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Qualitative Exploration of Healthcare Relationships Following Delayed Diagnosis of Ovarian Cancer and Subsequent Participation in Supportive-Expressive Group Therapy

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Purpose/Objectives: To explore the role of supportive-expressive group therapy (SEGT) in facilitating the development and quality of healthcare relationships in patients with ovarian cancer.

Research Approach: Qualitative, grounded theory, and comparative approach.

Setting: Tertiary care cancer center.

Sample: 6 patients with advanced ovarian cancer and 3 healthcare professionals.

Methodologic Approach: Patients participated in semistructured interviews that examined the nature of their healthcare relationships, diagnoses, and SEGT experience. The primary gynecologic oncologist and two nurses responsible for the care of the patients also were interviewed. Analysis of this qualitative study employed a grounded theory technique.

Main Research Variables: Patients' and healthcare professionals' perceptions of healthcare relationships.

Findings: Patients' negative diagnostic experiences were found to influence the quality of relationships with healthcare providers. However, the process appears to benefit from patient participation in SEGT. Patients perceived that SEGT helped facilitate communication between patients and professionals. Patients also indicated that SEGT led them to participate more actively in the treatment process. Professionals viewed patient participation in SEGT as a positive outlet for emotional expression, a source of psychological healing, and a tool that facilitated communication, collaboration, and understanding of medical treatment.

Conclusions: Participation in SEGT can advance communication and collaboration in medical care and provide opportunity and resources for psychological healing.

Interpretation: SEGT provides a vehicle to enhance the quality of life of patients with ovarian cancer by breaking down the common feeling of isolation, addressing women's frustration and resentment regarding delayed diagnosis, and enhancing relationships with healthcare providers to promote collaborative care in this patient population.

Patients with ovarian cancer frequently present to a general practitioner with initial symptoms (e.g., abdominal pain, bloating, incontinence, constipation) that are attributed to more common disorders (Koldjeski, Kirkpatrick, Swanson, Everett, & Brown, 2003; Smith et al., 2005; Wikborn, Pettersson, Silfversward, & Moberg, 1993). Koldjeski et al. (2005) asserted that primary physicians misdiagnose the early symptoms associated with ovarian cancer in 70%–75% of cases. Early diagnosis of the disease is crucial; if diagnosis is delayed and the cancer has metastasized, survival rates drop below 25% (Johns Hopkins Medical Institute, 2008). Only 19% of cases are diagnosed early, but almost 94% of these women survive for an average of five years (American Cancer Society [ACS], 2008). Diagnostic delay frequently is attributed to the vagueness of the general symptoms experienced in ovarian cancer; however, Goff, Mandel, Muntz, and Melancon (2000) found that 21% of patients attributed their diagnostic delay to physician attitude. As diagnostic delay increased, the proportion of women with this opinion rose to about 50%. Therefore, diagnostic delay may engender frustration, which, in turn, may affect patients' psychological well-being, navigation of the healthcare system, and willingness to engage in certain treatment processes.

Supportive-expressive group therapy (SEGT) was designed originally to facilitate coping with an advanced breast cancer diagnosis (Goodwin et al., 2001; Kissane et al., 2007, Spiegel et al., 2007). However, SEGT has been adapted for other patient groups, including those with ovarian cancer or multiple sclerosis (Bischoff, 2006; Mohr, Boudewyn, Goodkin, Bostrom, & Epstein, 2001). SEGT emphasizes the enhancement of patients' quality of life by providing an outlet to discuss emotionally charged