

Quality of Life of Patients with Gynecological Cancers

Maria Kilikova

St. Elizabeth University of Health and Social sciences Bratislava, Bratislava, Slovak Republic

SUMMARY

Introduction: The quality of a women's life is very closely related to their health. Oncogynecological disease brings substantial changes into their life that women need to adapt to them. As determination of quality of life is in nurse competence, the quality of life in women with diagnosed oncogynecological illness and surgical treatment has been described in the paper.

Aim: The aim of the paper was to examine cancer's influence on the quality of life based on physical health, survival, social relationships, and the environmental domains.

Methods: The sample consisted of 84 female respondents with surgical treatment of oncogynecological disease and the patients fulfilled the standardized WHOQOL-BREF questionnaire.

Results: The results have shown that patients experienced significant reductions in the quality of life in regard to physical and mental health. Social and environmental domain were significantly less affected.

Conclusions: The oncogynecological diseases significantly affect quality of life in all four investigated domains, but to a different extent. These findings emphasize an individual approach that takes into account not only the nursing aspect but also the ability to respond to a variety of other related factors that affect the quality of women with oncogynecological disease.

Keywords: Quality of Life, Gynecologic Oncology, Need, WHOQOL-BREF Questionnaire

INTRODUCTION

The perception of the quality of life in women is highly individual, and satisfactions of each woman's bio-psycho-social needs are unique, particularly during the illness. Its evaluation is competence of the nurses. The number of oncologically ill women is steadily rising and, although the treatment can substantially prolong life, its quality may be significantly deteriorated [1]. Survivors had clinically significant problems with social functioning, constipation, diarrhea, severe lymphedema, menopausal symptoms, physical changes of the

body, sexual or vaginal dysfunction, and difficulties with their finances compared with the general female population [2]. All this is devastating to their quality of life (QOL). Nowadays, when the survival has been substantially prolonging, the assessment of QOL of patients with cancer is essential for personalizing treatment and providing better care [3].

For this reason, our work aimed to analyze the QOL of women with gynecological cancer.

Corresponding author:

Professor Maria Kilikova, PhD

St. Elizabeth University of Health and Social sciences, Bratislava, Slovak Republic

Kósu Schoppera 22, 048 01 Rožňava, Slovak Republic

E-mail: vssebp@gmail.com

METHODS

The survey was carried out in January - June 2017 in the Slovak Republic. The target population was postoperative women with oncogynecological diagnoses and surgical treatment. The patients' recruitment started after obtaining the ethics committee's permissions of the College of health and social work of St Elzabeth, Bratislava, Slovak Republic.

The sample

The participants were women at least 18 years old, diagnosed with gynecological cancer by an oncologist and having and surgical treatment of the disease and willingness to participate in this study voluntarily. The questionnaire was distributed to the patients during their 3 months post-operation visit to the clinical center. A total of 105 questionnaires were distributed, while eighty-four women (80%) agreed

to participate and fulfilled the questionnaire.

The questionnaire

The socio-demographic characteristics, age, gender, marital status, educational level, occupation, the time passed since the cancer diagnosis, and the type of treatment were analyzed by the questionnaire.

The validated WHOQOL-BREF was used to measure QOL. It consists of 24 items to assess perception of quality of life in four domains, including physical health, psychological, social relationships, and environmental domain, and two items on overall QOL and general health. The domain scores were transformed into a linear scale between 0 and 100 following the scoring guidelines. A higher score indicated a better QOL.

The WHOQOL-BREF questionnaire was designed by WHO (1996) and translated into the Czech language understandable to Slovak was used for evaluation the quality of life of the women with cancer [4]. It consists of 24 items in order to assess the perception of quality of life of participants of the study in four domains. The domain scores were transformed into a linear scale between 0 and 100 following the scoring guidelines. A higher score indicated a better QOL. Two additional items were separately added (QOL and satisfaction with health) (Table 1).

All data were coded, entered, and analyzed using SPSS version 20 (SPSS Inc) and Microsoft Office Excel 2010 (Microsoft Corporation, Redmond, WA, USA).

The range of scores is between 15 to 105, with a higher score or number being indicative of a higher quality of life. An average total rating for a healthy person is usually around 90, whereas a low quality of life measures around 15.

RESULTS

The questionnaire was distributed to the patients during their 3 months post-operation visit to the clinical center. Altogether, 105 questionnaires were distributed to the patients who attended the oncology clinic in the Slovak Republic. Eighty-four women (80%) agreed to participate. They were all with oncogynecological disease, 3 months after the gynecological operation.

