

Review Article

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Communicating is analogous to caring: A systematic review and thematic synthesis of the patient–clinician communication experiences of individuals with ovarian cancer

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Abstract

Objective. To systematically review and synthesize the patient–clinician communication experiences of individuals with ovarian cancer.

Methods. The CINAHL, Embase, MEDLINE, PsycINFO, and Web of Science databases were reviewed for articles that described (a) original qualitative or mixed methods research, (b) the experiences of individuals with ovarian cancer, and (c) findings related to patient–clinician communication. Relevant data were extracted from study results sections, then coded for descriptive and analytical themes in accordance with Thomas and Harden’s approach to thematic synthesis. Data were coded by two authors and discrepancies were resolved through discussion.

Results. Of 1,390 unique articles, 65 met criteria for inclusion. Four descriptive themes captured participants’ experiences communicating with clinicians: respecting me, seeing me, supporting me, and advocating for myself. Findings were synthesized into three analytical themes: communication is analogous to caring, communication is essential to personalized care, and communication may mitigate or exacerbate the burden of illness.

Significance of results. Patient–clinician communication is a process by which individuals with ovarian cancer may engage in self-advocacy and appraise the extent to which they are seen, respected, and supported by clinicians. Strategies to enhance patient–clinician communication in the ovarian cancer care setting may promote patient perceptions of patient-centered care.

Introduction

Ovarian cancer is the leading cause of death from gynecologic cancer in the United States (American Cancer Society, 2020). Treatment for newly diagnosed ovarian cancer typically entails surgical cytoreduction plus systemic chemotherapy (Armstrong et al., 2019). Despite aggressive treatment, the majority of individuals with ovarian cancer develop recurrent disease within 18 months of diagnosis (Colombo et al., 2017). As such, a diagnosis of ovarian cancer often entails a high burden of physical (Huang et al., 2016) and psychological (Norton et al., 2004) symptoms that are associated with decrements in health-related quality of life (Zhou et al., 2016). In the context of these challenges, individuals with ovarian cancer are likely to experience frequent and prolonged contact with the healthcare system (Yabroff et al., 2007).

Patient–clinician communication is an essential component of ovarian cancer diagnosis and surveillance (Jordens et al., 2010; Jelicic et al., 2019), symptom management (Donovan et al., 2005), and treatment decision-making (Pozzar and Berry, 2019). A seminal review of studies in the broader medical literature established that effective patient–clinician communication is associated with improved emotional well-being, symptom management, and physical functioning (Stewart, 1995). In the cancer care setting, improved patient–clinician communication has been associated with decreased anxiety (Zwingmann et al., 2017); increased trust in the clinician (Gordon et al., 2006; Arora et al., 2009; Zwingmann et al., 2017); increased discussion of prognosis, treatment alternatives, and patient concerns (Ishikawa et al., 2002; Eide et al., 2004; Shields et al., 2009; Sohl et al., 2015); and increased satisfaction with care (Siminoff et al., 2000; Leighl et al., 2001; Liang et al., 2002; Eide et al., 2003; Venetis et al., 2009; Thind et al., 2011; Robinson et al., 2013). Research findings similarly indicate that the quality of patient–clinician communication predicts health-related quality of life and symptom burden among individuals with ovarian cancer (Pozzar et al., 2021b).

Improved understanding of the patient–clinician communication experiences of individuals with ovarian cancer may have far-reaching applications. Studies that explore how communication may relate to health outcomes are needed to generate research hypotheses and identify potential mechanisms for future communication interventions. Nevertheless, studies that

explicitly aim to describe the patient–clinician communication experiences of individuals with ovarian cancer are limited. Therefore, the aim of this study was to systematically review and synthesize the patient–clinician communication experiences of individuals with ovarian cancer that have been described in the broader ovarian cancer literature.

Materials and methods

Search strategy

Using the methods described by Thomas and Harden (2008), we conducted a systematic review and thematic synthesis of English-language articles published in peer-reviewed journals between January 1990 and July 2021. We selected this broad

time frame to maximize our search results. Given the paucity of studies that focus explicitly on patient–clinician communication in ovarian cancer care, we first sought to identify all available articles describing qualitative studies of the experiences of individuals with ovarian cancer. In February 2020, we searched the MEDLINE, EMBASE, CINAHL, PsycINFO, and Web of Science databases for potentially eligible articles using the search terms in Table 1. Articles were eligible for inclusion in the review and synthesis if they described (a) original qualitative or mixed methods research, (b) the experiences of individuals with ovarian cancer, and (c) findings related to patient–clinician communication. Author RAP reviewed article titles and abstracts to identify potentially eligible articles, and then assessed full-text articles for eligibility criteria. In July 2021, we updated our database search results and added eligible articles identified via citation searching to the dataset.

Table 1. Database search strategy and results

Database	Search Strategy	Records published 1990–2020	Records published 2020–2021
CINAHL	(MH “ovarian neoplasms”) AND (TX life experiences OR human science OR discourse* analysis OR narrative analysis OR lived experience* OR field research OR field studies OR field study OR giorgi* OR husserl* OR merleau ponty* OR van kaam* OR van manen* OR spiegelberg* OR colaizzi* OR heidegger* OR participant observ* OR data saturat* OR semiotics OR heuristic OR hermeneutic* OR etic OR emic OR focus group* OR purpos* samp* OR constant comparison OR constant comparative OR grounded research OR grounded studies OR grounded study OR grounded theor* OR phenomenol* OR ethnon* OR qualitative OR MH “ethnological research” OR “ethnography” OR “phenomenology” OR “focus groups” OR “discourse analysis” OR “theoretical sample” OR “field studies” OR “constant comparative method” OR “thematic analysis” OR “content analysis” OR “observational methods” OR “purposive sample” OR “qualitative validity” OR “grounded theory” OR “action research” OR “naturalistic inquiry” OR “ethnonursing research” OR “phenomenological research” OR “ethnographic research” OR “qualitative studies” OR “Interviews” OR “Narratives” OR “Videorecording” OR “Audiorecording” OR “Historical Records” OR “cluster sample”)	538	58
EMBASE	(“ovary tumor”/exp OR “ovarian neoplasia” OR “ovarian neoplasm” OR “ovarian neoplasms” OR “ovarian tumor” OR “ovarian tumour” OR “ovarium tumor” OR “ovarium tumour” OR “ovary neoplasm” OR “ovary tumor” OR “ovary tumor treatment” OR “ovary tumour” OR “ovary tumour treatment”) AND (“qualitative research”/exp OR “qualitative research” OR “qualitative studies” OR “qualitative study”) AND [article]/lim AND [english]/lim AND [embase]/lim	114	0
MEDLINE	(MH “ovarian neoplasms”) AND [(“semi-structured” OR semistructured OR unstructured OR informal OR “in-depth” OR indepth OR “face-to-face” OR structured OR guide OR guides) AND (interview* OR discussion* OR questionnaire*)] OR “focus group” OR “focus groups” OR qualitative OR ethnograph* OR fieldwork OR “field work” OR “key informant” OR theme OR thematic OR “ethnological research” OR phenomenol* OR “grounded theory” OR “grounded study” OR “grounded studies” OR “grounded research” OR “grounded analysis” OR “grounded analyses” OR “life story” OR “life stories” OR emic OR etic OR hermeneutics OR heuristic* OR semiotic OR “data saturation” OR “participant observation” OR “action research” OR “cooperative inquiry” OR “co-operative inquiry” OR “field study” OR “field studies” OR “field research” OR “theoretical sample” OR “theoretical samples” OR “theoretical sampling” OR “purposive sampling” OR “purposive sample” OR “purposive samples” OR “lived experience” OR “lived experiences” OR “purposive sampling” OR “content analysis” OR discourse OR “narrative analysis” OR heidegger* OR colaizzi OR spiegelberg OR “van manen” OR “van kaam” OR “merleau ponty” OR husserl* OR Foucault OR Corbin OR Strauss OR Glaser OR (MH “qualitative research”) OR (MH “interviews as topic”) OR (MH “focus groups”) OR (MH “grounded theory”) OR (MH “nursing methodology research”) OR (MH “anecdotes as topic”) OR (MH “narration”) OR (MH “video recording”) OR (MH “tape recording”) OR (MH “personal narratives as topic”) OR (MH “observational study as topic”) OR (MH “attitude of health personnel”) OR (MH “attitude to death”) OR (MH “attitude to health”) OR (MH “health knowledge, attitudes, practice”)	294	70
PsycINFO	(DE “Ovaries”) AND (DE “Neoplasms” OR DE “Metastasis” OR DE “Terminal Cancer”) Narrow by method: Qualitative study	60	15
Web of Science	(TS = (ovar* AND cancer)) AND LANGUAGE: (English) AND DOCUMENT TYPES: (Article) Refined by: TOPIC: (qualitative)	549	78

Quality appraisal

We appraised the quality of the synthesized articles using the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist (Tong et al., 2007). Author RAP completed the initial appraisal and author DLB reviewed and verified RAP's assessments. When items on the COREQ checklist were not explicitly stated, we considered these items to be present if they could be readily inferred (e.g., a researcher's occupation may be apparent from their credentials or affiliation). We summarized the overall quality of the synthesized articles by calculating the mean percent of applicable items reported in the three COREQ checklist domains (i.e., *research team and reflexivity*, *study design*, and *analysis and findings*). When a COREQ checklist item was not applicable to the research described in the published report, we assigned a score of "not applicable." Scores of "not applicable" were not included in calculations of the percent of items reported. We did not weight or exclude articles from the review or synthesis based on article quality because there is insufficient evidence to support this practice in qualitative syntheses (Thomas and Harden, 2008). Consistent with the recommendation of the Enhancing Transparency in Reporting the Synthesis of Qualitative Research (ENTREQ) statement (Tong et al., 2012), we assessed the relative utility of each article to the purpose of the review and synthesis by calculating the percent of all coded data derived from each article.

Data extraction and analysis

We began our analysis by reading each full-text article and taking notes on the context of each study. Next, we imported each article into NVivo Pro (QSR International, March 2020). Author RAP coded all direct participant quotes as primary data and the remainder of the results sections as secondary data. We then performed inductive, line-by-line coding on all primary and secondary data that pertained to patient-clinician communication. Author RAP coded pertinent data from every article, while author DLB coded pertinent data from a randomly selected set of articles comprising 15% of the data. We met weekly during the coding process to discuss, compare, and refine our codes and code definitions. Our initial codes described the key communication experiences that we identified in the data. We reviewed our application of these codes across studies to ensure consistency, in turn completing the process of translating findings across studies (Thomas and Harden, 2008). Next, we grouped similar codes together under several descriptive themes. To synthesize our findings, we first considered the abstract concepts represented by the descriptive themes. We then generated a set of analytical themes by returning to the data and identifying the antecedents and consequences of each identified concept. With this approach, we aimed to ensure that our findings would expand upon (rather than simply summarize) the findings of the original studies (Thomas and Harden, 2008). Our final set of analytical themes represents the relationships between concepts that were consistent across studies.

