

A Study to Assess the Quality of Life Among Gynaecological Oncology Patients At SVIMS OPD, Tirupathi.

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Abstract:

Introduction: Quality of life (QOL) is an important outcome measure when caring for cancer patients. QOL assessment among cancer patients has become necessary as a result of long term survival of the patients due to the modern methods of cancer screening and treatment.

Objectives:1) Assess the quality of life among the gynaecological oncology patients. 2) Assess correlation between demographic data with their selected disease and QOL scores.3)Develop and distribute information booklet for gynaecological oncology patients.

Materials and Method: Non-experimental "Descriptive Design" was adopted for this study to achieve objectives of the study. The total sample of 100gynaecological oncology patients were selected by using purposive sampling technique at SVIMS OPD. WHOQOL-BREF questionnaire was used to assess the quality of life scores.

Results: out of the 100 gynaecological oncology patients, 25 (25%) patients had low level of quality of life, 51 (51%) of them had medium level of quality of life, 24 (24%) of them had high level of quality of life. that the mean quality of life score was 78.45 and the standard deviation was 12.78. there was significant association between the demographic variables such as marital status , educational status , occupational status, family income per month , place of residence and are you aware of screening tools available were significant at 0.01 level and current health status compared to before the disease condition was significant at 0.05 level.

Conclusion: These findings suggests extensive health education programs were needed to bring awareness and knowledge among gynaecological oncology patients. So, nurses need to encourage healthy life style behavior and practices to improve quality of life to bring down illness and to improve life expectancy.

Key words: Quality of life , gynecological oncology, WHOQOL-BREF.

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I. Introduction

Quality of life (QOL) is an important outcome measure when caring for cancer patients. QOL assessment among cancer patients has become necessary as a result of long term survival of the patients due to the modern methods of cancer screening and treatment. QOL has been defined as the subjective evaluation of life as a whole or the patient's appraisal and satisfaction with their current level of functioning compared with what they perceive to be possible or ideal (safae et al., 2008)¹.

Gynaecological cancers are among the most common types of cancers afflicting women. Premenopausal women exhibit high incidence of endometrial and ovarian cancers(Goncalves,2010)¹. Gynaecological cancers can impact on many aspects of patients life. A major concern has been on their effect on the physical, psychological, spiritual and social well being of the patient. The different treatment modalities in cancer care like chemotherapy, surgery and radiotherapy equally affect the QOL of these patients (Klee et al ., 2000)².

.Quality of life assessment is becoming increasingly recognized as an outcome and predictor for cancer patients.By this assessment and by further describing the effects of disease and treatment, the clinician can better address the needs of the patients.(MamakTahmasebi et al., 2017)³

NEED FOR THE STUDY:

New cases of uterine body, cervix, ovary, vagina, vulva, and choriocarcinoma cancers together constituted 942 000 cases, accounting for 18.6% of all incident cancers in women in the world. They accounted for 22.1% of all new cancer cases among women in developing countries compared to 14.5% of all new cases among women in developed nations. Of the total 2.9 million cancer deaths worldwide among women, gynaecological cancer (excluding vagina, vulva and placental malignancies) accounted for 15.3% deaths; of the total 5-year prevalent cases, gynaecological cancer accounted for 20.9% cases.(R.Sankaranarayan, et al 2006⁵).

Gynecologic cancers are the third most common female cancer, occurring in about 1 in 20 women in the United States. (American cancer society 2010)⁶.Indonesia is an Archipelago with a total area of 1,922,570.00 km(2), the population is 222,192,000 (2006), the fourth world rank. Female is 49.86% with life expectancy 69 years. Data from various academic hospitals in 2007 showed that cervical cancer is the most common malignancy followed by ovary, uterus, vulva and vagina.(M. Farid Aziz , 2009)⁷

