

# Predictors of Adjustment and Growth in Women With Recurrent Ovarian Cancer

Julie Ann Ponto, PhD, RN, AOCN®, ACNS-BC, Lee Ellington, PhD, Suzanne Mellon, PhD, RN, and Susan L. Beck, PhD, APRN, FAAN

Ovarian cancer is a significant health issue for women in the United States as the leading cause of death from gynecologic cancer. It is the fourth leading cause of all cancer-related deaths in women aged 40–59 years and the fifth leading cause of all cancer-related deaths in women aged 60–79 years (Jemal et al., 2009). In 2009, about 21,550 women were diagnosed with ovarian cancer and approximately 14,600 women died from the disease (Jemal et al., 2009).

Although some cancers are more prevalent in women, few are more serious and have such high recurrence rates as ovarian cancer. The overall five-year survival rate in women with ovarian cancer is only 46% (Jemal et al., 2009), primarily because almost 70% of women diagnosed with ovarian cancer have distant disease at the time of diagnosis. Seventy-five percent of women diagnosed with stage III or IV disease will have a recurrence within 22 months (Jemal et al., 2009; Markman et al., 2001). Despite the poor statistics, several treatment options exist for women with recurrent ovarian cancer to control the disease. Thus, recurrent ovarian cancer has become a chronic disease whereby women are in and out of treatment indefinitely (Martin, 2002; Ozols, 2002).

The chronic, relentless nature of the disease and treatment for women with recurrent ovarian cancer suggests that adjustment to this experience may pose significant physical and emotional challenges. Even so, some women report positive aspects of the experience (Cordova, Cunningham, Carlson, & Andrykowski, 2001; Manne et al., 2004). Therefore, the purpose of this study was to analyze predictors of adjustment and growth in women who had experienced recurrent ovarian cancer.

## Conceptual Framework

The conceptual framework for this study was derived from the Resiliency Model of Family Stress, Adjustment, and Adaptation (McCubbin & McCubbin, 1993; McCubbin, Thompson, & McCubbin, 1996), including modifications for cancer survivors by Mellon and Northouse (2001). This study focused on the effect of contextual demographic characteristics (Mellon & Northouse,

**Purpose/Objectives:** To analyze predictors of adjustment and growth in women who had experienced recurrent ovarian cancer using components of the Resiliency Model of Family Stress, Adjustment, and Adaptation as a conceptual framework.

**Design:** Cross-sectional.

**Setting:** Participants were recruited from national cancer advocacy groups.

**Sample:** 60 married or partnered women with recurrent ovarian cancer.

**Methods:** Participants completed an online or paper survey.

**Main Research Variables:** Independent variables included demographic and illness variables and meaning of illness. Outcome variables were psychological adjustment and post-traumatic growth.

**Findings:** A model of five predictor variables (younger age, fewer years in the relationship, poorer performance status, greater symptom distress, and more negative meaning) accounted for 64% of the variance in adjustment but did not predict post-traumatic growth.

**Conclusions:** This study supports the use of a model of adjustment that includes demographic, illness, and appraisal variables for women with recurrent ovarian cancer. Symptom distress and poorer performance status were the most significant predictors of adjustment. Younger age and fewer years in the relationship also predicted poorer adjustment.

**Implications for Nursing:** Nurses have the knowledge and skills to influence the predictors of adjustment to recurrent ovarian cancer, particularly symptom distress and poor performance status. Nurses who recognize the predictors of poorer adjustment can anticipate problems and intervene to improve adjustment for women.

2001), illness stressor severity, and appraisal of illness stressor (McCubbin et al., 1996; McCubbin & McCubbin, 1993) on adjustment.

Because positive and negative outcomes may result from the ovarian cancer experience (Koldjeski, Kirkpatrick, Everett, Brown, & Swanson, 2007; Ponto & Barton, 2008) and commonly used measures of adjustment in the cancer literature fail to capture the potential positive outcomes of the cancer experience (L.L. Northouse, personal communication, November 20, 2005), the psychological outcomes measured in this study included growth and adjustment (see Figure 1).