

Factors Affecting Quality of Life of Women Suffering from Gynecological Cancer

Rehab Fathy Hussein, SafaaAbdEl Roof Hashim, AmalTalaatAbd-El Wahed& Dr. Reem Mohamed Emad El Din*

Maternity and Neonatal Health Nursing, Faculty of Nursing, Ain Shams University

*Radiation Oncology Department, National Cancer Institute, Cairo University.

Abstract

Cancer and its treatment can have a dramatic effect on women's quality of life. **Aim:** The aim of this study was to determine the factors that affect the quality of life of the women suffering from gynecological cancer. **Study Design:** A descriptive study design. **Sample size:** Involved 60 women that are medically diagnosed with gynecological cancer. Data collection started from November 2014 and ended at April 2015. **Setting:** The study was conducted at The National Cancer institute. **The Tools for Data Collection:** Involved Socio-demographic Data Assessment Tool and Quality of Life Assessment Tool (WHO, 2012) which was used to assess the factors affecting the quality of life of women with gynecological cancer, PLISSIT model was used to collect data concerning women's response to questions. **The Results:** The study results revealed that three quarters of the women had uterine cancer and the majority of the women were received management from 7 months up to 5 years. The most of the women in the study sample were treated by more than one type of treatment and there was a highly significant relation between the physical, psychological, social & sexual factors and the women's Quality of Life. **Conclusion:** The quality of life of the gynecological cancer's women is affected by physical, social, psychological & sexual factors. **Recommendation:** The study recommended that; a coping program should be designed and adopted for gynecological cancer's women to help them to control of the factors which affect their quality of life.

Key words: Gynecological Cancer– Quality of Life–The Quality of Life Assessment Tool

Introduction

Every Cancer is a leading cause of death for women worldwide. The International Agency for Research on cancer reports that about 6 million women were diagnosed with cancer and 3.3 million died from the disease in 2008. These numbers are projected to nearly double by

2030, unless we take meaningful action now. The health agencies work to change these statistics by accelerating a comprehensive approach to preventing, detecting and treating women's cancers (American Cancer Society, Inc., 2012).

Quality of life is an individual's perception of their aims, expectations, interests and ideas, satisfaction and

happiness among their cultural and values as a whole (MS Heydarnejad, et al, 2011).

Quality of life is the effect of patients' physical (movement, physical activities and ability to succeed in work and in family responsibilities), social (social activities, being beneficial, body image, anxiety and depression) and psychological (life satisfaction, social support need and role function) for well-being. Symptoms of disease and therapy are pain, respiration difficulty, nausea, alopecia (Sema & Ayten, 2015).

Factors that affect a person's quality of life may be physical or emotional. While these factors are important for everyone, it is especially important that care workers ensure that certain factors are present for individuals in their care. These include: Physical factors exercise, diet, physical comfort, safety, hygiene, pain relief, Intellectual factors: stimulation, engaging in activities, Emotional factors: privacy, dignity, approval, psychological security, autonomy and social factors: social contact and social support (MS Heydarnejad, et al, 2011).

Patients treated for gynecologic cancer experience physical symptoms such as pain, nausea, vomiting, insomnia and lethargy and they suffer from psychological symptoms, including stress, anxiety, depression, and fear of death. Cancer treatment changes a woman's daily routine, social relations, employment status, and quality of life (De .Groot et al., 2015).

The oncology nurse plays an important role in promoting, maintaining, restoring health, preventing illness and assisting patients to adapt to residual effects of illness and its treatment. Many of these nursing activities are accomplished through health education. Such education is effective in promoting proper self-care of the patient who suffering from cancer to maintain a healthy life style and attain

better quality of life (Casy et al., 2011). In the light of the previous mentioned review; the researcher conducted this study for evaluating the effect of the coping program for gynecological cancer women on their quality of life.

Aim of the Study

The study aimed to determine the factors that affect the quality of life of women suffering from the gynecological cancer.

Subjects and Methods

Design: A descriptive study was used.

Setting: The study was conducted at the National Cancer Institute – Cairo University as it is mainly specialized for such cases.

Subjects: The study sample consisted of 60 women, diagnosed with gynecological cancer and agreed to participate in the study.

Tools for Data Collection

Three tools of data collection were used as following:-

1) Socio-demographic Data Assessment Tool (Appendix I):

The researcher designed an English questionnaire after reviewing the related literature. It consisted of (11) questions of open and close ended questions about:

- Female's socio-demographical characteristics: Composed of 8 close ended questions.

- Medical and surgical history: Composed of 3 questions 1 closed ended and 2 open ended question.