Results

The search strategy yielded 1,390 unique records. A PRISMA flow diagram is provided in Figure 1. After screening titles and abstracts, we assessed 135 full-text articles, 65 of which met inclusion criteria. From these articles, we extracted approximately 26,000 words of relevant primary data and 21,000 words of

relevant secondary data. Each individual article contributed between 0.04% and 5.93% of all coded data. The characteristics of the studies described in each article are provided in Table 2.

The COREQ checklist for the synthesized articles is provided in Supplementary File 1. On average, articles reported 69.58% of applicable items in the *research team and reflexivity* domain, 68.91% of applicable items in the *study design* domain, and 79.66% of applicable items in the *analysis and findings* domain. The least-often reported items included the presence of non-participants at focus groups and interviews (4/57 articles, 7.02%); the use of member checking to confirm researchers' interpretations of findings (10/65 articles, 15.38%); and the existence of a pre-existing relationship between the researcher and the participants (12/59 articles, 20.34%).

Descriptive themes

Across studies, participants described their communication encounters with clinicians in terms of the extent to which they felt supported, respected, and seen. When participants' communication encounters with clinicians did not meet their expectations, participants engaged in self-advocacy to preserve their physical or psychological well-being. Exemplary quotes for each descriptive theme are provided in Table 3.

Supporting me

Participants in several studies explicitly described clinicians as part of their support system (Jefferies, 2002; Lydon et al., 2009; Seibaek et al., 2012; Cox and Faithfull, 2015; Alimujiang et al., 2019; Chou and Lu, 2019; Jelicic et al., 2019; Staneva et al., 2019). Clinicians provided practical and emotional support by sharing information, helping patients make decisions, being accessible, and acknowledging patients' emotions.

Sharing information. Participants appreciated when clinicians provided anticipatory guidance related to their disease course and the potential effects of treatment (Dennison, 1995; Ekwall et al., 2011; Seibaek et al., 2018; Jelicic et al., 2019; Pozzar and Berry, 2019; Galica et al., 2020). Participants especially valued personally relevant information (Ekwall et al., 2011; Jelicic et al., 2019) that was tailored to their information preferences (Schaefer et al., 1999; Bowes et al., 2002; Jefferies, 2002; Howell et al., 2003; Ferrell et al., 2003b; Reb, 2007; Power et al., 2008; Elit et al., 2010; Schulman-Green et al., 2012; Seibaek et al., 2013; DellaRipa et al., 2015; Alimujiang et al., 2019; Finlayson et al., 2019; Han et al., 2021). Information preferences were characterized as fluid over time (Bowes et al., 2002) and ranged from wanting detailed information about potential treatment outcomes (Jelicic et al., 2019) to preferring not to know one's tumor stage (Han et al., 2021). Regardless of a participant's information preferences, unmet needs for information were common (Elit et al., 2003; Fitch et al., 2003; Thompson, 2007; Power et al., 2008; Long Roche et al., 2016; Jelicic et al., 2019; Galica et al., 2020; Dumas et al., 2021; Mallen et al., 2021) and fostered heightened uncertainty (Jelicic et al., 2019; Pozzar and Berry, 2019). Participants especially desired more information about available resources (Power et al., 2008; Lydon et al., 2009; Long Roche et al., 2016; Hagan et al., 2017; Boban et al., 2021; Polen-De et al., 2021), intimacy (Fitch et al., 2003; Stead et al., 2003; Ekwall et al., 2011; Wilmoth et al., 2011; Fischer et al., 2019; Jelicic et al., 2019), and prognosis (Elit et al., 2003; Thomas et al., 2018). Participants wanted clinicians to communicate

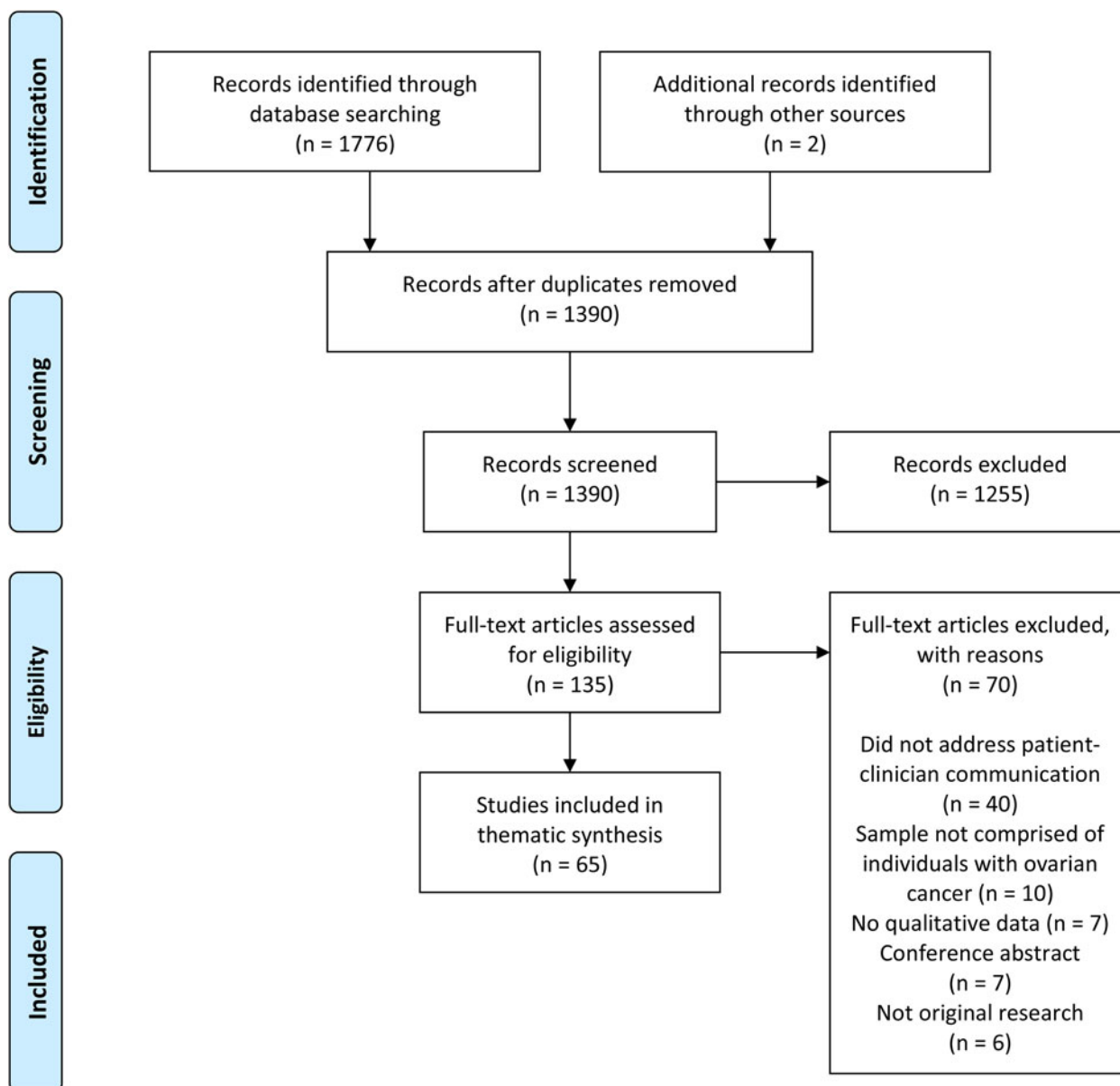


Fig. 1. PRISMA flow diagram. Source: Moher et al. (2009).

information clearly; avoid jargon; and provide written materials to reinforce their explanations (Fitch et al., 2002, 2003; Elit et al., 2003; Reb, 2007; Ekwall et al., 2011, 2014; Chou and Lu, 2019; Finlayson et al., 2019; Tsai et al., 2020).

Helping me make decisions. Participants in many studies valued the opportunity to engage in treatment decision-making (Elit et al., 2003, 2010; Fitch et al., 2003; Howell et al., 2003; Ziebland et al., 2006; Ekwall et al., 2011, 2014; Alimujiang et al., 2019; Arida et al., 2019; Pozzar and Berry, 2019). Some participants perceived engagement in treatment decision-making as a way to maintain autonomy (Howell et al., 2003; Jelcic et al., 2019). Participants who did not engage in treatment decisions often cited their lack of medical training or knowledge about treatment options as a barrier to engagement (Fitch et al., 2003; Ziebland et al., 2006; Power et al., 2008; Elit et al., 2010; Ekwall et al., 2011; Finlayson et al., 2019; Pozzar and Berry, 2019).

While participants appreciated treatment recommendations from trusted clinicians (Elit et al., 2003; Fitch et al., 2003; Asiedu et al., 2018; Finlayson et al., 2019; Pozzar and Berry, 2019), the need to urgently begin treatment precluded some participants from engaging in treatment decisions to the extent that they preferred (Elit et al., 2003; Fitch et al., 2003; DellaRipa et al., 2015; Asiedu et al., 2018; Dumas et al., 2021). Participants in several studies perceived that there were no treatment decisions to make (Elit et al., 2003, 2010; Fitch et al., 2003; Meiser et al., 2012; Finlayson et al., 2019; Han et al., 2021). In one study, participants described challenges communicating their treatment goals and preferences to clinicians (Frey et al., 2014).

