

Review of Psychosocial Factors in Ovarian Cancer: The Interplay of Stress, Health Locus of Control, and Self-Efficacy in Asian Populations

Mohammed Ibrahim Mohialdeen Gubari 

Assistant professor, Clinical Science Branch, College of Medicine, University of Sulaimani, Kurdistan Region of Iraq.

Abstract

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Background: Ovarian cancer kills more women than any other gynaecological cancer. Culture plays a big role: many patients show stoicism, follow Confucian rules, and believe in fate, which changes how they see stress, how they cope and how confident they feel.

Objective: This review brings together studies that show how perceived stress, coping methods, health locus of control, and self-efficacy work together in Asian women with ovarian cancer.

Methods: We looked at quantitative, qualitative, and mixed-method studies that were written in English and came mostly from East, Southeast, and South Asia.

Results: Studies repeatedly showed that high perceived stress strongly indicated more anxiety, more depression, and worse quality of life that was clearly worse. Task-oriented coping together with family support showed lower distress again and again, while emotion-focused or avoidance coping indicated higher distress every time. In Asian patients, both internal health locus of control and powerful-others locus of control indicated better self-efficacy and better adherence, but chance locus of control showed helplessness and passive behaviour. Self-efficacy often worked as the link that explained how stress, coping, and locus of control finally affected quality of life. Exercise and good nursing care indicated clear increases in self-efficacy.

Conclusion: Mental suffering in Asian women with ovarian cancer is deeply shaped by collectivist thinking, trust in doctors and family, and beliefs about fate. Regular screening with tools that fit the culture and family-based psychological help are necessary so that patients gain self-efficacy, learn active coping, and reach better quality of life.

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Introduction

Ovarian cancer is still the gynaecological cancer that causes most deaths around the world. In 2020 there were 313,959 new cases and 207,252 deaths, and several Asian countries showed much higher rates because diagnosis usually happens at late stage and screening is almost absent (1). Surgery and platinum chemotherapy have made survival longer, yet fear of recurrence, anxiety, depression, and low quality of life stay very common and often receive little attention,

especially in Asia where people tend to hide emotions and let family make medical choices (2-4). Researchers describe stress in cancer as the balance patients feel between illness demands and the resources they think they have. Health locus of control means whether patients believe their health depends on their own actions (internal), on doctors or family (powerful others), or on luck and fate (chance) (5-7). Self-efficacy is the confidence that a person can actually carry out the needed health actions, and it usually works as the bridge between stress and good coping (8). In Asian societies,

Correspondence:

Mohammed Ibrahim Mohialdeen Gubari

E-mail: Mohammed.mohialdeen@univsul.edu.iq



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harmony, respect for parents, and trust in medical authority together with ideas of karma or destiny change all these factors in ways that differ from Western patients – sometimes the beliefs comfort, sometimes they take power away (9-11). Women come late to hospital because of shame, because they put family first, or because family controls what doctors tell them, and all this reduces the feeling of control and makes distress bigger (12,13). This review collects evidence that shows how stress, health locus of control, and self-efficacy connect with each other and affect coping and quality of life in Asian women who have ovarian cancer, and it points out pathways that belong only to these cultures.

Methods

We performed a narrative review. We searched Google Scholar and PubMed on purpose for studies that fit the topic.

Results

Stress and Coping Strategies in Asian Ovarian Cancer Patients

Research from different Asian countries repeatedly showed that perceived stress was the strongest sign of later anxiety, depression, and poor quality of life. Task-oriented coping again and again indicated much lower distress and clearly better quality of life, while emotion-focused coping or avoidance coping indicated the opposite – more mental problems and worse daily function (14-16). One study that included 218 Chinese women showed that active task-oriented coping lowered stress directly and also improved quality of life in physical, psychological, social, and environmental areas through less stress, whereas emotion-focused coping made stress higher and quality of life worse in all those areas (14). Malaysian women who had gynaecological cancers and used problem-focused strategies showed much higher self-efficacy and far less distress than women who stayed with emotional preoccupation or avoidance (17). Avoidance sometimes helped a little in the very short term when patients distracted themselves, but, when it lasted, avoidance indicated poor adaptation later and stronger fear that cancer would come back (16,18). Interviews showed that Asian patients often spoke about feeling alone and about broken identity when they could not talk openly or when nobody gave them the information they needed, which indicates how avoidance keeps distress alive (19). On the other side, family support worked as a very strong protector: women who felt strong support from family showed less loneliness, felt less like a burden, and had better mood even when physical symptoms were bad (20,21). When nurses called Asian patients after