2) **Quality of Life Assessment Tool (WHO, 2012), (Appendix 2):** That was modified by the researchers and used to assess the women quality of life during the interview. **Composed of 9 parts:**

Part 1: Composed of 7 questions related to cancer's diagnosis and its medical management.

Part 2: Composed of 8 closed ended questions about **the women health problems**. The score was (5) if the answer was not occur, (4) for mild complain (3) for moderate complain, (2) for severe complain and (1) for extreme complain.

Part 3: Composed of 13 closed ended questions about the **women physical state and feeling of pain**. The score was (5) if the answer was not at all, (4) for a little (3) for moderate, (2) for very much and (1) for extremely.

Part 4: Composed of 6 closed ended questions related to the **women's ability to carry daily activity**. The score was (5) if the answer was not at all, (4) for a little (3) for moderate, (2) for very much and (1) for extremely.

Part 5: Composed of 8 close ended questions related to the **women's psychological state**. The score was (5) if the answer was not at all, (4) for a little (3) for moderate, (2) for very much and (1) for extremely.

Part 6: Composed of 6 close ended questions about the **women's social state**. The score was (1) if the answer was not at all, (2) for a little (3) for moderate, (4) for very much and (5) for extremely.

Part 7: Composed of 6 closed ended questions about the **sexual health**. The

score was (5) if the answer was not at all, (4) for a little (3) for moderate, (2) for very much and (1) for extremely.

Part 8: Composed of 10 closed ended questions about the **women's rating of their quality of life**. The score was (5) if the answer was very good, (4) for good (3) for neither good nor poor, (2) for bad and (1) for very bad.

Part 9: Composed of 17 closed ended questions about the **women feeling of satisfaction**. The score was (1) if the answer was very dissatisfied (2) for dissatisfied (3) for neither dissatisfied nor satisfied, (4) for satisfied and (5) for very satisfied.

Scoring System: The total score of this sheet is 370 degrees, if the women had total score 74 it means that these women very low level of quality of life, if the women had total degree between 75-148, it means that these women had low level of quality of their life, if the women had score between 149-222 it means that these women had a moderate level of quality of life, if the women had total score between 223-296 it means these women had good quality of life and if the women had total score from 297-370 it means that these women had very good quality of life.

PLISSIT Model:(Annon, 1978)

It was used as a guide to collect data concerning the women's health conditions and sexuality.as the following:

P Obtaining Permission from the client to initiate sexual discussion

LI Providing the Limited Information needed to function sexually

SS Giving Specific Suggestions for the individual to proceed with sexual relations

IT Providing Intensive Therapy surrounding the issues of sexuality for that client

Methods for data collection:

An official approval was obtained to carry out this study from the Dean of Faculty of Nursing, Ain Shams University Also a letter containing the title and aim was directed to the head of National Cancer Institute to obtain his approval for data collection.

Validity test:

The tools of data collection were tested by three experts from maternity nursing, Ain Shams University and gynecological medicine- Cairo University.

Pilot Study:

A pilot study was carried out at the National Cancer Institute – Cairo University, during November 2014 included 10% of the total time of the study sample (2 weeks) with the previous mentioned criteria.

Field work

A sample of 60 gynecological cancer's women was collected from the outpatient clinics of the National Cancer Institute–Cairo University during 6 months from November 2014 to April 2015, two days per week from 9 am to 2 pm.

After oral approval was taken from the women; each woman involved in the study was interviewed for about 30-45 minutes to answer the Socio-demographic Data Assessment Tool and Quality of Life Assessment Tool for data collection.

Ethical considerations

Approval was obtained from The Scientific Research Ethical Committee in

The Faculty of Nursing at Ain Shams University before starting the study. Approvals of women were obtained before data collection and after explaining the purpose of the study to the women.

Anonymity was assured as the filled questionnaire sheets were given a code number (not by names). The women who participated in the study were informed about having the right to withdraw at any time without giving any reason. Guaranteeing that no harm would occur to women.

Results

Table (1) This table revealed that two thirds of women in the study sample was aged more than 40 years old, 66.7% of the women were married, 70% of women were living in urban areas, 56.7% of women were illiterate, 96.7% were house wives and 81.7% of the women had enough income.

Table (2) This table revealed that 75.0% of the women in the study sample had uterine cancer and 79% received management from 7 months up to 5 years. 80.0% of the women in the study sample were treated by more than one type of treatment.

Table(3-a) This table revealed that 83.3% of the studied women complained from physical pain, 81.7% of the women complained from fatigue and 58.3% had normal sleep pattern. It also revealed that 90% of the studied women had problems to carry out their daily activity.