Being accessible. Participants felt reassured and supported when clinicians were accessible outside of clinic visits or regular business hours (Power et al., 2008; Lydon et al., 2009; Ekwall et al., 2011; Cox and Faithfull, 2015; Long Roche et al., 2016;

Table 2. Characteristics and relative contributions of synthesized research reports

First Author	Year	Purpose	Recruitment setting	Eligibility criteria for participants with ovarian cancer	Participants with ovarian cancer (n)	Qualitative data collection	Methodologic orientation/approach to analysis	Percent of all coded data
Alimujiang	2019	To gather information on the lifestyle, behaviors, and personal care factors that individuals with ovarian cancer believe may have influenced their long-term survival.	Advocacy organizations in four North American cities	Advanced stage, at least 5 years since diagnosis	26	Focus groups	Inductive coding	1.76
Arida	2019	To describe how mothers with ovarian cancer perceive the impact of cancer on their experience as a mother.	Randomized clinical trial and an ovarian cancer advocacy organization in the northeast United States (US)	Mentioned being a mother during a focus group	9	Focus groups	Adapted framework analysis	0.37
Asiedu	2018	To understand the social and familial contexts that shape the clinical trial enrollment decisions of individuals with ovarian cancer and their family members.	Two comprehensive cancer centers in the midwest US	Offered a clinical trial, willing to nominate a family member to participate in the study	33	Individual interviews	Thematic analysis	1.93
Boban	2021	To explore and identify the health symptoms and outcomes that matter most to individuals with ovarian cancer.	Media and ovarian cancer advocacy organizations in western Australia	English-speaking adults	13	Individual interviews, focus groups	Template analysis	0.76
Bowes	2002	To explore the psychological experience of living with ovarian cancer.	Tertiary care center in Nova Scotia, Canada	English-speaking adults, first-time diagnosis, one prior surgical intervention, completed a 6-month course of chemotherapy	9	Individual interviews	Grounded theory	1.14
Brandner	2017	To understand the delayed healthcare-seeking stories of individuals with ovarian cancer.	Clinics, media, and ovarian cancer advocacy organizations in Germany	Primary diagnosis of ovarian cancer	42	Individual interviews	Grounded theory	0.65
Breistig	2019	To identify (a) what constitutes consolation for individuals with recurrent ovarian cancer and (b) what nurses may do to provide solace.	Two hospitals and an ovarian cancer advocacy organization in south Norway	Recurrent ovarian cancer	8	Individual interviews and diaries	Hermeneutic phenomenology	1.95
Chou	2019	To explore the lived experiences of individuals with ovarian cancer who	Major medical center in Taipei, Taiwan	Taiwanese, Mandarin Chinese-speaking, received at least one cycle of	9	Individual interviews	Content analysis	0.35

(Continued)

Table 2. (Continued.)

First Author	Year	Purpose	Recruitment setting	Eligibility criteria for participants with ovarian cancer	Participants with ovarian cancer (n)	Qualitative data collection	Methodologic orientation/approach to analysis	Percent of all coded data
		have received at least one cycle of intraperitoneal chemotherapy.		intraperitoneal chemotherapy				
Cowan	2019	To describe the experiences of Black women obtaining ovarian cancer care.	Comprehensive cancer center in the northeast US	English-speaking, identify as Black or African-American	21	Individual interviews	Content analysis	0.38
Cox	2015	To explore the views and experiences of individuals treated for ovarian cancer who have received long-term nurse-led telephone follow-up.	County hospital in the United Kingdom (UK)	Receiving telephone follow-up from clinical nurse specialist for at least 3 years after ovarian cancer treatment	11	Individual interviews	Interpretative phenomenological analysis	4.32
Cusimano	2020	To understand the impact of a supported self-management program on individuals with gynecologic cancers and malignant bowel obstruction.	Specialized cancer center in Toronto, Canada	With or at risk for malignant bowel obstruction, English-speaking, not receiving hospice care	12	Individual interviews	Inductive and deductive coding	4.05
DellaRipa	2015	To explore the experience of distress in individuals with ovarian cancer.	Gynecologic oncology clinics and an oncology support group in the urban mid-Atlantic US	English-speaking adults, underwent treatment	12	Individual interviews	Grounded theory	2.19
Dennison	1995	To investigate how nurses communicate with individuals receiving their first chemotherapy treatment for ovarian cancer.	Specialized cancer center in the UK	Recently diagnosed, no prior chemotherapy	8	Observation	Inductive coding	1.99
Dumas	2021	To understand the lived experience of older women undergoing chemotherapy for ovarian cancer.	Specialized cancer center in the UK	English-speaking, at least 65 years old, completed at least three cycles of chemotherapy	15	Focus groups and individual interviews	Thematic analysis	1.27
Ekwall	2011	To explore what individuals with recurrent ovarian cancer perceive as important during communication with the health care team.	Department of gynecologic oncology in central Sweden	First recurrence of ovarian cancer, at least 1 year since the end of primary treatment, Swedish-speaking, no other malignancies	12	Individual interviews	Content analysis	4.01
Ekwall	2014	To describe the phenomenon of living with recurrent ovarian cancer.	University hospital in central Sweden	Recurrent ovarian cancer requiring chemotherapy	4	Individual interviews	Descriptive phenomenology	2.69

Elit	2003	To describe the extent to which individuals with ovarian cancer perceive that they have treatment options, understand treatment-related risks and benefits, and wish to participate in treatment decision-making.	Regional cancer centers in Ontario, Canada	Stage III or IV, underwent initial surgery, received <2 cycles of chemotherapy, did not receive neoadjuvant chemotherapy, not participating in a clinical trial, made a chemotherapy treatment decision	21	Individual interviews	Content analysis	2.25
Elit	2010	To explore the treatment decision-making experiences of individuals with recurrent ovarian cancer.	Cancer center in Ontario, Canada	English-speaking adults within 2 months of first recurrence	26	Individual interviews	Content analysis	2.92
Evans	2007	To describe accounts of diagnostic delay among individuals with ovarian cancer.	Clinicians, support organizations, and personal contacts throughout the UK	UK residents	43	Individual interviews	Inductive and deductive coding	2.11
Ferrell	2003	To describe spirituality and meaning of illness in individuals with ovarian cancer.	Ovarian cancer newsletter distributed in the US and 30 other countries	Sent correspondence to the <i>Conversations!</i> newsletter between 1994 and 2000	Authors of 21,806 letters, cards, and e-mails	Letters, cards, and e-mails	Content analysis	0.62
Ferrell	2003	To (a) explore the social well-being of individuals with ovarian cancer, and (b) define the needs of individuals with ovarian cancer for the healthcare community.	Ovarian cancer newsletter distributed in the US and 30 other countries	Sent correspondence to the <i>Conversations!</i> newsletter between 1994 and 2000	Authors of 21,806 letters, cards, and e-mails	Letters, cards, and e-mails	Content analysis	0.35
Ferrell	2003	To describe the symptom experience of individuals with ovarian cancer.	Ovarian cancer newsletter distributed in the US and 30 other countries	Sent correspondence to the <i>Conversations!</i> newsletter between 1994 and 2000	Authors of 21,806 letters, cards, and e-mails	Letters, cards, and e-mails	Content analysis	1.34
Finlayson	2019	To understand the lived experience of individuals with recurrent ovarian cancer.	Large metropolitan cancer center in the northeast US	English-speaking, at least 21 years old, recurrent ovarian cancer, receiving treatment, prognosis at least 6 months, received at least two chemotherapy regimens	12	Individual interviews	Modified phenomenological reduction	3.19
Fischer	2019	To evaluate how individuals with ovarian cancer experience and express sexuality.	Online and paper advertisements, support groups, and a major cancer center in British Columbia, Canada	Willing to answer questions about sexual health	3	Focus groups	Thematic analysis	0.23
Fitch	2002	To describe the experiences of individuals with ovarian cancer during diagnosis, treatment, and follow-up care.	Two major cancer centers and a support group in Ontario, Canada	English-speaking adults	18	Individual interviews	Inductive coding	5.93

(Continued)

Table 2. (Continued.)

First Author	Year	Purpose	Recruitment setting	Eligibility criteria for participants with ovarian cancer	Participants with ovarian cancer (n)	Qualitative data collection	Methodologic orientation/approach to analysis	Percent of all coded data
Fitch	2003	To describe the experiences of individuals with ovarian cancer during treatment.	Two major cancer centers and a support group in Ontario, Canada	English-speaking adults	18	Individual interviews	Inductive coding	4.23
Frey	2014	To define treatment endpoints that are meaningful to individuals with ovarian cancer and their physicians.	Ovarian cancer advocacy organization in the northeast US	Completed front line treatment, previously known to the advocacy organization	22	Focus group	Thematic analysis	1.15
Galica	2020	To explore how individuals with ovarian cancer who live in smaller urban or rural settings cope with fear of cancer recurrence.	Regional cancer center in Ontario, Canada	English-speaking adults had not received cranial irradiation	15	Focus groups and individual interviews	Thematic analysis	2.51
Gleeson	2013	To identify the treatment-focused genetic testing-related information and communication preferences of individuals with ovarian cancer.	Two familial cancer services and a major teaching hospital in southeast Australia	English-speaking adults	22	Individual interviews	Miles and Huberman's framework for analysis	0.77
Guenther	2012	To describe the lived experience of individuals with ovarian cancer.	Ovarian cancer support group newsletter and snowball sampling in the southwest US	English-speaking, at least 20 years old, diagnosed within the last 5 years	11	Individual interviews	Hermeneutic phenomenology	0.84
Hagan	2013	To describe goals and strategies for managing cancer-related fatigue among individuals with ovarian cancer.	US national randomized trial of an intervention to improve symptom distress	Recurrent or persistent ovarian cancer, experiencing three or more cancer or treatment-related symptoms, received a nurse-delivered intervention, reported fatigue, completed a symptom care plan for fatigue	47	Cancer-related fatigue symptom care plans	Content analysis	0.16
Han	2021	To explore the relationship between prognostic uncertainty and fear of cancer recurrence among individuals with ovarian cancer.	Large urban teaching hospital in the northeast US	Completed first-line treatment with surgery and/or chemotherapy	21	Individual interviews	Inductive, constant comparative approach	3.06

Howell	2003	To describe perspectives of recurrence among individuals with ovarian cancer.	Two major cancer centers in Ontario, Canada	No additional eligibility criteria	18	Individual interviews	Inductive coding	4.69
Jefferies	2002	To assess if the informational and emotional needs of individuals with ovarian cancer are being met.	District general hospital in the UK	English-speaking adults, underwent surgical treatment at recruitment site	24	Open-ended survey item responses	Inductive coding	0.16
Jelicic	2019	To explore individuals' healthcare experiences and preferences during ovarian cancer diagnosis.	Cancer consumer organizations and a metropolitan hospital in southeast Australia	English-speaking adults, Australia residents, at least 6 months post-diagnosis	34	Individual interviews	Thematic analysis	2.18
Jordens	2010	To explore the effect of investigative tests on clinical decisions, clinical interactions, and the experience of illness among individuals with ovarian cancer.	Cancer network in southeast Australia	English-speaking adults, stage III or IV, greater metropolitan Sydney residents	20	Individual interviews	Inductive and deductive coding	0.26
Kyriacou	2017	To better understand fear of cancer recurrence through the experiences of individuals with ovarian cancer.	Two university-affiliated hospitals in Quebec, Canada	English- or French-speaking adults, in remission, reported fear of cancer recurrence	12	Individual interviews	Content analysis	0.38
Long Roche	2016	To explore individuals' experiences navigating the healthcare system during ovarian cancer treatment.	Academic medical center in the mid-Atlantic US	Adults, treated at the recruitment site, treatment initiated at least 9 months prior to recruitment	16	Focus groups and individual interviews	Thematic analysis	1.69
Lydon	2009	To explore perceptions of follow-up service provision for individuals with ovarian cancer.	Large oncology hospital in northwest England	Adults, confirmed response to chemotherapy or hormonal treatment, not undergoing treatment for progressive disease	6	Focus groups	Content analysis	1.24
Mallen	2021	To identify predisposing, enabling, and reinforcing factors that impact genetic counseling and testing for individuals with ovarian cancer.	Comprehensive cancer center in the southeast US	Adult, English-speaking, treated in 2017	9	Individual interviews	Content analysis	0.69
Mangone	2014	To describe the symptom experiences of individuals with ovarian cancer prior to diagnosis.	Secondary care hospital in northern Italy	Diagnosed between 2005 and 2010	39	Individual interviews	Not specified	0.30
Meiser	2012	To assess attitudes toward treatment-focused genetic testing held by individuals with ovarian cancer.	Major teaching hospital in southeast Australia	English-speaking adults	22	Individual interviews	Miles and Huberman's framework for analysis	0.12

(Continued)

Table 2. (Continued.)