Reported cancer incidence among women in India is estimated to increase from 110 per 1 lakh population to 190-260 per 1lakh population by 2025, which will mirror incidence rates of China and other upper middle income countries such as Brazil and Thailand. India is witnessing significantly adverse mortality rates for women-specific cancers, with cervical and breast cancer mortality rates being 1.6 to 1.7 times higher than mortality due to maternal causes (vasvibarath ram et al 2017)⁸

During the clinical experience in SVIMS and experience in various areas of oncology, there was an incidence of gynaecological oncology cases especially among the elderly women's and most them were with poor and moderate Quality of life. So, the investigator felt to undertake this study to assess the quality of life among gynaecologic oncology patients and impart quality of life by providing information booklet on improvement of quality of life.The survival rate of cancer patients has improved and focus has shifted to improve the quality of life of the survivors.

STATEMENT OF THE PROBLEM

A study to assess the quality of life among gynaecologic oncology patients at SVIMS OPD, Tirupathi.

OBJECTIVES OF THE STUDY

- 1) To assess the quality of life among the gynaecologic oncology patients .
- 2) To assess correlation between demographic data with their selected disease and QOL scores.
- 3) To develop and distribute information booklet for gynaecologic oncology patients .

HYPOTHESIS:

H₁: There will be low and moderate quality of life among the gynaecological oncology patients.

H₂: There will be significant association between level of Quality of Life scores among gynaecological patients and with their selected demographic variables.

ASSUMPTIONS:

- Gynaecological oncology patients may have inadequate knowledge regarding quality of life.
- Level of quality of life may be influenced by the socio demographic variables.
- Information booklet promotes health seeking behavior among gynaecological oncology patients.
- The knowledge gained will modify the behavior of the gynaecological oncology patients.

LIMITATION

The present study is limited to

- SVIMS OPD only.
- Those who understand Telugu and English.
- Those who are willing to participate.
- Age group between 18-above 60 years.

II. Methodology

Research approach:

Non-experimental approach was adopted for this study.

Research design:

“Descriptive Design” was adopted for this study.

VARIABLES OF THE STUDY:

INDEPENDENT VARIABLE:

age, religion, marital status, educational status, occupational status, financial support, place of residence etc were independent variables of the present study.

DEPENDENT VARIABLE:

The quality score on gynaecological oncology among women in SVIMS OPD , SVIMS , Tirupati. Was the dependent variables of the present study.

SETTING OF THE STUDY:

The study was conducted at radiation and surgical oncology OPD's in SVIMS, Tirupati.

POPULATION:

Target population: in this study target population includes women's attending radiation and surgical oncology OPD's at SVIMS, Tirupati.

Accessible population: accessible population for this study includes women with gynaecological cancer's.

SAMPLE:

Women's who fulfilled the inclusion criteria during the period of the study were selected as the sample.

SAMPLE SIZE:

Sample size consists of 100 women's , who were available in the radiation and surgical oncology OPD's at the time of data collection.

SAMPLING TECHNIQUE:

Non-probability purposive sampling technique was adopted based on inclusion criteria.

III. ANALYSIS

This chapter deals with statistical analysis. The data regarding the Quality of Life among Gynaecological oncology patients is collected from Gynaecological oncology patients those who are already diagnosed and started treatment prior to the time of data collection at SVIMS Hospital, Tirupati. The collected data was tabulated, analyzed and interpreted. The results obtained were mainly classified into six sections.

Table 1: Frequency and percentage Distribution of socio demographic characteristics among Gynaecological oncology patients.