Table 2 shows the scores of QOL of

Table 1. Overview of WHOQOL domains and items (Source: Dragomerická, Bartoňová, 2006).

Domains	Facets incorporated within domains
Physical health	Pain and unpleasant feelings
	Dependence on medical care
	Energy and fatigue
	Mobility
	Sleep
	Everyday activities
Surviving	Labour efficiency
	Enjoyment of life
	Sense of life
	Concentration
	Acceptation of body appearance
	Satisfaction
Social relationships	Negative feelings
	Personal relationships
	Sexual life
Environment	Friends support
	Personal safety
	Environment
	Financial situation
	Access to information
	Hobbies
	Environment around the home
	Availability of healthcare
Transportation	
Two separate items	Quality of life
	Satisfaction with health

Domain	Raw score	Transformed score
Physical	2.79 (19.54/35)	44/100
Min score: Amount of energy for daily life	2.46	
Max score: Difficulty to move out of home	3.12	
Psychological	2.96 (17.73/30)	50/100
Max score: How much do you enjoy life?	3.30	
Min score: How often do you have negative feelings such as blue mood, despair, anxiety, depression? (Never Seldom Quite often Very often Always)	2.25	
Social	3.02	50/100
Min score: satisfaction with sexual life(not at all, a little, average, a lot, total)	2.65	
Max score: satisfaction with friends support (no, a little, average, a lot, totaly)	3.27	
Environment	3.21 (25.64/40)	56/100
Min score: satisfaction with informations available for everyday life /no, a little, average, a lot, totaly)	2.58	
Max score: How satisfied are you with the conditions of your living place? (Very dissatisfied, Dissatisfied, Neither satisfied nor dissatisfied, Satisfied, Very satisfied)	3.59	
Overall QOL	3.20	
Quality of life	3.88/5	
Satisfaction with health	3.69/5	

Table 2. Quality of life scores in women with oncogynecological disease, 3 months post-operation.

the patients in the four domains and overall QOL. Also, for each domain, the question with a maximal and minimal score is presented.

The environmental health domain was the highest of all four domains with a mean raw score of 3.21 and a transformed score of 56/100, while the physical domain was the lowest with a mean raw score of 2.79/5 or a transforms score of 44/100. The physical domain's minimal score was obtained in answer to the item considering the amount of energy for everyday life and 38 (45%) women answered they have not or have little energy, 35 (42%) average, while only 11 (13% had a lot of energy for everyday life. The maximal score was obtained to answer an item dealing with difficulty to go out of the house. Only 11 women found it difficult, 52 on average, while 21 women answered it is not difficult at all (Table 2).

The oncogynecological impairment most affected quality of life of women in the physical domain (table 3). 58% of respondents needed medication for **pain** when performing usual daily activities. 41% of respondents used analgesics occasionally, and only 1% of respon-

dents did not take this group of medicines. An important factor influencing the quality of life is **sleeping**. 52% of respondents reported a deterioration in sleep quality. Only 25% of respondents were satisfied with the quality of their sleeping. Also, only 21% of respondents were satisfied with performing daily activities. For 27% of respondents, carrying out **daily activities** was „very difficult.”

Domain 2 (DOM2 – psychological-survival) - Life was meaningful for 78% of respondents. Also, only 33% of respondents accepted their new physical appearance while 41% of respondents could not accept the physical changes of the body. Negative feelings, such as bad mood, anxiety, despair depression, were often or still felt by 89% of respondents.

Domain 3 (DOM3 – Social Relations) - 50% of respondents were satisfied with their personal relationships; 30% were dissatisfied. There is general dissatisfaction with sexual life in up to 38% of respondents. Only 13% of respondents were satisfied with their sexual life.

Domain 4 (DOM4 – environment) - 67% of respondents had enough financial

Table 3. Domain 1 Physical health

	Not at all No (%)	A little No (%)	A moderate amount No (%)	Very much No (%)	An extreme amount No (%)	Raw score
To what extent do you feel that physical pain prevents you from doing what you wish?	0	16	55	13	0	2.96/5
How much do you need any medical treatment to function in your daily life?	1	34	41	8	0	2.66/5
	Not at all	A little	Moderately	Mostly	Com- pletely	
Do you have enough energy for everyday life?	18	20	35	11	0	2.46/5
	Very poor	Poor	Neither Good	Good	Very good	
How well are you able to get around?	0	11	52	16	0	3.12/5
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	
How satisfied are you with your sleep?	8	19	36	21	0	2.83/5
How satisfied are you with your ability to perform your daily living activities?	7	16	43	18	0	2.86/5
How satisfied are you with your capacity for work?	0	32	49	3	0	2.65/5

resources to meet their needs. 22% of respondents had enough money for everyday life, while only 11% of respondents sometimes lack the funds to meet their needs.