First Author	Year	Purpose	Recruitment setting	Eligibility criteria for participants with ovarian cancer	Participants with ovarian cancer (<i>n</i>)	Qualitative data collection	Methodologic orientation/approach to analysis	Percent of all coded data
Polen-de	2021	To understand and evaluate how individuals with advanced ovarian cancer undergoing neoadjuvant chemotherapy view exercise and physical activity during treatment.	Comprehensive cancer center in the midwest US	English-speaking, stage IIIC-IV, underwent neoadjuvant chemotherapy	15	Individual interviews	Inductive coding	0.31
Power	2008	To investigate the psychosocial experiences and support needs of individuals with ovarian cancer.	Major cancer center in Ontario, Canada	English-speaking adults	30	Individual interviews	Grounded theory	1.80
Pozzar	2018	To pilot test the procedures for recruiting family caregivers and the interview protocols of a planned study of ovarian cancer treatment decision-making.	Comprehensive cancer center in Pacific northwest US	English-speaking adults, diagnosed within 12 months of recruitment	6	Individual interviews	Modified grounded theory	0.37
Pozzar	2019	To describe perceptions of the cancer care process among individuals with ovarian cancer.	Community-based teaching hospital and ovarian cancer advocacy group in the northeast US	English-speaking adults	18	Individual interviews	Grounded theory	2.31
Pozzar	2021	To (a) identify factors associated with the psychosocial impact of genetic counseling and multigene panel testing, (b) identify factors associated with cancer genetics knowledge, and (c) summarize recommendations to improve the genetic counseling and multigene panel testing process.	Comprehensive cancer center in the northeast US	English-speaking adults, underwent genetic counseling and multigene panel testing at the recruitment site	67	Open-ended survey item responses	Content analysis	0.74
Reb	2007	To describe the experience of hope in individuals with advanced ovarian cancer.	Community-based and teaching hospitals in the northeast US	English-speaking adults, stage III or IV, within 5 years of diagnosis, completed initial chemotherapy, no evidence of recurrence	20	Individual interviews	Grounded theory	2.31
Rose	2013	To better understand how individuals with recurrent ovarian cancer experience humor.	Comprehensive cancer center in the northeast US	Adults being treated with chemotherapy for recurrent ovarian cancer	17	Individual interviews	Phenomenology	1.31

Schaefer	1999	To understand what it is like to live with ovarian cancer during childbearing years.	Private practice in the northeast US	Diagnosed at least 1 year prior to enrollment	5	Individual interviews	Hermeneutic phenomenology	1.34
Schulman-Green	2012	To describe experiences of self-management and care transitions among individuals with ovarian cancer.	Comprehensive cancer center in the northeast US	English-speaking adults, receiving any treatment	10	Individual interviews	Interpretive description	1.59
Seibaek	2012	To describe the lived experience of individuals undergoing ovarian cancer surgery.	Regional center for gynecologic oncology, Denmark	Danish-speaking, underwent surgery in 2008 and 2009	10	Individual interviews	Hermeneutic phenomenology	0.63
Seibaek	2013	To describe the secular, spiritual, and religious existential concerns of individuals with ovarian cancer.	Regional center for gynecologic oncology, Denmark	Danish-speaking, planned to have surgery	10	Individual interviews	Hermeneutic phenomenology	0.87
Seibaek	2018	To explore if experiences of physical comfort influence hope and life courage during ovarian cancer diagnosis and early treatment.	Regional center for gynecologic oncology, Denmark	Danish-speaking, planned to have surgery	10	Individual interviews	Hermeneutic phenomenology	0.12
Shipman	2017	To explore the experiences of individuals with recently diagnosed ovarian cancer who have been offered genetic testing.	Six hospitals throughout east England	Adults, diagnosed within 12 months of recruitment, received BRCA1/2 test results	12	Individual interviews	Interpretive phenomenology	0.41
Smith	2008	To understand how individuals with ovarian cancer describe early symptoms and interact with healthcare providers during diagnosis.	Web pages sponsored by a US cancer organization and a Canadian cancer organization	Posted personal stories of ovarian cancer to the public domain	Authors of 379 stories	Personal stories posted online	Content analysis	0.82
Staneva	2019	To explore accounts of the factors individuals with ovarian cancer perceived as helpful during treatment.	Major metropolitan cancer center in east Australia	English-speaking, completed chemotherapy within 2 years of enrollment, no evidence of cancer progression	18	Individual interviews	Thematic analysis	1.44
Stead	2003	To investigate communication between healthcare professionals and individuals with ovarian cancer about sexual issues.	Three major cancer centers in the UK	Sexually active or sexually inactive for reasons potentially related to cancer	15	Individual interviews	Not specified	1.46

(Continued)

Table 2. (Continued.)

First Author	Year	Purpose	Recruitment setting	Eligibility criteria for participants with ovarian cancer	Participants with ovarian cancer (n)	Qualitative data collection	Methodologic orientation/approach to analysis	Percent of all coded data
Tan	2021	To describe the subjective experiences of individuals with ovarian cancer and their caregivers in the face of uncertainty.	Ovarian cancer advocacy organization in Australia	English-speaking adults, responded to the Ovarian Cancer Australia 2017 Consumer Survey	219	Responses to open-ended survey items	Thematic analysis	0.69
Thomas	2018	To understand the issues faced by individuals with ovarian cancer.	Gynecologic cancer advocacy organization in the US	Responded to a public Twitter chat using the #gynccsm hashtag	15	Public Tweets	Content analysis	0.04
Thompson	2007	To learn more about what effect, if any, having ovarian cancer has on one's internal and interpersonal world.	Two ovarian cancer support groups in the northeast US	Stage III, participated in a support group	9	Individual interviews and reflective writing	Grounded theory	1.99
Tsai	2020	To explore the lived experiences of individuals with ovarian cancer with an emphasis on symptoms, role transition, sexuality, fertility, recurrence, and support.	Medical centers in Taiwan	Mandarin Chinese- or Taiwanese-speaking, at least 20 years old	21	Individual interviews	Descriptive phenomenology	0.19
Walker	2010	To assess the use of supportive expressive group therapy in individuals with advanced ovarian cancer.	Cancer center in Alberta, Canada	Advanced stage, attended at least four consecutive weekly sessions of supportive expressive group therapy	12	Two separate studies using individual interviews	Grounded theory	0.47
Wilmoth	2011	To (a) understand treatment-induced changes in sexuality, (b) learn how individuals with ovarian cancer manage these changes, and (c) identify relevant information needs.	Urban cancer center in southeast US	Receiving first-line treatment	13	Individual interviews and focus groups	Content analysis	0.76
Ziebland	2006	To explore descriptions of treatment decisions in narratives of individuals with ovarian cancer.	Support groups and clinicians throughout the UK	No additional eligibility criteria	43	Individual interviews	Thematic analysis	4.88

Table 3. Exemplary quotes of descriptive themes and subthemes

Theme	Exemplary quote	Source	First Author, Year, Page
Supporting me			
Sharing information			
	In high-quality relationships, individuals reported that important information was provided and that there was adequate responsiveness to their fears and questions.	Authors	Tan, 2021, p. 214
	I would come with a little list of questions and she'd [physician] roll her eyeballs. And I got tired of that. You know having to apologize for asking questions.	Participant	Fitch, 2003, p. 10
Helping me make decisions			
	I don't want to feel like I'm in the driver's seat because I just don't have the knowledge to earn that position on the bus, you know — but I do feel like it's a partnership.	Participant	Finlayson, 2019, p. 381
Being accessible			
	The types of dissatisfaction participants expressed about providers were related to provider turnover, incomplete transmission of information to patients, difficulty with contacting physicians directly when in need of assistance, and confusion about which provider to contact. These issues increased the participants' beliefs that they were left on their own to access the care and resources they needed.	Authors	Long Roche, 2016, p. e976
Acknowledging my emotions			
	[The nurses] will always ask, "How you doing?" and of course I'm saying, "I'm doing pretty good," so they don't have a clue that I really need to talk to somebody. A lot of it, probably, is my needing to initiate things more, but it's hard to do.	Participant	Schulman-Green, 2012, p. 358
Respecting me			
Being trustworthy			
	Trusting medical expertise provided a much-needed structure for women to rely on and follow at a time of general distress and confusion that the diagnosis brought.	Authors	Staneva, 2019, p. E35
Listening to me			
	I just wasn't getting answers from my current doctor and was getting increasingly more frustrated with that process because I knew there was something wrong and she was approaching me — almost accusing me of being a hypochondriac which was really frustrating because I knew something was wrong.	Participant	Guenther, 2012, p. 598
Having time for me			
	My oncologist will spend as much time with me every time as I feel I need and he never, ever, tries to rush off and he will always wait until I've finished speaking for me in case I think of anything else. And treatments are all presented, he gives me all the options and then leaves it up to me and I appreciate that very deeply.	Participant	Ziebland, 2006, p. 364
Seeing me			
Knowing me beyond my disease			
	It was, it was consistency, it was um ... the feeling that I was being looked after, that somebody was looking out for me, because it is scary, you do go to a scary place then and you, you, and ... the feeling that it could, you know it could happen again or you know,	Participant	Cox, 2015, p. 2360

(Continued)

Table 3. (Continued.)