(N=100)

S.NO	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
	Diagnosis		
	Ca. Cervix	52	52.0
	Ca. Endometrium	11	11.0
	Ca. Ovary	16	16.0
	Ca. Vagina	8	8.0
	Ca. Vulva	13	13.0
1	Age in years		
	20-30 years	1	1.00
	31-40 YEARS	15	15.00
	41-50 YEARS	18	18.00
	51 AND ABOVE	66	66.00
2	Religion		
	Hindu	87	87.00
	Muslim	4	4.00
	Christian	9	9.00
3	Marital status		
	Unmarried	1	1.00
	Married	56	56.00
	Divorced/separated	7	7.00
	Widow	36	36.00
4	Educational status		
	Profession/honors	1	1.00
	Graduate/Postgraduate	3	3.00
	Intermediate/Post graduate	1	1.00
	Intermediate/Post high school diploma	12	12.00
	Upper primary school certificate	15	15.00
	Primary school certificate	68	68.00
5	Occupational status		
	Home maker	40	40.00
	Employee	6	6.00
	Business	50	50.00
	Labourer	4	4.00
6	Family income per month in rupees		
	Below 5000	40	40.00
	5000-8000	34	34.00
	8001-12000	18	18.00
	above 12001	8	8.00
7	Financial support		
	Self	34	34.00
	Spouce	1	1.00
	Children/friends	61	61.00
	Friends	4	4.00

8	Place of Residence		
	Urban	16	16.00
	Rural	84	84.00
9	Present living status		
	Alone	14	14.00
	With family	56	56.00
	With children	30	30.00
10	Current health status compared to before the disease occurrence		
	Very poor	9	9.00
	Poor	55	55.00
	Moderate	34	34.00
	Good	1	1.00
	Very good	1	1.00
11	Have you undergone for any surgery		
	Yes	62	62.00
	No	38	38.00
12	Are you aware of screening tools available		
	Yes	22	22.00
	No	78	78.00

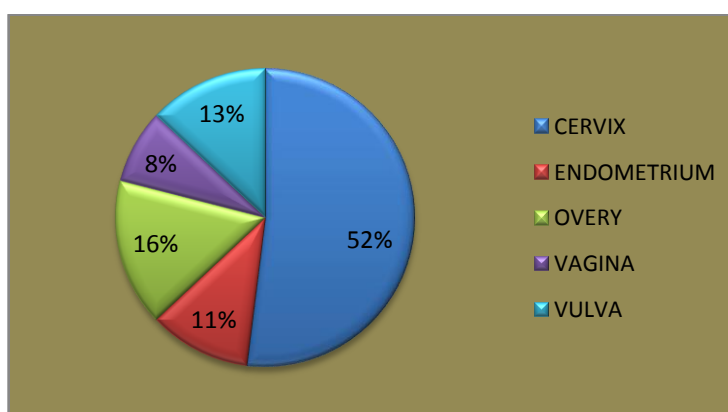


Fig 1 : Diagnosis wise Percentage distribution of the Gynecological Oncology Patients.

Table 1 : Shows that out of 100 gynaecological oncology patients majority 52(52%) were with cervical cancer, 16 (16%) were with ovarian cancer, 13 (13%) were with vulval cancer, 11(11%) were with endometrial cancer, 8 (8%) were with vaginal cancer.

As for the age 66 (66%) were 51 and above age group, 18 (18%) were between 41-50 years, 15 (15%) were 31-40 years, 1 (1%) were 20-30 years of age group.

Regarding to the religion of patients 87 (87%) were Hindu, 9(9%) were Christian and 4 (4%) were Muslims.

With regard to marital status 56 (56%) were married, 36 (36%) were widows, 7 (7%) were divorced /separated, 1 (1%) were unmarried.

With regard to educational status 68 (68%) were illiterates, 15 (15%) were primary school certified, 12 (12%) were upper primary school certified, 1 (1%) intermediate, 3(3%) were graduated, 1 (1%) were professionals or honors.

With regard to occupational status 50 (50%) were labourer, 40 (40%) were home makers, 6(6%) were employee, 4 (4%) were doing other jobs.

With regard to family income per month in rupees 40 (40%) were with income of below 5000 Rs, 34 (34%) were with 5001-8000 Rs, 18 (18%) were with 8001-12,000Rs, 8(8%) were with above 12,001 Rs income.