Up to 70% of respondents had an approach to information important for their everyday life.

DISCUSSION

WHO defines quality of life as „individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns". QOL refers to how the individual's well-being may be impacted over time by a disease and is thereby a measure of the person's own perception of the disease's impact [5].

In our study, the diagnosis of malignancy, followed by surgical therapy that changes the body, had the most significant impact on the physical and mental spheres' of quality of life. The patients did not have

enough energy for daily activities, they were not satisfied with the volume of work they had done, and with the possibility to perform daily activities, and they had to take the medication to cope with the problems that they have. As many as 89% patients often or always had negative feelings such as blue mood, despair, anxiety, depression. The findings are consistent with study published by Wong et al [6], which showed that the four domains of QOL and perceived general health are interrelated. People with positive emotions or better QOL in the psychological domain evidence better physical health outcomes, such as fewer physical complaints, more exercise, longer sleeping hours and better sleep quality. Negative results like, long lasting diagnosis as well as the treatment, conservative or operative, were related to negative influence on QOL, as found in other studies [7].

The treatment significantly affect intensity of psychosomatic problems in patients with cancer [8,9]. Hnilicova and Benco draws attention to the fact that fatigue most affects

patients' quality of life with oncological diseases [8]. In our survey, the pain, psychological tension and nausea had negative impact on the quality of life of women with oncogynecological disease. This is in agreement with Trachtová et al [10], who stated that pain is the most complex human experience because it affects the physical, mental and social spheres. Pain significantly affects the daily regimen, including mobility, autonomy, and the need for sleep. According to Maslow [10], sleep is a basic human need that affects the quality of life. Sleep and sleep need is an individual need that is determined by the daily activities of man, the physiology of the organism, and the age. In our survey, up to 52% of respondents reported deteriorating sleep quality.

Fatigue, loss of energy is the most common symptom and side effect of survival of women with oncogynecological disease and markedly affect quality of life of patients with oncological disease. Subjectively, it was confirmed that oncogynecological disease has a negative effect on survival. 89% of respondents reported anxiety, bad mood, and depression. A similar view is expressed by Raudenska [11], who claims that a bad psychic attitude harms the health status. She also describes depression, anxiety, and mania as the most commonly diagnosed disorders found in oncological diseases. The author also claims that psychiatric disorders in oncological patients in exceptional cases can result in suicide. Therefore, the author believes that the treatment of oncological diseases is not just in drugs prescription. An important is also psychological and social encouragement and rewarding patients in treatment.

After diagnosing oncogynecological disease, we have found that 2% of respondents subjectively experience a loss of life meaning. Bačová [12] states that the values and norms of life's meaning are different in each period of life. They depends on the value system, the relationship to its goals, expectations, standards and interests.

In the social area, the oncological illness can have serious consequences. Long-term treatment often leads to loss of employment, income loss, social contacts, family well-being, and total isolation. It usually takes some time for a woman to find enough energy to think about sexual intercourse. More than three-quarters of oncological patients have problems with sexual life [13]. In our study,

the patients were dissatisfied mostly with sexual life - only 11 women (13%) were satisfied with the sexual life. This is understandable, having in mind that they have many physical and mental difficulties and an uncertain future in terms of health. Satisfaction with sexual life ranked fourth among the worst values of all. Valsangkar et al [5] in patients with reproductive tract infections and sexually transmitted diseases have found, impairment in all domains of QOL with the largest impact on the social and sexual domain. That indicates that sexual life is the item which in social domain, regardless of the cause, significantly affects life quality.

CONCLUSION

The most significant negative impact on quality of life was observed in domains 1, physical health. The average raw score in physical health was 44%, while it was 50% or above 50% in other domains. Patients mostly burdened with physical problems. In the psychological domain, negative emotions such as despair, anxiety, depression, feelings that life has no meaning have significantly contributed to the reduction of quality of life. In the social domain, dissatisfaction with sexual life was most prominent. But, by contrast, 37% of women said they very much enjoy life, 70% are satisfied with their health, 83% and that their quality of life is good. These findings call for an individual approach that takes into account not only the nursing aspect but also the ability to respond to a variety of other related factors that affect the quality of women with oncogynecological disease.

ACKNOWLEDGMENTS

The author thanks the nursing students of High school of St Elizabeth, who helped with the distribution and completion of the questionnaire.

CONFLICT OF INTEREST

All authors declare no conflict of interest.