Theme	Exemplary quote	Source	First Author, Year, Page
	something like that, it takes a while to go away and it's knowing somebody that you feel you trust um ... and who understands you, I feel that's very important.		
	Treating me with compassion		
	Almost all participants expressed a preference for health professionals to communicate diagnosis with an understanding of its emotional impact. Empathic and respectful communication during diagnosis disclosure also facilitated trust in doctors, at a time when loss of autonomy and dependence on doctors' advice were commonly experienced.	Authors	Jelicic, 2018, p. 382
	Advocating for myself		
	Going for a second, third, or multiple opinions; joining clinical trials; and researching on the Internet was an effort made by participants to find the right physician and the right treatment. One chose to seek a second opinion when she felt the physician "had given up on me."	Authors	DellaRipa, 2015, p. 295

Alimujiang et al., 2019; Jelicic et al., 2019; Pozzar and Berry, 2019; Cusimano et al., 2020; Galica et al., 2020). However, some participants were uncertain who to call with questions or concerns (Schulman-Green et al., 2012; Cox and Faithfull, 2015; Long Roche et al., 2016; Cusimano et al., 2020). Other participants did not want to inconvenience clinicians by contacting them between clinic visits (Lydon et al., 2009; Schulman-Green et al., 2012; Seibaek et al., 2012). Participants who experienced challenges navigating the healthcare system (Bowes et al., 2002; Schulman-Green et al., 2012; Cox and Faithfull, 2015; Long Roche et al., 2016; Cowan et al., 2019; Dumas et al., 2021) felt burdened by the amount of effort it required to schedule appointments or access resources. When clinicians reached out to participants without prompting, participants felt cared for and cared about (Cusimano et al., 2020).

Acknowledging my emotions. Participants felt confident expressing their needs and concerns to clinicians who acknowledged and validated their emotions (Dennison, 1995; Schaefer et al., 1999; Jefferies, 2002; Howell et al., 2003; Schulman-Green et al., 2012; Seibaek et al., 2012; Cox and Faithfull, 2015; Chou and Lu, 2019; Jelicic et al., 2019; Staneva et al., 2019; Cusimano et al., 2020; Tan et al., 2021; Pozzar et al., 2021a). Throughout the cancer care trajectory, participants described feeling anxious (Dennison, 1995; Fitch et al., 2002, 2003; Elit et al., 2003; Reb, 2007; Power et al., 2008; Finlayson et al., 2019; Galica et al., 2020; Pozzar et al., 2021a), angry (Bowes et al., 2002; Ferrell et al., 2003a, 2003c; Thompson, 2007; Chou and Lu, 2019), isolated (Lydon et al., 2009), fearful (Dennison, 1995; Mangone et al., 2014; Cox and Faithfull, 2015; Long Roche et al., 2016; Cusimano et al., 2020; Galica et al., 2020; Tan et al., 2021), and sad (Seibaek et al., 2012). Clinicians supported participants to manage these emotions by providing information (Lydon et al., 2009; Jelicic et al., 2019; Tan et al., 2021), expressing their commitment to caring for them (Cox and Faithfull, 2015; Galica et al., 2020; Han et al., 2021), encouraging them (Alimujiang et al., 2019), and offering hope (Elit et al., 2003; Ferrell et al., 2003c; Reb, 2007; Power et al., 2008; Gleeson et al., 2013;

Seibaek et al., 2013; DellaRipa et al., 2015; Long Roche et al., 2016; Breistig and Huser, 2019; Jelicic et al., 2019; Han et al., 2021). When participants' emotions were not acknowledged by clinicians, participants described feeling "written off" (Thompson, 2007) and experiencing greater distress (Reb, 2007; Tan et al., 2021).

Respecting me

Participants felt respected by clinicians they perceived as trustworthy, willing to listen, and willing to take the time to meet their needs (Fitch et al., 2002; Frey et al., 2014; Jelicic et al., 2019).

Being trustworthy. When clinicians were not perceived as genuine or forthright, participants felt patronized and experienced increased uncertainty (Fitch et al., 2002; Breistig and Huser, 2019; Jelicic et al., 2019). Clinicians' verbal and nonverbal cues could convey respect and care; conversely, they could convey disinterest or evoke patients' concerns (Fitch et al., 2002; Reb, 2007; Ekwall et al., 2011; Rose et al., 2013; DellaRipa et al., 2015). Participants described trusting clinicians to use their knowledge to identify potential problems and make clinical judgments in the participant's best interest (Ziebland et al., 2006; Power et al., 2008; Elit et al., 2010; Pozzar et al., 2018; Alimujiang et al., 2019; Finlayson et al., 2019). In turn, this alleviated some of the distress associated with diagnosis (Cox and Faithfull, 2015; Long Roche et al., 2016; Pozzar and Berry, 2019; Staneva et al., 2019; Tan et al., 2021).

Listening to me. Participants described the importance of having a clinician who listens to them and takes their concerns seriously (Ferrell et al., 2003a; Smith, 2008; Ekwall et al., 2011; Alimujiang et al., 2019; Arida et al., 2019; Pozzar and Berry, 2019; Staneva et al., 2019). Participants especially valued clinicians who responded to their stated treatment preferences (Pozzar and Berry, 2019) and symptom-related concerns (Ferrell et al., 2003a; Staneva et al., 2019). Many participants perceived that their ovarian cancer diagnosis had been delayed by clinicians who did not take their concerns seriously (Schaefer et al., 1999;

Bowes et al., 2002; Fitch et al., 2002; Howell et al., 2003; Ferrell et al., 2003a; Evans et al., 2007; Reb, 2007; Smith, 2008; Jordens et al., 2010; Walker et al., 2010; Guenther et al., 2012; Seibaek et al., 2013; Mangone et al., 2014; DellaRipa et al., 2015; Jelcic et al., 2019; Pozzar and Berry, 2019; Boban et al., 2021; Dumas et al., 2021). Some participants who received a delayed diagnosis described a period during which they wondered if they were imagining their symptoms (Schaefer et al., 1999; Evans et al., 2007). Following diagnosis, participants who feared that clinicians would doubt the legitimacy of their concerns delayed seeking care and avoided asking questions (Schaefer et al., 1999; Guenther et al., 2012; Frey et al., 2014; Cox and Faithfull, 2015; Brandner et al., 2017).

Having time for me. Participants appreciated interactions with clinicians who did not appear rushed during appointments and who had time to address participants' questions and concerns (Ziebland et al., 2006; Elit et al., 2010; Ekwall et al., 2011; Cox and Faithfull, 2015). When clinicians did not devote sufficient time to responding to participants' questions, participants struggled to make sense of information discussed during the visit (Schulman-Green et al., 2012).

Seeing me

Knowing me beyond my disease. Many participants valued clinicians who acknowledged them as unique individuals (Lydon et al., 2009; Ekwall et al., 2011; Seibaek et al., 2013; Cox and Faithfull, 2015; DellaRipa et al., 2015; Long Roche et al., 2016; Arida et al., 2019; Breistig and Huser, 2019; Staneva et al., 2019; Tan et al., 2021). When participants felt known by their clinicians, they were able to move beyond their identity as a patient (Cox and Faithfull, 2015) and trust that their clinicians were invested in their care (Seibaek et al., 2013; Arida et al., 2019; Breistig and Huser, 2019). Participants who had a consistent team of clinicians described the benefits of this continuity (Howell et al., 2003; Lydon et al., 2009; Elit et al., 2010; Ekwall et al., 2011; Cox and Faithfull, 2015; Long Roche et al., 2016; Alimujiang et al., 2019; Arida et al., 2019; Breistig and Huser, 2019). According to participants, these benefits include personalized care and greater ease discussing sensitive topics or emotions. Receiving care from multiple clinicians was perceived as disruptive to the process of being known beyond one's disease (Elit et al., 2003, 2010; Ekwall et al., 2011; Frey et al., 2014; Cox and Faithfull, 2015; Long Roche et al., 2016; Shipman et al., 2017). Participants described challenges related to building rapport, having to repeat their medical history, and miscommunication between members of the treatment team. Some participants explicitly stated that they did not want to be treated as a "statistic" or "number" (Alimujiang et al., 2019; Breistig and Huser, 2019; Pozzar and Berry, 2019; Cusimano et al., 2020). Rather, these participants desired personalized care.

Treating me with compassion. Participants who interacted with compassionate clinicians described feeling comforted and supported (Schaefer et al., 1999; Ferrell et al., 2003a; Power et al., 2008; Frey et al., 2014; Alimujiang et al., 2019; Breistig and Huser, 2019; Pozzar and Berry, 2019; Staneva et al., 2019; Cusimano et al., 2020). Compassion engendered participants' trust in clinicians (Jelcic et al., 2019). Conversely, some participants described conversations in which their clinicians made insensitive or dismissive comments (Schaefer et al., 1999; Fitch et al., 2002, 2003; Elit et al., 2003; Howell et al., 2003; Ferrell et al., 2003c; Alimujiang et al., 2019; Jelcic et al., 2019; Pozzar

and Berry, 2019). Participants described feeling shocked, sad, or angry in the wake of these interactions, and some sought care from another clinician (Pozzar et al., 2018; Pozzar and Berry, 2019).

Advocating for myself

Participants advocated for themselves when the healthcare system was difficult to navigate (Cowan et al., 2019); when clinicians did not adequately respond to their questions or concerns (Fitch et al., 2003; Smith, 2008; Guenther et al., 2012; Kyriacou et al., 2017; Alimujiang et al., 2019; Finlayson et al., 2019; Jelcic et al., 2019; Cusimano et al., 2020); and when they perceived that their clinicians had "given up" on them (Howell et al., 2003; DellaRipa et al., 2015). Participants engaged in self-advocacy by seeking appointments, second opinions, and information; requesting diagnostic testing and treatments; and "staying on top of" their care (Schaefer et al., 1999; Howell et al., 2003; Thompson, 2007; Smith, 2008; Ekwall et al., 2011; Guenther et al., 2012; Long Roche et al., 2016; Kyriacou et al., 2017; Arida et al., 2019; Cowan et al., 2019; Jelcic et al., 2019; Cusimano et al., 2020; Galica et al., 2020).

Analytical themes

Communicating is analogous to caring

Communication is the lens through which individuals with ovarian cancer appraise clinicians' commitment to their well-being. Clinicians communicate their care for and compassion toward patients verbally as direct expressions of empathy and concern; nonverbally as an attentive and patient demeanor; and through actions such as following up with patients or making themselves available to address patients' concerns. Conversely, patients who perceive a deficit in the extent to which clinicians engage in these communication behaviors may question whether they can count on clinicians to act in their best interests.

Communication is essential to personalized care

A diagnosis of ovarian cancer entails a threat to one's identity, particularly in the context of an impersonal healthcare system. When clinicians elicit and respond to patients' preferences, remember details about patients' personal or medical histories, or tailor explanations to the patients' level of understanding, they tacitly recognize patients as unique individuals. Patients who do not perceive that clinicians engage in these communication behaviors may perceive that they are being treated "like a number." In turn, patients may question whether their care has been optimized to meet their unique needs.

Communication may mitigate or exacerbate the burden of illness

Being diagnosed with and receiving care for ovarian cancer entails navigating a complex healthcare system. When clinicians provide patients with anticipatory guidance, respond to their questions, and refer them to available resources, patients feel supported in their pursuit of well-being. Conversely, when patients perceive that they have been left to pursue information and resources on their own, they may feel the need to devote more time and energy to advocating for their needs.