With regard to financial support 61 (61%) were supported by their children, 34 (34%) were self supported, 4 (4%) were supported by others, 1 (1%) were supported by the spouse.

With regard place of residence 84 (84%) were rural and 16 (16%) were urban.

With regard to present living status 56(56%) were living with family, 30 (30%) were living with children, 14 (14%) were living alone.

With regard current health status compared to before the disease occurrence 55 (55%) were with poor current health status, 34 (34%) were with moderate health status, 9 (9%) were with very poor health status, 1 (1%) were with good and very good current health status.

With regard the question have you undergone for any surgery previously 62 (62%) were kept YES and 38(38%) were kept NO.

With regard the aware of screening tests available 78(78%) were kept NO and 22(22%) were kept YES.

Table 2: Frequency and percentage distribution of level of quality of life among gynaecologic oncology patients.

SUBJECT	LEVEL OF QUALITY OF LIFE					
	LOW QOL		MEDIUM QOL		HIGH QOL	
	N	%	N	%	N	%
Level of Quality of life among the gynaecological oncology patients	25	25.00	51	51.00	24	24.00

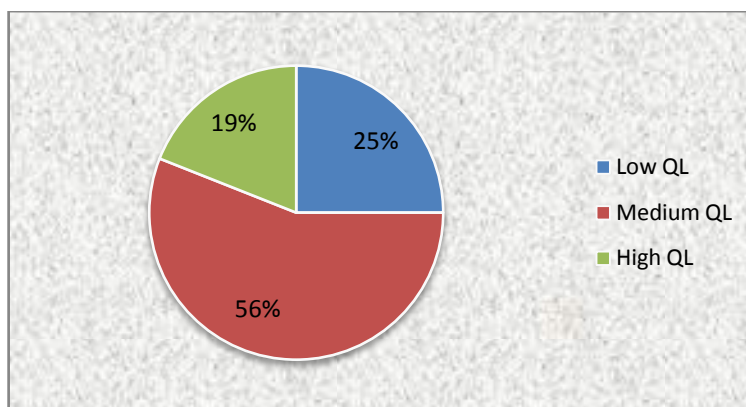


Fig 2: Physical domain wise percentage distribution of Level of Quality of Life scores.

Table 2 shows that out of 100 women’s 51% (51) were showing medium level of quality of life , 25%(25) had high quality of life and 24% (24) had low quality of life.

Table 3: Frequency and percentage distribution of domain wise quality of life scores.

(N=100)

S.NO	LEVEL OF QUALITY OF LIFE	FREQUENCY	PERCENTAGE
1	PHYSICAL DOMAIN		
	Low QoL	25	25.00
	Medium QoL	56	56.00
	High QoL	19	19.00
2	PSYCHOLOGICAL DOMAIN		
	Low QoL	29	29.00
	Medium QoL	55	55.00
	High QoL	16	16.00
3	SOCIAL DOMAIN		
	Low QoL	28	28.00
	Medium QoL	49	49.00
	High QoL	23	23.00
4	ENVIRONMENTAL DOMAIN		
	Low QoL	25	25.00
	Medium QoL	55	55.00
	High QoL	20	20.00

Table 3 shows that pertaining to physical domain among 100 patients 25 %having low quality of life , 56% having medium qol, and 19% having high quality of life. In psychological domain among 100 patients 29% with low QoL, 55% with medium QoL, and 16% with high QoL. In social domain among 100 patients 28% with low QoL, 49% with medium QoL, and 23% with high QoL and in environmental domain among 100 patients 25% with low QoL, 55% with medium QoL, and 20% with high QoL.

Table 4: Mean and standard deviation for level of quality of life among gynaecological oncology patients.

MEAN	STANDARD DEVIATION
78.45	12.78

Table 4 depicts that the mean quality of life score was 78.45 and the standard deviation was 12.78.

