

Quality of Life and Gastro Intestinal Cancer Patients

S. Victor Devasirvadam

A descriptive study to determine the quality of life of patients with gastro intestinal cancer at Dr. G.V.N. Cancer Cure Centre, Trichy during 2005-2006.

The age old fear of cancer still persists. Indeed, relatively the image of cancer has grown more grim. "The cold knife and the hot rays" really produce cures. Nearly a third of all patients with cancer are now being saved as judged by the fact that they are still alive for five years after diagnosis.

The fear of cancer has doubtless been aggravated by the very necessary effort to combat it. Educational campaigns have aimed at leading the public to recognize symptoms and to seek diagnosis early enough for surgery or 'X' ray treatment to be effective (Morris Fisherbein 2005)

OBJECTIVES

- ♦ To determine the quality of life of patients with gastro intestinal cancer.
- ♦ To determine association between the quality of life of patients with gastro intestinal cancer and selected demographic variables (age, education, occupation, income, modality of treatment, period of treatment, nativity, family type, dietary pat-

tern, smoking, alcoholism etc.)

- ♦ To determine the association between the different domains of quality of life of patients with gastro intestinal cancer.
- ♦ To find out the correlation between the different domains of quality of life of patients with gastro intestinal cancer.

ASSUMPTIONS

- ♦ It is the individual's right to lead a quality life in all dimensions.
- ♦ Gastro intestinal cancer is a threat to quality of life.
- ♦ Control of physical symptoms contributes to better quality of life of patients with gastro intestinal cancer.
- ♦ Availability of social support enhances the quality of life of patients with gastro intestinal cancer.
- ♦ Nurses play a significant role in improving the quality of life of patients with gastro intestinal cancer.

CONCEPTUAL FRAMEWORK

The conceptual framework of this study was based on Linzhans model of quality of life (1992) who observed that the quality of life is deter-

mined by life satisfaction in various domains of life which are interrelated self concept, physical health and socio economic factors.

Research design: The research design used in this study was descriptive in nature.

Setting of the study: The study was conducted at radiotherapy out patient department and in patient department and in patient wards of Dr. G.V.N. Cancer Cure Centre in Trichy.

Population: The target population of this study was patients with gastro intestinal cancer.

Sample: Patients with gastro intestinal cancer who attended Dr. G.V.N. Cancer Cure Centre, Trichy during the study period and those who fulfilled the inclusion criteria were selected for the study. They included newly diagnosed patients as well as those who were undergoing treatment and follow-up care. Sample size consisted of 100 patients with gastro intestinal cancer.

Sampling technique used for this study was convenient sampling.

Research tool and tech-

The author is Lecturer in Medical and Surgical Nursing at Dr. G. Sakunthala College of Nursing, Thiruvanaikovil, Trichy.

nique: The tool used for the research study was W.H.O. quality of life questionnaire. Questions were taken from the W.H.O. quality of life global pool of questions. Formal permission was obtained from the World Health Organization for using the tool. Physical domain consisted of 17 questions, psychological domain consisted of 11 questions, social domain consisted of 6 questions and the environmental domain consisted of 6 questions. The tool was validated by 9 experts in the field and reliability was assessed by split half technique $r = .96$ and it was highly reliable.

Pilot study: Pilot study was done on 10 non study samples at Government Thanjavur Medical College Hospital to find out the feasibility and practicability.

FINDINGS OF THE STUDY

- ♦ Majority 65% of the patients with gastro intestinal cancer had average quality of life, 25% had poor quality of life, and 10% had good quality of life.
- ♦ There was no significant association between the physical and the psychological domains of quality of life of patients with gastro intestinal cancer. Significant association was found between the physical and social, physical and environmental, psychological and environmental, and between the social and

environmental domains of quality of life of patients with gastro intestinal cancer.

- ♦ Significant association was found between the quality of life of patients with gastro intestinal cancer and educational status, income, type of family and duration of treatment.
- ♦ Psychological domain was more affected than physical domain; negative feelings, low self esteem, altered self image were the main factors which contributed to low quality of life.
- ♦ Rural people were more affected than urban people but quality of life of patients with gastro intestinal cancer was higher among rural people than urban people.
- ♦ Patients who have rectal cancer had lower quality of life than patients with cancer at other sites of the gastro intestinal tract.
- ♦ There was a significant association between the duration of treatment and quality of life of patients with gastro intestinal cancer, that is the patients who were undergoing treatment for less than one year had good quality of life than patients who were undergoing treatment for longer duration.