Discussion

The findings of this systematic review and thematic synthesis suggest that patient–clinician communication is a priority concern for individuals with ovarian cancer. Although few studies have explicitly aimed to describe patient–clinician communication in the ovarian cancer care setting, this review illustrates that references to patient–clinician communication in studies of other phenomena are plentiful. While references to communication did not predominate any of the articles we reviewed, this finding is unsurprising given that few articles described studies in which communication was the chief phenomenon of interest.

Regardless of the study context, participants described their patient–clinician communication experiences in terms of whether these experiences left them feeling supported, respected, and seen. These descriptive themes closely parallel the characteristics of patient-centered communication, which has been described as that which offers patients transparency, individualization, recognition, respect, dignity, and choice (Berwick, 2009). According to the National Cancer Institute Framework for Patient-Centered Communication in Cancer Care, patient-centered communication entails responding to emotions, exchanging information, making decisions, fostering healing relationships, enabling patient self-management, and managing uncertainty (Epstein and Street, 2007). In turn, the analytical theme *communicating is analogous to caring* expands upon this framework by suggesting individuals with ovarian cancer may gauge clinicians' care and commitment to their well-being by the extent to which clinicians' communication behaviors are patient-centered. Sinclair and colleagues (2016) similarly proposed that "relational communicating" is a core element of compassionate caregiving. Compassion is distinct from sympathy and empathy in that it entails proactively knowing, relating to, and actively engaging with the suffering of another person (Sinclair et al., 2017). In our findings, communication that performed these functions was perceived as an act of caring.

Compared to individuals without cancer, individuals with cancer have higher odds of receiving fragmented healthcare (Pinheiro et al., 2020). The analytical theme *communication is essential to personalized care* suggests patient-centered communication may serve to mitigate some of the challenges associated with receiving care in what is often a fragmented and impersonal healthcare system. Widespread adoption of integrated medical record systems is one promising system-level approach. On an interpersonal level, prior research suggests individuals with cancer perceive a need for clinicians to consider the patient's perspective and to tailor their communication strategy accordingly (Street et al., 2019). A limited number of strategies exist to elicit the preferences and concerns of individuals with ovarian cancer (Frey et al., 2020). Nevertheless, an abundance of tools have been developed to elicit patients' values, beliefs, and preferences (Stacey et al., 2017). Coupled with interventions that aim to facilitate patient-centered communication, routine assessment and documentation of patient preferences has the potential to personalize ovarian cancer care.

Participants across studies described engaging in self-advocacy when they perceived that their health-related needs were not being met. The phenomenon of self-advocacy among individuals with ovarian cancer has been previously described (Hagan and Donovan, 2013). This review and synthesis adds that self-advocacy may be performed in response to suboptimal patient–clinician communication. While participants largely perceived

that unmet communication needs increased the cognitive and emotional burden of illness, higher levels of patient activation are generally associated with better health-related quality of life (Kanu et al., 2021). Interventions that aim to improve health outcomes by modifying patient–clinician communication should therefore incorporate strategies to facilitate patient self-advocacy and increase clinician responsiveness to patients' needs, preferences, and concerns (Epstein and Street, 2007).

Effective patient–clinician communication is associated with better physical and psychological well-being (Stewart, 1995; Epstein and Street, 2007; Pozzar et al., 2021b). The analytical themes identified as part of this thematic synthesis provide insight into possible mediators of these associations. For example, individuals with ovarian cancer who perceive that clinicians are accessible and compassionate may perceive higher levels of emotional and informational social support. Similarly, those with greater self-efficacy may perceive fewer communication-related needs. Among individuals with cancer, greater social support and greater self-efficacy are associated with better health-related quality of life (Leung et al., 2014; Papadopoulou et al., 2017). Future studies should aim to describe and identify associations between patient–clinician communication, social support, self-efficacy, and health-related quality of life.

To our knowledge, this is the first systematic review and thematic synthesis of patient–clinician communication in the ovarian cancer care setting. A strength of this study is its inclusion of findings from across healthcare contexts. Findings from individual qualitative studies become more broadly applicable when they are synthesized with those from studies completed in heterogeneous contexts (Finfgeld-Connett, 2010). The principal limitation of this study is that few of the included articles explicitly aimed to describe patient–clinician communication. Accordingly, the communication-related findings included in this review and synthesis may lack the thick description necessary to produce a comprehensive and nuanced understanding of participants' experiences. Research that aims to provide a rich description of the patient–clinician communication experiences of individuals with ovarian cancer is warranted. In addition, research that explores clinicians' experiences of patient–clinician communication and informal caregivers' experiences of caregiver–clinician communication is needed to fully characterize this dyadic phenomenon. Another limitation of this study is that most of the articles we reviewed described studies conducted in Western nations. As such, our findings may not accurately reflect the patient–clinician communication experiences of individuals with ovarian cancer who identify with non-Western cultures. Finally, despite our efforts to ensure trustworthiness during data extraction and analysis, our interpretation of the data is likely to have been influenced by our experiences as oncology nurse scientists who engage in patient-reported outcomes research.

Conclusion

Patient–clinician communication is a process by which individuals with ovarian cancer may engage in self-advocacy and appraise the extent to which they are seen, respected, and supported by clinicians. In turn, patient-centered communication conveys care and commitment, recognizes the patient as a unique individual, and has the potential to mitigate the cognitive and emotional burden of illness.

Individuals with ovarian cancer wish to feel supported, respected, and seen during patient–clinician communication

encounters. Patient-centered communication is one means by which clinicians may convey their commitment to and support of patients as unique individuals. Administrators can facilitate effective patient–clinician communication by offering evidence-based communication skills training in the workplace, ensuring patients have easy access to a trusted clinician, and ensuring clinicians are given enough time to address patients’ needs and concerns during clinic visits.

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References

- Alimujiang A, Khoja L, Wiensch A, *et al.* (2019) “I am not a statistic” ovarian cancer survivors’ views of factors that influenced their long-term survival. *Gynecologic Oncology* 155(3), 461–467. doi: 10.1016/j.ygyno.2019.10.007
- American Cancer Society (2020) *Cancer Facts & Figures 2020*. Atlanta, GA: American Cancer Society.
- Arida JA, Bressler T, Moran S, *et al.* (2019) Mothering with advanced ovarian cancer: “You’ve got to find that little thing that’s going to make you strong”. *Cancer Nursing* 42(4), E54–E60. doi: 10.1097/NCC.0000000000000550
- Armstrong DK, Alvarez RD, Bakkum-Gomez JN, *et al.* (2019) NCCN guidelines insights: Ovarian cancer, version 1.2019. *Journal of the National Comprehensive Cancer Network* 17(8), 896–909. doi: 10.6004/jccn.2019.0039
- Arora NK, Weaver KE, Clayman ML, *et al.* (2009) Physicians’ decision-making style and psychosocial outcomes among cancer survivors. *Patient Education and Counseling* 77(3), 404–412. doi: 10.1016/j.pec.2009.10.004
- Asiedu GB, Ridgeway JL, Carroll K, *et al.* (2018) “Ultimately, mom has the call”: Viewing clinical trial decision making among patients with ovarian cancer through the lens of relational autonomy. *Health Expectations* 21(6), 981–989. doi: 10.1111/hex.12691
- Berwick DM (2009) What “patient-centered” should mean: Confessions of an extremist. *Health Affairs* 28(4), w555–w565. doi: 10.1377/hlthaff.28.4.w555
- Boban S, Downs J, Codde J, *et al.* (2021) Women diagnosed with ovarian cancer: Patient and carer experiences and perspectives. *Patient-Related Outcome Measures* 12, 33–43. doi: 10.2147/prom.S272688
- Bowes DE, Tamlyn D and Butler LJ (2002) Women living with ovarian cancer: Dealing with an early death. *Health Care for Women International* 23(2), 135–148. doi: 10.1080/073993302753429013
- Brandner S, Stritter W, Muller-Nordhorn J, *et al.* (2017) Taking responsibility ovarian cancer patients’ perspectives on delayed healthcare seeking. *Anthropology in Action* 24(1), 41–48. doi: 10.3167/aia.2017.240107
- Breistig S and Huser B (2019) Healthcare personnel as a source of comfort in recurrent ovarian cancer. *Norwegian Journal of Clinical Nursing*, 1–18. doi: 10.4220/Sykepleienf.2019.78182
- Chou JF and Lu YY (2019) Intraperitoneal chemotherapy the lived experiences of Taiwanese patients with ovarian cancer. *Clinical Journal of Oncology Nursing* 23(6), E100–E106. doi: 10.1188/19.Cjon.E100-e106
- Colombo N, Lorusso D and Scollo P (2017) Impact of recurrence of ovarian cancer on quality of life and outlook for the future. *International Journal of Gynecologic Cancer* 27(6), 1134–1140. doi: 10.1097/igc.0000000000001023
- Cowan RA, Shuk E, Byrne M, *et al.* (2019) Factors associated with use of a high-volume cancer center by black women with ovarian cancer. *Journal of Oncology Practice* 15(9), e769–e776. doi: 10.1200/JOP.18.00741
- Cox A and Faithfull S (2015) Aiding a reassertion of self: A qualitative study of the views and experiences of women with ovarian cancer receiving long-term nurse-led telephone follow-up. *Supportive Care in Cancer* 23(8), 2357–2364. doi: 10.1007/s00520-014-2578-4
- Cusimano MC, Sajewycz K, Nelson M, *et al.* (2020) Supported self-management as a model for end-of-life care in the setting of malignant bowel obstruction: A qualitative study. *Gynecologic Oncology* 157(3), 745–753. doi: 10.1016/j.ygyno.2020.03.009
- DellaRipa J, Conlon A, Lyon DE, *et al.* (2015) Perceptions of distress in women with ovarian cancer. *Oncology Nursing Forum* 42(3), 292–300. doi: 10.1188/15.ONF.292-300
- Dennison S (1995) An exploration of the communication that takes place between nurses and patients whilst cancer chemotherapy is administered. *Journal of Clinical Nursing* 4(4), 227–233. doi: 10.1111/j.1365-2702.1995.tb00211.x
- Donovan HS, Hartenbach EM and Method MW (2005) Patient-provider communication and perceived control for women experiencing multiple symptoms associated with ovarian cancer. *Gynecologic Oncology* 99(2), 404–411. doi: 10.1016/j.ygyno.2005.06.062
- Dumas L, Lidington E, Appadu L, *et al.* (2021) Exploring older women’s attitudes to and experience of treatment for advanced ovarian cancer: A qualitative phenomenological study. *Cancers* 13(6), 1207. doi: 10.3390/cancers13061207
- Eide H, Graugaard P, Holgersen K, *et al.* (2003) Physician communication in different phases of a consultation at an oncology outpatient clinic related to patient satisfaction. *Patient Education and Counseling* 51(3), 259–266. doi: 10.1016/S0738-3991(02)00225-2
- Eide H, Quera V, Graugaard P, *et al.* (2004) Physician–patient dialogue surrounding patients’ expression of concern: Applying sequence analysis to RIAS. *Social Science & Medicine* 59(1), 145–155. doi: 10.1016/j.socscimed.2003.10.011
- Ekwall E, Ternstedt BM, Sorbe B, *et al.* (2011) Patients’ perceptions of communication with the health care team during chemotherapy for the first recurrence of ovarian cancer. *European Journal of Oncology Nursing* 15(1), 53–58. doi: 10.1016/j.ejon.2010.06.001
- Ekwall E, Ternstedt BM, Sorbe B, *et al.* (2014) Lived experiences of women with recurring ovarian cancer. *European Journal of Oncology Nursing* 18(1), 104–109. doi: 10.1016/j.ejon.2013.08.002
- Elit L, Charles C, Gold I, *et al.* (2003) Women’s perceptions about treatment decision making for ovarian cancer. *Gynecologic Oncology* 88(2), 89–95. doi: 10.1016/s0090-8258(02)00090-2
- Elit L, Charles C, Dimitry S, *et al.* (2010) It’s a choice to move forward: Women’s perceptions about treatment decision making in recurrent ovarian cancer. *Psycho-Oncology* 19(3), 318–325. doi: 10.1002/pon.1562
- Epstein R and Street R (2007) *Patient-centered Communication in Cancer Care: Promoting Healing and Reducing Suffering*. Bethesda, MD: National Cancer Institute.
- Evans J, Ziebland S and McPherson A (2007) Minimizing delays in ovarian cancer diagnosis: An expansion of Andersen’s model of “total patient delay”. *Family Practice* 24(1), 48–55. doi: 10.1093/fampra/cml063
- Ferrell B, Smith S, Cullinane C, *et al.* (2003a) Symptom concerns of women with ovarian cancer. *Journal of Pain & Symptom Management* 25(6), 528–538. doi: 10.1016/s0885-3924(03)00148-9
- Ferrell B, Smith S, Ervin KS, *et al.* (2003b) A qualitative analysis of social concerns of women with ovarian cancer. *Psycho-Oncology* 12(7), 647–663. doi: 10.1002/pon.681
- Ferrell B, Smith S, Juarez G, *et al.* (2003c) Meaning of illness and spirituality in ovarian cancer survivors. *Oncology Nursing Forum* 30(2), 249–257. doi: 10.1188/03.ONF.249-257
- Finfgeld-Connett D (2010) Generalizability and transferability of meta-synthesis research findings. *Journal of Advanced Nursing* 66(2), 246–254. doi: 10.1111/j.1365-2648.2009.05250.x
- Finlayson CS, Fu MR, Squires A, *et al.* (2019) The experience of being aware of disease status in women with recurrent ovarian cancer: A

