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Dr. Kala Barathi S
Principal, Department of Obstetrics and Gynaecological, Nursing Saveetha Collage of Nursing, SIMATS, Thandalam, Chennai, Tamil Nadu, India

Pranesh C
B.Sc (N) IV Year, Saveetha College of Nursing, SIMATS, Chennai, Tamil Nadu, India

A descriptive study to assess to the quality of life among oncology patients in a selected hospital in a view to develop information booklet

Dr. Kala Barathi S and Pranesh C

Abstract

Cancer is an unregulated growth of immature cells; these cells divide and grow in uncontrolled manner which invades the distal organs through invasion, lymphatic channel or blood stream. The present study aims to a descriptive study to assess the quality of life among oncology patients in a view to develop information booklet. A descriptive research design was conducted among 50 oncology patients. Non-probability convenient sampling technique was used to select the samples. Structured knowledge questionnaire was to assess the effectiveness of information booklet regarding quality of life among oncology patients. The present study to attempt to assess the quality of life among oncology patients and found that most of them 29(58%) had below average quality of life and 21(42%) had average quality of life.

Keywords: Oncology patient, quality of life

Introduction

Cancer is a leading cause of death worldwide accounting 7.4 million deaths (around 13% of all deaths) in 2004. Deaths from cancer worldwide are projected to continue rising, can estimated 13.1 million deaths in 2030. More than 70% of all deaths occur in low and middle income countries. Cancer is an unregulated growth of immature cells; these cells divide and grow in uncontrollable manner which invades the distal organs through direct invasion, lymphatic channel or blood stream. Cancer caused by external factors like, tobacco, chemicals, radiation, and infectious organism.

Cancer is a large group of disease that can affect any part of the body. Other terms used are malignant tumours and neoplasm. One defining feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other organs. This process is referred to as metastasis. It is the major cause of death from cancer. Afolayan Abiodun Fmvpath *et al*., (2012) conducted a descriptive study to assess the age sex, causes of diagnosis and incidence rate among 568 new cases of breast cancer registered annually at the cancer hospital in UK. The study revealed that the peak age of incidence was 5th decade and incidence of male was low & observed steady rise in cases of breast cancer at our center. The study concluded that the reason for steady rise in breast cancer in the population is an indication of inadequate control measures to curtail the disease.

Langley ARI, *et al*., (2010) conducted a cross sectional study about breast cancer biomarkers among 94 premenopausal nurses who gone a full time rotating shift schedule at Ontario hospital in Mumbai. Primary & secondary measures study provided morning voided urine & fasting blood samples for assessment of MTs-6 & sex hormones. The study results showed that inverse relationship between MTs-6 & oestradiol. The study concluded that relationship between melatonin & sex hormones levels as biomarkers to find the breast cancers among females. The American thyroid cancer association (2010) conducted a retrospective study among 200 thyroid cancer patients in Scotland. To assess the effectiveness of initial evaluation of fine needle aspiration biopsy, radio iodine remnant ablation on the surveillance for recurrent disease using ultrasound to collect data and the suppression therapy. Levotyroxin was given and the result revealed that long term management of thyroid nodules and differentiating thyroid cancer reduce the risk of metastasis.

Corresponding Author:
Dr. Kala Barathi S
Principal, Department of Obstetrics and Gynaecological, Nursing Saveetha Collage of Nursing, SIMATS, Thandalam, Chennai, Tamil Nadu, India

Methods and Materials

A one group descriptive research design with non-probability convenient sampling technique was used to conduct the study in selected hospital in Saveetha Medical College Hospital. 50 samples were selected by non-probability convenient sampling technique. The criteria for sample selection are oncology patients who are willing to participate, those oncology patients whose are available at the time of data collection, individual oncology patients whose can read Tamil and English. The exclusion criteria for the samples who are absent during data collection and who are not participate in this study. The data collection period was done with prior permission from the HOD of oncology department and ethical clearance was obtained from the institution. The purpose of the study was explained to the samples and written informed consent was obtained from them. The investigators then provided instructions for filling the questionnaires and then guided oncology patients. The effectiveness of the information booklet was then determined by comparing the quality of life scores on the level of knowledge of the oncology patients.