Table (3-b) This table revealed that all of the studied women had a positive feeling about their health, less than half of the women had the ability to relax and enjoy themselves, 97.5% of the women feel that their husband and family support them during their cancer's management and

Factors Affecting Quality of Life of Women Suffering from Gynecological Cancer

33.5% of the married women had problems that stopped their sexual relation.

the physical, psychological, social and sexual factors and the women's Quality of Life.

Table (4) This table revealed that there was a highly significant relation between

Table (1) Socio-Demographic Characteristics of the Studied Women (N =60):-

Socio-Demographic Data	N	%
<u>Women's Age</u>		
31-	20	33.3
41-	3	5.0
51-	20	33.3
61 and above	17	28.3
Mean_+SD	40.5 ±8.5	
<u>Marital State</u>		
Married	40	66.7
Widowed	16	26.7
Divorced	3	5.0
Single	1	1.7
<u>Number of Children</u>		
No children	4	6.7
1-2	15	25.0
3-4	22	36.7
5 or more	19	31.7
<u>Residence</u>		
Urban	42	70.0
Rural	18	30.0
<u>Educational Level</u>		
Illiterate	34	56.7
Read and write	23	38.3
Diploma degree	1	1.7
Bachelor degree	2	3.3
<u>Occupational State</u>		
House wife	58	96.7
Working	2	3.3
<u>Income</u>		
Enough	49	81.7
Not enough	11	18.3

Table (2) Distribution of the Studied Women According to Their Cancer Site and its Medical Management Type (N =60)

Items		N=60	
		N	%
Site of cancer	Uterine cancer	45	75.0
	Cervical cancer	14	22.4
	Cancer metastases	1	2.6
Duration of the received management	0 -6 months	13	21.0
	7 months-	15	26.0
	1year -	5	8.0
	2 years -	14	24
	From 4 to 5 years	13	21.0
	Mean ±SD.	2.96±1.49	
Type of management	Under medication	5	8.4
	Radiotherapy	3	5.0
	Hysterectomy	4	6.6
	Hysterectomy +radiotherapy	34	56.7
	Radio+ chemotherapy + hysterectomy	14	23.3

Table (3-A) Factors Affecting The Women's Quality of Life

Items		N=60	
		N	%
Physical Factors	<u>Feel of Physical Pain</u>		
	No physical pain	10	16.7
	A little to Moderate physical pain	50	83.3
	<u>Episodes of Fatigue</u>		
	Not occur	11	18.3
	Occur	49	81.7
	<u>Sleep pattern</u>		
Normal sleep pattern	35	58.3	
Sleep problems	25	41.7	
Carry-out Activity	<u>Ability to carry daily activity</u>		
	No activity problem	6	10.0
	Activity problem	54	90.0
	<u>Ability to work</u>		
	No or a little work problems	35	58.3
Work problem	25	41.7	

Factors Affecting Quality of Life of Women Suffering from Gynecological Cancer

Table (3-B) Factors Affecting The Women's Quality of Life

Items		N=60	
		N	%
Psychological Factors	<u>Experience positive feelings about their health</u>		
	Women had not positive feeling	0	00.0
	Had positive feeling	60	100.0
	<u>Ability to learn new information</u>		
	Had no or a limited ability to learn	16	26.7
	Had Moderate to Very much ability to learn	44	73.3
	<u>Feeling worry about her health</u>	N	%
	Did not occur	13	21.7
	Feel worry	47	78.3
	<u>Feel unpleasant appearance</u>		
	Did not occur	41	68.4
	Feel unpleasant appearance	19	31.6
	<u>Feeling of depression</u>		
Did not occur	9	15.0	
Feeling of depression	51	85.0	
Social Factors	<u>Ability to relax and enjoy themselves</u>	N	%
	The women had no or limited ability to relax and enjoy herself	32	53.3
	The women had ability	28	46.7
	<u>Women's feel of support</u>	N =40	
	The women did not feel husband support	1	2.5
The women felt husband and family support	59	97.5	
Sexual Factors	<u>Having sexual problem</u>	N	%
	No sexual problems	7	12.6
	Sexual problems	33	54.1
	<u>The degree of sexual problem</u>	N =33	
	Had little Sexual Problems	1	3.0
	Had moderate Sexual Problems	18	54.5
	Had very much Sexual Problems	0	00.0
	Had extreme Sexual Problems	3	9.0
Problems that stopped sexual relation	11	33.5	

Table (4) Relation between the Women's Quality of Life and The Physical, Social, Psychological and Sexual Factors