- phenomenological study. *Journal of Palliative Medicine* 22(4), 377–384. doi: 10.1089/jpm.2018.0127
- Fischer OJ, Marguerie M and Brotto LA** (2019) Sexual function, quality of life, and experiences of women with ovarian cancer: A mixed-methods study. *Sexual Medicine* 7(4), 530–539. doi: 10.1016/j.esxm.2019.07.005
- Fitch M, Deane K, Howell D, et al.** (2002) Women's experiences with ovarian cancer: Reflections on being diagnosed. *Canadian Oncology Nursing Journal* 12(3), 152–159. doi: 10.5737/1181912(123)152159
- Fitch MI, Deane K and Howell D** (2003) Living with ovarian cancer: Women's perspectives on treatment and treatment decision-making. *Canadian Oncology Nursing Journal* 13(1), 8–13. doi: 10.5737/1181912(13)1813
- Frey MK, Philips SR, Jeffries J, et al.** (2014) A qualitative study of ovarian cancer survivors' perceptions of endpoints and goals of care. *Gynecologic Oncology* 135(2), 261–265. doi: 10.1016/j.ygyno.2014.09.008
- Frey MK, Ellis A, Shyne S, et al.** (2020) Bridging the gap: A priorities assessment tool to support shared decision making, maximize appointment time, and increase patient satisfaction in women with ovarian cancer. *Journal of Oncology Practice* 16, e148–e154. doi: 10.1200/JOP.19.00455
- Galica J, Giroux J, Francis J-A, et al.** (2020) Coping with fear of cancer recurrence among ovarian cancer survivors living in small urban and rural settings: A qualitative descriptive study. *European Journal of Oncology Nursing* 44, 101705. doi: 10.1016/j.ejon.2019.101705
- Gleeson M, Meiser B, Barlow-Stewart K, et al.** (2013) Communication and information needs of women diagnosed with ovarian cancer regarding treatment-focused genetic testing. *Oncology Nursing Forum* 40(3), 275–283. doi: 10.1188/13.ONF.40-03AP
- Gordon HS, Street RL, Sharf BF, et al.** (2006) Racial differences in doctors' information-giving and patients' participation. *Cancer* 107(6), 1313–1320. doi: 10.1002/cncr.22122
- Gunther J, Stiles A and Champion JD** (2012) The lived experience of ovarian cancer: A phenomenological approach. *Journal of the American Academy of Nurse Practitioners* 24(10), 595–603. doi: 10.1111/j.1745-7599.2012.00732.x
- Hagan TL and Donovan HS** (2013) Ovarian cancer survivors' experiences of self-advocacy: A focus group study. *Oncology Nursing Forum* 40(2), 140–147. doi: 10.1188/13.ONF.A12-A19
- Hagan TL, Arida JA, Hughes SH, et al.** (2017) Creating individualized symptom management goals and strategies for cancer-related fatigue for patients with recurrent ovarian cancer. *Cancer Nursing* 40(4), 305–313. doi: 10.1097/NCC.0000000000000407
- Han PKJ, Gutheil C, Hutchinson RN, et al.** (2021) Cause or effect? The role of prognostic uncertainty in the fear of cancer recurrence. *Frontiers in Psychology* 11(12), 626038. doi: 10.3389/fpsyg.2020.626038
- Howell D, Fitch MI and Deane K** (2003) Women's experiences with recurrent ovarian cancer. *Cancer Nursing* 26(1), 10–17. doi: 10.1097/00002820-200302000-00002
- Huang J, Gu L, Zhang L, et al.** (2016) Symptom clusters in ovarian cancer patients with chemotherapy after surgery: A longitudinal survey. *Cancer Nursing* 39(2), 106–116. doi: 10.1097/NCC.0000000000000252
- Ishikawa H, Takayama T, Yamazaki Y, et al.** (2002) The interaction between physician and patient communication behaviors in Japanese cancer consultations and the influence of personal and consultation characteristics. *Patient Education and Counseling* 46(4), 277–285. doi: 10.1016/S0738-3991(01)00164-1
- Jefferies H** (2002) Ovarian cancer patients: Are their informational and emotional needs being met? *Journal of Clinical Nursing* 11(1), 41–47. doi: 10.1046/j.1365-2702.2002.00570.x
- Jelicic L, Brooker J, Shand L, et al.** (2019) Experiences and health care preferences of women with ovarian cancer during the diagnosis phase. *Psycho-Oncology* 28(2), 379–385. doi: 10.1002/pon.4952
- Jordens CFC, Morrell B, Harnett P, et al.** (2010) Cancergazing? CA125 and post-treatment surveillance in advanced ovarian cancer. *Social Science & Medicine* 71(9), 1548–1556. doi: 10.1016/j.socscimed.2010.07.033
- Kanu C, Brown CM, Rascati K, et al.** (2021) Are health literacy and patient activation related to health outcomes in breast cancer patients? *Health Literacy Research and Practice* 5(3), e171–e178. doi: 10.3928/24748307-20210524-02
- Kyriacou J, Black A, Drummond N, et al.** (2017) Fear of cancer recurrence: A study of the experience of survivors of ovarian cancer. *Canadian Oncology Nursing Journal* 27(3), 236–250. doi: 10.5737/23688076273236242
- Leigh N, Gattellari M, Butow P, et al.** (2001) Discussing adjuvant cancer therapy. *Journal of Clinical Oncology* 19(6), 1768–1778. doi: 10.1200/JCO.2001.19.6.1768
- Leung J, Pachana NA and McLaughlin D** (2014) Social support and health-related quality of life in women with breast cancer: A longitudinal study: Social support, quality of life, and breast cancer. *Psycho-Oncology* 23(9), 1014–1020. doi: 10.1002/pon.3523
- Liang W, Burnett C, Rowland J, et al.** (2002) Communication between physicians and older women with localized breast cancer: Implications for treatment and patient satisfaction. *Journal of Clinical Oncology* 20(4), 1008–1016. doi: 10.1200/jco.2002.20.4.1008
- Long Roche K, Angarita AM, Cristello A, et al.** (2016) "Little big things": A qualitative study of ovarian cancer survivors and their experiences with the health care system. *Journal of Oncology Practice* 12(12), e974–e980. doi: 10.1200/JOP.2015.007492
- Lydon A, Beaver K, Newbery C, et al.** (2009) Routine follow-up after treatment for ovarian cancer in the United Kingdom: Patient and health professional views. *European Journal of Oncology Nursing* 13(5), 336–343. doi: 10.1016/j.ejon.2009.04.007
- Mallen AR, Conley CC, Fuzzell L, et al.** (2021) "I think that a brief conversation from their provider can go a very long way": Patient and provider perspectives on barriers and facilitators of genetic testing after ovarian cancer. *Supportive Care in Cancer* 29(5), 2663–2677. doi: 10.1007/s00520-020-05779-1
- Mangone L, Mandato VD, Gandolfi R, et al.** (2014) The impact of epithelial ovarian cancer diagnosis on women's life: A qualitative study. *European Journal of Gynaecological Oncology* 35(1), 32–38. doi: 10.12892/ejgo24812014
- Meiser B, Gleeson M, Kasparian N, et al.** (2012) There is no decision to make: Experiences and attitudes toward treatment-focused genetic testing among women diagnosed with ovarian cancer. *Gynecologic Oncology* 124(1), 153–157. doi: 10.1016/j.ygyno.2011.09.040
- Moher D, Liberati A, Tetzlaff J, et al.** (2009) Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA statement. *PLOS Medicine* 6(7), e1000097. doi: 10.1371/journal.pmed1000097
- Norton TR, Manne SL, Rubin S, et al.** (2004) Prevalence and predictors of psychological distress among women with ovarian cancer. *Journal of Clinical Oncology* 22(5), 919–926. doi: 10.1200/JCO.2004.07.028
- Papadopoulou C, Kotronoulas G, Schneider A, et al.** (2017) Patient-reported self-efficacy, anxiety, and health-related quality of life during chemotherapy: Results from a longitudinal study. *Oncology Nursing Forum* 44(1), 127–136. doi: 10.1188/17.ONF.127-136
- Pinheiro LC, Reshetnyak E, Safford MM, et al.** (2020) Differences in ambulatory care fragmentation between cancer survivors and noncancer controls. *Cancer* 126(13), 3094–3101. doi: 10.1002/cncr.32869
- Polen-De C, Langstraat C, Asiedu GB, et al.** (2021) Advanced ovarian cancer patients identify opportunities for prehabilitation: A qualitative study. *Gynecologic Oncology Reports* 36, 100731–100731. doi: 10.1016/j.gore.2021.100731
- Power J, Brown L and Ritvo P** (2008) A qualitative study examining psychosocial distress, coping, and social support across the stages and phases of epithelial ovarian cancer. *Health Care for Women International* 29(4), 366–383. doi: 10.1080/07399330701876521
- Pozzar RA and Berry DL** (2019) Preserving oneself in the face of uncertainty: A grounded theory study of women with ovarian cancer. *Oncology Nursing Forum* 46(5), 595–603. doi: 10.1188/19.ONF.595-603
- Pozzar R, Baldwin L-M, Goff BA, et al.** (2018) Patient, physician, and caregiver perspectives on ovarian cancer treatment decision making: Lessons from a qualitative pilot study. *Pilot and Feasibility Studies* 4(1), 91. doi: 10.1186/s40814-018-0283-7
- Pozzar RA, Hong F, Xiong N, et al.** (2021a) Knowledge and psychosocial impact of genetic counseling and multigene panel testing among individuals with ovarian cancer. *Familial Cancer* 21(1), 35–47. doi: 10.1007/s10689-021-00240-6.