Results and Discussion

Section A: description of the demographic variables of the cancer patients

The study depicts that most of the cancer patients 15(30%) were in the age group of 41 – 50 years, 32(64%) were female, 30(60%) were Hindus, 31(62%) were married, 23(46%) had secondary education, 15(30%) were industry workers, 29(58%) had a family income of Rs.5000 – 10,000 per month, 26(52%) had no habits, 16(32%) had head and cancer, 19(38%) had cancer for <1 year, 21(42%) were in second stage of cancer, 21(42%) were under chemotherapy treatment, 20(40%) were under treatment for <1 year, 28(56%) had no associated medical illness and 24(48%) had no family history of cancer.

Section B: assessment of quality of life of cancer patients

Table 1: Frequency and Percentage distribution of quality of life of cancer patients. N= 50

Quality of life	No.	%
Poor QoL (202 – 280)	-	-
Below average QoL (121 – 201)	29	58.0
Average QoL (82 – 120)	21	42.0
High QoL (40 – 81)	-	-

The table 1 describes the frequency and percentage distribution of quality of life for cancer patients. The table shows that most of them 29(58%) had below average quality of life and 21(42%) had average quality of life.
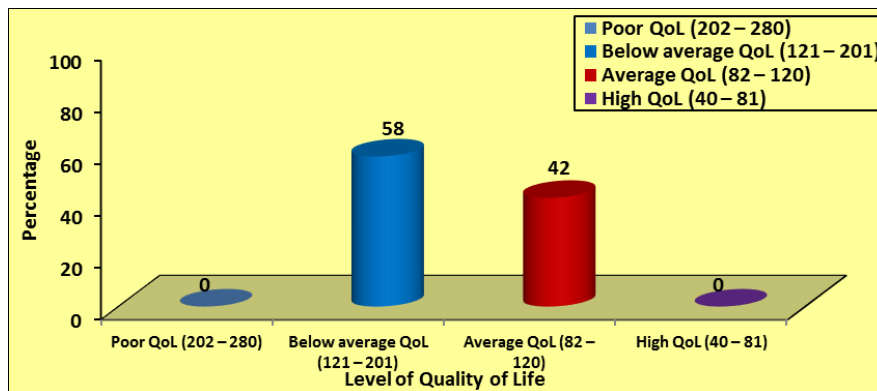
Fig 1: Frequency and Percentage distribution of quality of life of cancer patients

Table 2: Mean & Standard deviation of quality of life of cancer patients.

Quality of life	Scores
Minimum	90.0
Maximum	200.0
Mean	137.64
Standard Deviation	33.21

The table 2 shows that the maximum score of quality of life was 200.0 and the minimum score was 90.0. The mean score of quality of life was 137.64 with standard deviation was 33.21.

Section C: Association of the quality of life with selected demographic variables

Table 3: Association of the quality of life of cancer patient with the selected demographic variables.

Demographic Variables	Poor QoL f	Poor QoL %	Below Average QoL f	Below Average QoL %	Average QoL f	Average QoL %	Poor QoL f	Poor QoL %	Chi-Square Test & p-value
Stage of cancer									$\chi^2=11.314$ d.f=3 p =0.010 S*
First stage	-	-	11	22.0	3	6.0	-	-	
Second stage	-	-	7	14.0	14	28.0	-	-	
Third stage	-	-	2	4.0	8	16.0	-	-	
Fourth stage	-	-	1	2.0	4	8.0	-	-	
Type of treatment									$\chi^2=8.196$ d.f=3 p =0.042 S*
Chemotherapy	-	-	10	20.0	11	22.0	-	-	
Radiation	-	-	2	4.0	13	26.0	-	-	
Surgery	-	-	7	14.0	4	8.0	-	-	
Combined therapy	-	-	2	4.0	1	2.0	-	-	

Table 3 reveals that there was a significant association of the selected demographic variables like stage of cancer and type of treatment with the quality of life of cancer patient at $p<0.05$ level and no significant association was observed with other demographic variables of the cancer patients.

Conclusion
Cancer is an unregulated growth of immature cells; these cells divide and grow in uncontrolled manner which invades the distal organs through invasion, lymphatic channel or blood stream This study shows that patients have poor quality of life for the oncology patients.

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Conflicts of interest
The authors declare no conflicts of interest.

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