll-Franse LV, et al. The role of positive psychological changes in anxiety and depression of patients with ovarian tumours and their partners: an observational study from the population-based PROFILES registry. *Support Care Cancer*. 2019;27(2):423–31.
- Herrmann A, Hall A, Proietto A. Using the Health Belief Model to explore why women decide for or against removing their ovaries to reduce their risk of developing cancer. *BMC Womens Health*. 2018 Nov 14;18(1):184.
- Sibeoni J, Picard C, Orri M, Labey M, Bousquet G, Verneuil L, et al. Patients’ quality of life during active cancer treatment: a qualitative study. *BMC Cancer*. 2018 Oct 4;18(1):951.
- Kristanti MS, Effendy C, Utarini A, Vernooij-Dassen M, Engels Y. The experience of family caregivers of patients with cancer in an Asian country: A grounded theory approach. *Palliat Med*. 2019 Jun 1;33(6):676–84.
- Fischer OJ, Marguerie M, Brotto LA. Sexual Function, Quality of Life, and Experiences of Women with Ovarian Cancer: A Mixed-Methods Study. *Sex Med*. 2019 Dec 1;7(4):530–9.
- Sekse RJT, Dunberger G, Olesen ML, Østerbye M, Seibæk L. Lived experiences and quality of life after gynaecological cancer—An integrative review. *J Clin Nurs*. 2019;28(9–10):1393–421.
- Laidsaar-Powell R, Konings S, Rankin N, Koczwara B, Kemp E, Mazariego C, et al. A meta-review of qualitative research on adult cancer survivors: current strengths and evidence gaps. *J Cancer Surviv*. 2019 Dec 1;13(6):852–89.
- Sekse RJT, Dunberger G, Olesen ML, Østerbye M, Seibæk L. Lived experiences and quality of life after gynaecological cancer—An integrative review. *J Clin Nurs*. 2019;28(9–10):1393–421.
- Sowerbutts AM, Lal S, Sremanakova J, Clamp AR, Jayson GC, Teubner A, et al. Palliative home parenteral nutrition in patients with ovarian cancer and malignant bowel obstruction: experiences of women and family caregivers. *BMC Palliat Care*. 2019 Dec 29;18(1):120.