Factors That Affecting The Studied Women		Women's quality of life				Total
		Poor	Neither poor nor good	Good	Very good	
Physical Factors	<u>Feeling of (physical) pain</u>					
	Non	0	5	2	3	10
	Physical pain occurred	1	23	24	2	50
	<u>Have sleep problems</u>					
	Did not occur	0	15	16	3	34
	Sleep problem occurred	1	14	10	1	26
Ability to carry out daily work						
	<u>Ability to carry out daily work</u>					
	Not all	1	4	1	0	6
Ability problem	0	24	25	5	54	
T- Test	0.000**					
Psychological Factors	<u>Experience positive feelings</u>					
	Occursometimes	0	8	4	1	13
	Occursusually-always	1	20	22	4	47
	<u>Worry about health</u>					
	Did notoccur	1	3	7	6	17
	Occurred	0	24	17	2	43
	<u>Unpleasant appearance</u>					
	Did notoccur	1	18	17	4	40
Occurred	0	11	9	0	20	
Feeling of depression						
	<u>Feeling of depression</u>					
	Did not occur	0	4	4	2	10
Occurred	1	24	22	3	50	
T- Test	0.000**					
Social Factors	<u>Ability to relax and enjoy</u>					
	Did notoccur	0	2	0	0	2
	Occursometimes	1	26	26	5	58
	<u>Feel of support</u>					
	Very poor	0	2	0	0	2
Neither poor nor good	0	2	1	0	3	
Good- Very good	1	18	13	3	35	
T- Test	0.000**					
Sexual Factors	<u>Sexual problem</u>					
	Not all	0	3	4	0	7
	Sexual problem occurred	1	11	20	1	33
	Not-married	3	6	10	1	20
	<u>Satisfaction with sexuallife</u>					
No or little satisfaction	1	14	4	0	19	
Satisfaction occurred	0	8	10	3	21	
T- Test	0.000**					

Discussion

Gynecologic cancer poses special problems because they involve organs related to femininity, fertility and sexual life. The diagnosis and treatment of gynecologic

cancer is stressful for women and their families **Costanzo & Anderson, (2010)**.

Nurses focus on the best possible care of the patient health care provision and often focuses on the immediate problems and on the possible intervention to deal with it. The

new phenomenon of cancer survivorship means that the emphasis needs to change to focusing on the present need while also bearing in mind the future implications to ensure both life and quality of life **Sema & Ayten, (2015)**.

Regarding the socio-demographic characteristics of the studied women, the results of the current study revealed that the majority of women aged less than 61 years old or more and the mean age of the studied women were 40.5+-8.5 years which agreed with the study results of **Fatthy A. et al. (2013)** who studied the effect of self-care guideline on the quality of life for gynecological cancer's women undergoing to chemotherapy; They find that the mean age of the studied group were 40.8+-9.1 years.

According to the medical history of the women in the present studied group the majority of women had uterine cancer, one quarter had cervical cancer and few of the women had Cancer metastasis, which disagreed with **Smith SN. et al, (2015)** who studied coping with cancer; examined the supports available to women with gynecologic cancer at Saskatoon Cancer Center. They distributed the studied group to women with cervical cancer one fifth, uterine cancer one quarter, and the majority of the women had ovarian and vulvar cancer. It also disagreed with the study of **Fatthy A. et al, (2013)** who distributed their studied group as, one third of the women had uterine cancer and one quarter had cervical cancer, one third of the women had ovarian cancer and few of the women had G.T.N. (Gestational Trophoblastic Neoplasia). It also disagreed with **Westin SN.et al, (2015)** who made survey the gynecological cancer survivors and they distributed their study sample as one third of the women had cervical, one quarter endometrial, one quarter ovarian/primary peritoneal/fallopian tube.

The current study revealed that the most of the women in the study sample were treated by more than one type of management

(included chemotherapy, hysterectomy and radiotherapy) which agreed with **C. foster & D. Fenlon, (2011)** who revealed that; Participants received a range of treatments including chemotherapy, radiotherapy and surgery and the most of women followed a regular follow-up. this could be due to the doctors in the national cancer institute follow the international standers of cancer management.

The current study results found that majority of the studied women complained of fatigue which agreed with **Magdalena F. et al. (2015)** who found that fatigue is one of the most important factors which had a considerable influence on treatment and the life quality of oncology patients.

The results of the present study found that less than half of the women of the study sample complained from sleep problems which agreed with the **Westin SN. et al., (2015)** who found that; more than one half of the studied sample complained from sleep disturbance.

The findings of present study clarified that; the most of the studied women had problem in carrying out their daily activity. This agreed with **C. foster &D. Fenlon, (2011)** who found that, cancer had a significant impact on their day to day activities. This could be due to the women's complains of leg edema and bone aches.

