

Abstract:

Ovarian cancer is nowadays one of the most difficult problems in gynaecologic oncology. It is influenced by unfavourable epidemiological trends, location of a carcinoma, diagnostic difficulties and lack of an effective screening test, as well as non-specific clinical symptoms in the initial period of the disease. Due to all these factors the final diagnosis is made in the advanced stages of the neoplastic progression. This, in turn, makes the diagnostic and therapeutic procedure highly invasive, which does not often guarantee complete healing. As it is confirmed in the medical literature, a lethal disease turns into a chronic one.

A troublesome, and often mutilating therapy leaves its stamp also on the patient's mental condition. This fact entailed monitoring the changes in the patients' mental structure.

The aim of this paper was to support these patients at the moments of breakdown of the constructive style and prevalence of destructive reactions, which may even lead to autodestruction. The discussed assessments were carried out using a four-part questionnaire prepared by the author for the purpose of this study. The questionnaire was backed up with the Mini-Mental Adjustment to Cancer (Mini-MAC) scale by Juczyński (2001). It was an adaptation of the tool worked out by Watson (1989), which serves for evaluation of mental adaptation to malignant neoplastic disease and its immediate consequences: pain, discomfort and bad mood. In addition the Satisfaction with Life Scale (SWLS) questionnaire was applied. This scale is generally intended for individual and group assessment of healthy and ill adults' life quality.

The part of the questionnaire prepared by the author consisted of two parts. The first part included formal questions related to the group characteristics, whereas the second one contained closed questions which subjectively assessed the feelings of the surveyed female patients concerning their mood at different stages of their therapy as well as the patients' relations with persons supporting their therapeutic process.

The study material consisted of 106 women operated on at the Department of Gynaecology and Gynaecologic Oncology due to ovarian cancer over the years of 2012 and 2014. The population of the examined women was divided into 2 groups, the 1st criterion being intensification of clinical symptoms before reporting to the hospital. In the first group there were patients with stage I and II according to the FIGO staging system, while in the second group women in stage III and IV of the disease.

The responses obtained from the patients were analysed statistically using the Statistica 10.0 software (StatSoft Inc., 2011). The consistency between the distribution of quantitative variables and the normal distribution was examined by means of the Shapiro-Wilk test. Non-parametric methods were also applied. For comparisons between the two groups in case of the Mini-Mac questionnaire scales the Mann-Whitney U test was used, and for comparisons of the remaining variables expressed on qualitative scales a chi-squared test was applied. The Wilcoxon test was used to assess the differences

between the three stages of the study with reference to the result scales of the Mini-Mac questionnaire. The materiality level was assumed to be $\alpha=0,05$.

The obtained results indicated that:

I. Ovarian cancer brings about changes in the patients' mental structure and the degree of such changes depends on:

a – the patients' initial mental structure,

b – the will to fight off the disease characterised by the advantage of constructive strategies over destructive ones,

c - the impact of broadly understood external factors.

II. At each stage of clinical progression of the disease patients need extensive support provided through:

a – individualised approach to the patient,

b – creating the support —network| encompassing medical and non-medical circles from the patient's environment.

III. Introducing elements of psycho-oncology into training courses of nurses and midwives conditions effective participation of these professional groups in support programmes for cancerous patients.