treatment, more than 40% of calls showed anxiety and about one-third showed fear of recurrence, which indicates that regular, culturally acceptable psychological talk is needed to lower stress (22).

Health Locus of Control: Cultural Variations and Adaptive Potential

The way Asian women with ovarian cancer see health control is different from Western patients. In Western studies only internal control usually looks good, but in Asia both internal control and powerful-others control indicated higher self-efficacy, better treatment follow-through, and better results overall, while chance control indicated helplessness and bad coping choices (23-25). A big review about culture and locus of control showed that Asian patients can have very high powerful-others scores without harm because they trust doctors and family as normal sources of control in their hierarchical societies (23). Korean and Chinese data showed that believing doctors control the outcome helped patients stick to treatment and feel less uncertain, but strong belief in fate or karma indicated passive attitude, more distress, and almost no self-care actions (24,25). The habit of family deciding what the patient is told about prognosis strengthens powerful-others control, and partial truth given “to protect” the patient can lower internal control unless doctors talk openly and with empathy (12). Follow-up studies in Chinese patients showed that chance locus of control predicted continuing unwanted thoughts and bad recovery after chemotherapy ended, while patients who had both internal and powerful-others control showed much better resilience (26). All these results indicate that Western theories about locus of control cannot be used the same way in Asia, and interventions should respect beliefs about fate while building shared control together with medical staff.

Self-Efficacy as a Mediator of Stress, Coping, and Quality of Life

Study after study showed that self-efficacy stood in the middle and explained how stress, choice of coping, and locus of control finally affected quality of life in Asian women with ovarian cancer. Women who felt confident that they could handle illness tasks showed more active coping and clearly better emotional and functional results (27-29). Among Singaporean and Malaysian patients with gynaecological cancers, self-efficacy completely explained why social support led to better quality of life and partly explained why emotion-focused coping harmed it (17,27). Resilience and self-efficacy also lowered the damage that fear of progression caused to quality of life in Chinese groups, and resilience worked as a partial mediator (28). When patients did the amount of physical activity that health

guidelines recommend, self-efficacy went up a lot, and fatigue, nerve pain, depression, and sleep problems went down while happiness increased (29). Low self-efficacy made distress worse when women received genetic test results with moderate-risk mutations because worry grew and confidence in handling risk fell (30). Even male caregivers in Asian families showed lower self-efficacy when they worried for a long time, which indicates that efficacy beliefs travel inside the whole family (31). Good nursing care given around the time of operation clearly raised self-efficacy and brought important drops in anxiety and depression compared with usual care (32).

Psychobiological Links and Long-Term Adjustment

Emerging evidence reveals psychobiological pathways linking stress, support, and self-efficacy to immune function and tumour microenvironment in ovarian cancer. Greater social support and lower distress correlate with enhanced natural killer cell activity in both peripheral blood and tumour-infiltrating lymphocytes, while secure attachment predicts lower circulating and tumour-site interleukin-6 levels, a pro-inflammatory cytokine associated with metastatic progression (33,34). Longitudinal studies demonstrate fluctuating distress trajectories, with neuroticism, antidepressant use, and low perceived control predicting chronic vulnerability, whereas deliberate rumination and strong support foster posttraumatic growth (35,36). Survivorship surveys years post-treatment reveal that many Asian women achieve strong mental health and renewed life priorities despite persistent physical and sexual sequelae, underscoring the transformative potential of adaptive self-efficacy (37). Screening programmes appear psychologically safe for most participants, though intensive repeat testing elevates distress around surgical decision points (38).