III. Discussion

Out of 100 patients, 25(25%) patients had high quality of life, 51(51%) of them had medium level of quality of life and 24(24%) low level of quality of life. pertaining to physical domain among 100 patients 25% having low quality of life, 56% having medium qol, and 19% having high quality of life. In psychological domain among 100 patients 29% with low QoL, 55% with medium QoL, and 16% with high QoL. In social domain among 100 patients 28% with low QoL, 49% with medium QoL, and 23% with high QoL and in environmental domain among 100 patients 25% with low QoL, 55% with medium QoL, and 20% with high QoL.

The findings were supported by a study conducted by RanjiniNanjaiiah (2017). A total of 131 response were received during the study to assess the quality of life in gynaecologic cancer subjects attending a tertiary care centre. Social domine scored high with median score 50+/- 22.82. environmental domine scored least with median score 28+/- 24.91. Based on domine scores it was found that only 2.3/5 subjects had better quality of life. Physical (55.7+/- 7.43) and psychological (57.95 +/- 22.85) domine mean score was statistically significantly higher among subjects with cancer for more than 12 months. Subjects who had radiotherapy and chemotherapy scored least(44.52+/- 9.8) and subjects who had surgery and chemotherapy scored highest (59.43+/- 8.8) in physical domine⁹.

IV. Summary, Conclusion, Limitations And Recommendations

Major findings of the study:

- 1) Regarding the quality of life among the gynaecological oncology patients, out of 100 patients, 25 (25%) patients had low level of quality of life, 51 (51%) of them had medium level of quality of life, 24 (24%) of them had high level of quality of life.
- 2) There is significant association between the Demographic variables like marital status, educational status, occupational status, family income per month in rupees, place of residence on quality of life at P< 0.01 level.
- 3) The mean level of quality of life 78.45 score was and the standard deviation was 12.78.

CONCLUSION

There is significant association between the Demographic variables like marital status, educational status, occupational status, family income per month in rupees, place of residence on quality of life at P< 0.01 level. The mean level of quality of life score was 78.45 and the standard deviation was 12.78. These findings suggests extensive health education programs were needed to bring awareness and knowledge among gynaecological oncology patients. So, nurses need to encourage healthy life style behavior and practices to improve quality of life to bring down illness and to improve life expectancy.

IMPLICATIONS:

The implications drawn from the present study is of vital concern to health teams including Nursing practice, Nursing education, Nursing administration, Nursing Research and so on.

NURSING PRACTICE

The present health care system gives emphasis on comprehensive health care, which includes preventive, promotive, curative and rehabilitative care.

- Nurses have to be provided with adequate knowledge and skills about the current technology and equipment before providing care for gynaecological oncology patients.
- The individual care, for a better post cancer treatment outcome basically has to be started immediately after the diagnosis of gynaecological oncology.
- It is necessary to assess in which domains the patients are mostly affected and need based care has to be provided.
- Providing most reliable information to the people on the concept of quality of life and improvement of post treatment outcomes must be ensured.

NURSING EDUCATION:

- The present nursing curriculum should incorporate sessions on follow up care of post cancer treatment patients so that health problems of the patients can be identified.
- Students should be interested to develop adequate skills, knowledge and attitude to care for cancer patients.
- Cancer rehabilitation programs should be a part of the clinical practice so that a wide range of theoretical and practical knowledge can be gained so that, more efficient care can be provided to the cancer patients.

NURSING RESEARCH:

- Research can be further useful to identify and enumerate the factors that cause poor quality of life.
- This study helps the nurses to understand the differences in levels of quality of life and there by helps to identify various changes and causes for variations in quality of life.

NURSING ADMINISTRATION:

- The nurse administrators should plan and arrange for in-service education and special training programs regarding improvement of quality of life.
- the nurse administrators at national, state, institutional and local should focus their attention to make the public conscious about the physical, social, psychological determinants of quality of life.
- Direct and indirect services by the health professionals have to be provided to encourage the patients to achieve better quality of life with positive outcomes.

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