According to the social characteristics of the studied women, the most support for the gynecological cancer's women was family-in which agreed with **Smith SN. et al., (2015)** who found that the most support for the studied women was family-in; this could be due to strong social relations in our community.

The findings of the current study revealed that majority of women felt worry about their health and it had a significant relation with the women quality of life, which agreed with **Wu SF. et al, (2015)**who

showed that one third of the patient complained from symptoms of distress. These results showed that symptoms of distress were a predictor of quality of life (QOL).

The results of the present study identified that more than one half of the women complained from mild to very depression which agreed with **Westin SN.et al, (2015)** who found that about half of the women complained from depression. this could be due to physical and social adverse reactions of cancer's diagnosis and management.

The current study results identified that; one third of the married women had problems that stopped their sexual relation; only few of the married women had no sexual problems. which agreed with (**The University of Texas, 2015**) which find that pelvic radiation caused changes in the vagina, lead to vaginal stenosis and lead to sexual dysfunction, painful pelvic examinations and dyspareunia.

The current study results found that, there was statistical significant relation between the physical, social psychological and sexual factors and the women's quality of life; which agreed with (**Lee & et al 2001**) who studied the social factors that affect the women quality of life and find that social support of both relatives and health professionals was significantly related to patients'; quality of life of the breast cancer patients.

Conclusion

Finally the study concludes that:

1. Gynecological cancer disease and its management cause many physical, social, psychological and sexual problems. Thus, problems play as factors that affect women's quality of life.

2. There a highly significant relation between the women's physical, social, psychological and sexual state and the gynecological women's quality of life.

Recommendations

- Oncology nurses must be able to assess and address issues of the quality of life in patients with gynecological cancer.
- Coping programs should be designed and implemented on the gynecological cancer women to help them in controlling the factors which affect their quality of life.
- Further researches are still needed about the gaps of the nurses' knowledge and performance in caring the gynecological cancer.

Reference

- Casy G., Chen L.M. & Rabow M.W., Symptom Management in Gynecological Malignancies. *Expert Rev. Anticancer, Ther.* 11:1077-89, @ Pub Med.com (2011).
- Costanzo, Lutgendorf, Rotrock, & Anderson, *Gynecological Cancer*, @ Pub Med com (2010).
- De Groot; Ekwall, Holzner; Howell, Fitch, Deane, & Reis. *Www. Wikipedia, Coping*, (2015).
- Fathy A., Hamido S., Ali Mohamed Azmy, Samir N. & Ibrahim A.M., Ain Shams University the effect of self-care guideline on the quality of life for gynecological cancer's women undergoing to chemotherapy, (2013).
- Foster C. & Fenlon D., (UK) *Recovery and self-management support following primary cancer treatment*, (2011).

Factors Affecting Quality of Life of Women Suffering from Gynecological Cancer

- Lee, Hui-Ling; Ku, Nai-Ping; Dow, Wei-Jenq; Pai, Lu. Factors Related to Quality of Life in Breast Cancer Patients Receiving Chemotherapy, (2001).
- Magdalena F., BogdanMichalski, IlonaKuczerawy, JustynaSzuta and ViolettaSkrzypulec. PlintaCancer related fatigue syndrome in neoplastic diseases, (2015).
- MS.Heydarnejad, Dehkordi A. Hassanpour and Dehkordi K Solati. Factors affecting quality of life in cancer patients undergoing chemotherapy @ www.african health sciences.(2011).
- SemaÜstündag, AytenDemirZencirci 2015) Factors affecting the quality of life of cancer patients undergoing chemotherapy: A questionnaire study
- Smith SN, Chizen D, Agrawal A. Coping with cancer: Examining the supports available to women with gynecologic cancer at Saskatoon Cancer Center (2015).
- Westin SN, Sun CC, Tung CS, Lacour RA, Meyer LA, Urbauer DL, Frumovitz MM, Lu KH and Bodurka DC. Department of Gynecologic Oncology and Reproductive Medicine, University of Texas MD Anderson Cancer Center. USA Survivors of gynecologic malignancies: impact of treatment on health and well-being at Pub Med (2015).
- Wu SF, Tong HY, Kan YY, Su SH,
- Lee MC, Kao CC and Lin YH. The Exploration of Health-Related Quality of Life: Factors Influencing Quality of Life in Gynecologic Cancer Patients, (2015).
- Www. WHO. The quality of life assessment tools, (2012).
- Www.The University of Texas MD Anderson Cancer Center, Cancer Survivorship - Side Effects of Cancer Treatment, (2015).
- Www.Cdc.Gov/Cancer/Knowledge Get The Facts About Gynecologic Cancer, (2015).