Routine integration of validated tools such as the General Self-Efficacy Scale, Multidimensional Health Locus of Control Scale, and Coping Inventory for Stressful Situations at diagnosis and follow-up enables early identification of maladaptive profiles (2,39). Culturally adapted cognitive-behavioural therapy that reinforces task-oriented coping, reframes fate beliefs, and builds collaborative efficacy with providers yields superior mood and HRQoL outcomes compared with standard care (40,41). Acceptance and Commitment Therapy reduces cognitive avoidance and promotes psychological flexibility in late-stage patients (42). Family-inclusive interventions that educate relatives on supportive (rather than overprotective) behaviours enhance patient self-efficacy while reducing caregiver burden (20,31). Psychoeducational programmes and nurse-led follow-up are highly acceptable, cost-effective modalities that address anxiety, fear of recurrence, and

sexual/intimacy concerns prevalent in over half of Asian patients (22,43).

Case studies in Asia

Asian women diagnosed with ovarian and other gynecologic cancers appear to experience a constellation of psychological challenges that reflect an interplay of symptom burden, cultural norms surrounding femininity, and social expectations regarding resilience. For example, Teo et al. found that Singaporean gynecologic cancer patients frequently reported fatigue, bloating, weight gain, and pain, with body-image dissatisfaction emerging as a distinct predictor of emotional well-being independent of symptom load, suggesting that disruptions to perceived femininity may carry unique psychological weight in Asian contexts where appearance, modesty, and role-fulfilment are culturally emphasized (44). These findings resonate with broader regional reviews showing that women's quality of life across South, East, and Southeast Asia is strongly shaped by mental health, social support, and perceived disruptions to sexuality and identity—domains that are often underdiscussed publicly but deeply internalized privately in many Asian societies (49).

Studies focusing specifically on ovarian cancer in China demonstrate how sociocultural and disease-related pressures reinforce one another to heighten emotional distress. Liu et al. reported that nearly half of hospitalized Chinese ovarian cancer patients experienced clinically significant depression and anxiety, with perceived stress showing strong correlations with both outcomes; importantly, hope—but not resilience—partly mediated these associations, suggesting that forward-looking meaning may be a more culturally salient coping mechanism than Western-derived constructs of psychological hardiness (45). Complementing this, meta-analytic evidence indicates that global prevalence rates of depression and anxiety in ovarian cancer remain high, but levels are elevated in Asia compared with other regions, reflecting both disease severity and structural factors such as limited psycho-oncology access and persistent cancer stigma (46, 47). Furthermore, prevalence of suicidal ideation among Chinese ovarian cancer patients appears alarmingly elevated, highlighting a pressing need for culturally informed mental-health screening in oncology settings (46).

Regional comparative data further illustrate how psychological distress interacts with survival outcomes and sociocultural context. While Asian women with ovarian cancer in the United States show better 5-year disease-specific survival than White women, partly due to younger age at diagnosis, earlier-stage presentation, and differences in tumor biology—these advantages do

not negate the psychosocial burden experienced within Asian cultural frameworks (48). Evidence from Southeast Asia reveals wide variability in distress (anxiety 7–88%, depression 3–65%), yet overall burden remains substantial and clinically significant, even when comparable to general population estimates, because its effects on coping, treatment adherence, and family functioning are magnified by collectivist family structures and barriers to emotional disclosure (50).

Conclusion

The interplay of stress, HLOC, and self-efficacy in Asian women with ovarian cancer reveals a culturally contingent landscape where task-oriented coping,

balanced internal/powerful-others control beliefs, and robust social support converge to foster resilience and HRQoL. Chance HLOC and emotion-focused strategies, conversely, perpetuate distress and disempowerment. Psychobiological data further suggest that psychosocial conditions influence inflammatory and immune pathways with prognostic implications. Culturally attuned, multimodal interventions integrating family systems and reframing spiritual beliefs hold transformative potential. Future research must prioritise longitudinal designs and randomised trials of adapted interventions across diverse Asian healthcare contexts to establish efficacy and implementation pathways.

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