- Pozzar RA, Xiong N, Hong F, et al.** (2021b) Perceived patient-centered communication, quality of life, and symptom burden in individuals with ovarian cancer. *Gynecologic Oncology* **163**(2), 408–418. doi: 10.1016/j.ygyno.2021.08.007.
- Reb AM** (2007) Transforming the death sentence: Elements of hope in women with advanced ovarian cancer. *Oncology Nursing Forum* **34**(6), E70–E81. doi: 10.1188/07.ONF.E70-E81
- Robinson J, Hoover D, Venetis M, et al.** (2013) Consultations between patients with breast cancer and surgeons: A pathway from patient-centered communication to reduced hopelessness. *Journal of Clinical Oncology* **31**(3), 351–358. doi: 10.1200/JCO.2012.44.2699
- Rose SL, Spencer RJ and Rausch MM** (2013) The use of humor in patients with recurrent ovarian cancer: A phenomenological study. *International Journal of Gynecological Cancer* **23**(4), 775–779. doi: 10.1097/IGC.0b013e31828add5
- Schaefer K, Ladd E, Lammers S, et al.** (1999) In your skin you are different: Women living with ovarian cancer during childbearing years. *Qualitative Health Research* **9**(2), 227–242. doi: 10.1177/104973299129121802
- Schulman-Green D, Bradley EH, Nicholson, Jr. NR, et al.** (2012) One step at a time: Self-management and transitions among women with ovarian cancer. *Oncology Nursing Forum* **39**(4), 354–360. doi: 10.1188/12.ONF.354-360
- Seibæk L, Petersen LK, Blaakaer J, et al.** (2012) Hoping for the best, preparing for the worst: The lived experiences of women undergoing ovarian cancer surgery. *European Journal of Cancer Care* **21**(3), 360–371. doi: 10.1111/j.1365-2354.2011.01313.x
- Seibæk L, Hounsgaard L and Hvidt NC** (2013) Secular, spiritual, and religious existential concerns of women with ovarian cancer during final diagnostics and start of treatment. *Evidence-based Complementary & Alternative Medicine* **2013**, 1–11. doi: 10.1155/2013/765419
- Seibæk L, Delmar C and Hounsgaard L** (2018) Sustaining hope and life courage in patients undergoing ovarian cancer surgery - The impact of care. *European Journal of Cancer Care* **27**(1), 9, e12562. doi: 10.1111/icc.12562
- Shields CG, Coker CJ, Poulsen SS, et al.** (2009) Patient-centered communication and prognosis discussions with cancer patients. *Patient Education and Counseling* **77**(3), 437–442. doi: 10.1016/j.pec.2009.09.006
- Shipman H, Flynn S, MacDonald-Smith CF, et al.** (2017) Universal BRCA1/BRCA2 testing for ovarian cancer patients is welcomed, but with care: How women and staff contextualize experiences of expanded access. *Journal of Genetic Counseling* **26**(6), 1280–1291. doi: 10.1007/s10897-017-0108-5
- Siminoff LA, Ravdin P, Colabianchi N, et al.** (2000) Doctor-patient communication patterns in breast cancer adjuvant therapy discussions. *Health Expectations* **3**(1), 26–36. doi: 10.1046/j.1369-6513.2000.00074.x
- Sinclair S, McClement S, Raffin-Bouchal S, et al.** (2016) Compassion in health care: An empirical model. *Journal of Pain and Symptom Management* **51**(2), 193–203. doi: 10.1016/j.jpainsymman.2015.10.009
- Sinclair S, Beamer K, Hack TF, et al.** (2017) Sympathy, empathy, and compassion: A grounded theory study of palliative care patients' understandings, experiences, and preferences. *Palliative Medicine* **31**(5), 437–447. doi: 10.1177/0269216316663499
- Smith A** (2008) Whisperings of ovarian cancer: Acknowledging women's voices. *Clinical Journal of Oncology Nursing* **12**(6), 913–920. doi: 10.1188/08.CJON.913-920
- Sohl S, Borowski L, Smith AW, et al.** (2015) Cancer survivors' disclosure of complementary health approaches to physicians: The role of patient-centered communication. *Cancer* **121**, 900–907. doi: 10.1002/cncr.29138
- Stacey D, Légaré F, Lewis K, et al.** (2017) Decision aids for people facing health treatment or screening decisions. *Cochrane Database of Systematic Reviews* **31**(1), 151–173. doi: 10.1002/14651858.CD001431.pub5
- Staneva AA, Beesley VL, Niranjan N, et al.** (2019) "I wasn't gonna let it stop me": Exploring women's experiences of getting through chemotherapy for ovarian cancer. *Cancer Nursing* **42**(2), E31–E38. doi: 10.1097/NCC.0000000000000574
- Stead ML, Brown JM, Fallowfield L, et al.** (2003) Lack of communication between healthcare professionals and women with ovarian cancer about sexual issues. *British Journal of Cancer* **88**(5), 666–671. doi: 10.1038/sj.bjc.6600799
- Stewart M** (1995) Effective physician-patient communication and health outcomes: A review. *Canadian Medical Association Journal* **152**(9), 1423–1433.
- Street, Jr. RL, Spears E, Madrid S, et al.** (2019) Cancer survivors' experiences with breakdowns in patient-centered communication. *Psycho-Oncology* **28**(2), 423–429. doi: 10.1002/pon.4963
- Tan JH, Sharpe L and Russell H** (2021) The impact of ovarian cancer on individuals and their caregivers: A qualitative analysis. *Psycho-Oncology* **30**(2), 212–220. doi: 10.1002/pon.5551
- Thind A, Liu Y and Maly RC** (2011) Patient satisfaction with breast cancer follow-up care provided by family physicians. *Journal of the American Board of Family Medicine* **24**(6), 710–716. doi: 10.3122/jabfm.2011.06.100288
- Thomas M and Harden A** (2008) Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology* **8**, 45. doi: 10.1186/1471-2288-8-45
- Thomas TH, Nauth-Shelley K, Thompson MA, et al.** (2018) The needs of women treated for ovarian cancer: Results from a #gynccsm twitter chat. *Journal of Patient-Centered Research and Reviews* **5**(2), 149–157. doi: 10.17294/2330-0698.1592
- Thompson K** (2007) Liminality as a descriptor for the cancer experience. *Illness, Crisis, & Loss* **15**(4), 333–351. doi: 10.2190/IL.15.4.d
- Tong A, Sainsbury P and Craig J** (2007) Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care* **19**(6), 349–357. doi: 10.1093/intqhc/mzm042
- Tong A, Flemming K, McInnes E, et al.** (2012) Enhancing transparency in reporting the synthesis of qualitative research: ENTREQ. *BMC Medical Research Methodology* **12**(1), 181–181. doi: 10.1186/1471-2288-12-181
- Tsai LY, Tsai JM and Tsay SL** (2020) Life experiences and disease trajectories in women coexisting with ovarian cancer. *Taiwanese Journal of Obstetrics and Gynecology* **59**(1), 115–119. doi: 10.1016/j.tjog.2019.11.032
- Venetis MK, Robinson JD, Turkiewicz KL, et al.** (2009) An evidence base for patient-centered cancer care: A meta-analysis of studies of observed communication between cancer specialists and their patients. *Patient Education and Counseling* **77**(3), 379–383. doi: 10.1016/j.pec.2009.09.015
- Walker LM, Bischoff TF and Robinson JW** (2010) Supportive expressive group therapy for women with advanced ovarian cancer. *International Journal of Group Psychotherapy* **60**(3), 407–427. doi: 10.1521/ijgp.2010.60.3.407
- Wilmoth MC, Hatmaker-Flanigan E, LaLoggia V, et al.** (2011) Ovarian cancer survivors: Qualitative analysis of the symptom of sexuality. *Oncology Nursing Forum* **38**(6), 699–708. doi: 10.1188/11.ONF.699-708
- Yabroff KR, Davis WW, Lamont EB, et al.** (2007) Patient time costs associated with cancer care. *Journal of the National Cancer Institute* **99**(1), 14–23. doi: 10.1093/jnci/djk001
- Zhou Y, Irwin ML, Ferrucci LM, et al.** (2016) Health-related quality of life in ovarian cancer survivors: Results from the American Cancer Society's study of cancer survivors. *Gynecologic Oncology* **141**(3), 543–549. doi: 10.1016/j.ygyno.2016.04.006
- Ziebland S, Evans J and McPherson A** (2006) The choice is yours? How women with ovarian cancer make sense of treatment choices. *Patient Education and Counseling* **62**(3), 361–367. doi: 10.1016/j.pec.2006.06.014
- Zwingmann J, Baile WF, Schmier JW, et al.** (2017) Effects of patient-centered communication on anxiety, negative affect, and trust in the physician in delivering a cancer diagnosis: A randomized, experimental study. *Cancer* **123**(16), 3167–3175. doi: 10.1002/cncr.30694