REFERENCES

1. KAMGA, A. D. JOLY O B, SIMON J, POILLOT ML ET AL. Long-Term Gynecological Cancer Survivors in Côte d'Or: Health-Related Quality of Life and Living Conditions *Oncologist*. 2019 Jul;24(7):e490-e500.

doi: 10.1634/theoncologist.2018-0347

2. Thapa N, Maharjan M, Xiong Y, Jiang D, Nguyen TP, Petrini M. Impact of cervical cancer on quality of life of women in Hubei. *China Sci Rep.* 2018; 8: 11993.
3. Reimer T, Gerber B. Quality-of-life considerations in the treatment of early-stage breast cancer in the elderly *Drugs Aging* . 2010 Oct 1;27(10):791-800.
4. Dragomirecká E, Bartoňová J. Příručka pro uživatele české verze dotazníků kvality života Světové zdravotnické organizace. Psychiatrické centrum. 2006. 88s
5. Valsangkar S, Selvaraju D, Rameswarap R, Kamutapu S. Impairment of Quality of Life in Symptomatic Reproductive Tract Infection and Sexually Transmitted Infection *J Reprod Infertil.* 2014 Apr-Jun; 15(2): 87-93.
6. Wong FL, Yang L, Yuen J, CHang K, Wong F. Assessing quality of life using WHOQOL-BREF: a cross-sectional study on the association between quality of life and neighborhood environmental satisfaction, and the mediating effect of health-related behaviors *BMC Public Health* volume 18, Article number: 1113 (2018)
7. Suh D, Kim M, Kim K, Kim H, Kyung-hun L. Major clinical research advances in gynecologic cancer in 2016: 10-year special edition *J Gynecol Oncol.* 2017 May; 28(3): e45.
8. Hnilicová D, Benco V. Kvalita života - vymezení pojmu a jeho význam pro medicínu a zdravotnictví. In *Praktický lékař.* 2005, roč. 85, č. 11, s. 656-660.
9. Sheikhalipour Z, Ghahramanian A, Fateh A, Ghihi R, Onyeka TC. Quality of Life in Women with Cancer and Its Influencing Factors *J Caring Sci.* 2019 Mar; 8(1): 9-15.
10. Trachtová E. Potřeby nemocného v ošetrovatelském procesu. II. vyd. Brno: IDVPZ, 2013, 186 s.
11. Raudenská J, Javurková A. Lékařská psychologie. Grada Publishing a.s., 2011.304 s.
12. Bačová V. Kvalita života, hodnotové systémy v společnosti a sociální kapitál. [online]. [cit. 2017-03-01]. available on the internet website: <http://www.pulib.sk/elpub2/FF/Dzuka3/01.pdf>.
13. Krška Z, Hoskovec D, Petruželka L. Chirurgická onkologie, Grada Publishing a.s, 2014, 904 s.

Kvalitet života pacijentkinja sa ginekološkim karcinomom

Maria Kilikova

Visoka škola zdravstva i socijalnog rada Sv. Elizabete, Bratislava, Slovačka

KRATAK SADRŽAJ

Uvod: Kvalitet života žena je veoma blisko povezan sa njihovim zdravljem. Onkoginekološka bolest donosi znatne promene u njihove živote, na koje žene treba da se prilagode. Kvalitet života zavisi od sposobnosti medicinske sestre. Opisan je kvalitet života žena sa dijagnostikovanom onkoginekološkom bolesti i hirurškim lečenjem.

Cilj: Cilj rada bio je da se ispita uticaj karcinoma na kvalitet života na polju fizičkog zdravlja, preživljavanja, društvenih odnosa i životne sredine.

Metodologija: Uzorak je činilo 84 ispitanice sa dijagnozom i hirurškim lečenjem onkoginekološke bolesti. Pacijentkinje su ispunile standardizovani WHOQOL-BREF upitnik.

Rezultati: Rezultati su pokazali da su pacijentkinje imale značajane padove u kvalitetu života na polju fizičkog i psihičkog zdravlja. Polja socijalne i životne sredine su bila manje pogođena.

Zaključak: Onkoginekološke bolesti značajno utiču na kvalitet života u sva četiri aspekta, ali različito. Ova otkrića ukazuju na potrebu za individualnim pristupom koji uzima u obzir ne samo aspekt nege već i sposobnost da se odgovori na niz drugih srodnih faktora koji utiču na kvalitet života žena sa onkoginekološkom bolesti.

Ključne reči: kvalitet života, ginekološka onkologija, potreba, WHOQOL-BREF upitnik

Received: November 02, 2020
Accepted: December 07, 2020