RECOMMENDATIONS

- ♦ A similar study can be done among other chronically ill patients and in various other

settings.

- ♦ A comparative study can be done between two or more groups of cancer patients.
- ♦ A prospective study can also be done from the beginning of the diagnosis, during the treatment, and during follow up to assess the changes in quality of life in different stages of treatment of patients with cancer.
- ♦ A comparative study can be done to assess the perceptions of quality of life by the patients, their relatives and health care personnel.
- ♦ A similar study can be done on gastro intestinal cancer selecting a single organ of the gastro intestinal tract.
- ♦ A similar study can be done in various other settings.

IMPLICATIONS FOR NURSING

Nursing Practice

- ♦ Nurses can intervene to alter the physical discomfort and psychological isolation which will affect the total quality of life.
- ♦ Quality of life can be improved by strengthening the coping mechanism in areas like physical, psychological, social, and environmental relationships.

Nursing Education

- ♦ Quality of life should be an essential part of ongoing assessment of therapeutic effectiveness in the care of the

critically and chronically ill patients in the hospital, community and in any set up.

- ◆ Nursing instructors should conduct school / community health programmes on issues related to gastro intestinal cancer.

Nursing Research

- ◆ Nurse researchers should accept the challenge to perform scientific work and take part in assessment, application, and evaluation of quality of life for clients with gastro intestinal cancer.
- ◆ Nurse researchers should focus on quality of life as an outcome of professional nursing care and prove that it is an important indicator of quality care.

Nursing Administration

- ◆ Nurse administrators can help prepare skilled nurses who can spend time with people to talk through some of the more troubling aspects of the disease.
- ◆ Nurse administrators can encourage nursing staff to make important contribution to the evolution of cancer care and services.
- ◆ Nurse administrators can encourage nursing staff to conduct various projects and research on quality of life issues.

REFERENCES

- ◆ Morris Fisherbein. (2005). The Most Heart Less Warning against

cancer treatment, Tribune Publishers, New York,

- ◆ Hanley Belpius. (2003). Essentials of cancer nursing, 4th Ed, American Cancer Society publishers, New York, 67-78.
- ◆ Oswald. (1999). Cancer and quality of life and palliation 5th Ed, Armed Forces Publishers, Washington, 1028-1043.
- ◆ Alka Saxena. (2006). Cancer chemotherapy and its side effect management, Nursing journal of India, 22, (5), 109-110.
- ◆ Susan Holmes. (2005). Assessing the quality of life - reality or impossible dream? International journal of nursing studies, 42, (1) 493-501.
- ◆ Guoping He. (2005). Quality of life and coping styles in Chinese cancer patients Cancer Nursing, 28, (3), 179-185.
- ◆ Maritta Valimaki. (2005). Quality of life, individualized care, and satisfaction with nursing care, journal of advanced nursing, 50, (3), 283-292.
- ◆ Kenn Sellick. (2004). symptoms, psychological distress, social support and quality of life among patients newly diagnosed with gastro intestinal cancer Cancer nursing, 27, (5), 389-397.
- ◆ Aparna Bhaduri. (2004). Impact of oral cancer and related factors on the quality of life of patients, Nursing journal of India, 35, (6), 129-132.
- ◆ Annual Consolidated Report. (2004). National

Cancer Registry Programme, Indian Council of Medical research, New Delhi, 28.

- ◆ Biennial Report. (2004). National Cancer Registry Programme, Indian council of Medical Research, New Delhi, 25.
- ◆ Scott Harm Sen. (2003). Recordings of summaries for people with cancer, cochrane data base review, 2, (1539), 408.
- ◆ Mitch Golant. (2003). Managing cancer side effects to improve the quality of life, cancer Nursing, 26, (I), 37-43.
- ◆ Dunn. (2003). Quality of life and colorectal cancer, Australian nursing journal of public health, 27, (3), 41-53.
- ◆ Leli. W. Pedro. (2001). Quality of life for long term survivors of cancer. Cancer Nursing, 24, (1), 1-10.
- ◆ Suzanne Mellon. (2001). Quality of life following a cancer diagnosis. Research in nursing and health, 24, (3), 446-459.
- ◆ Ellen Wai. (1999). The impact on quality of life of patients with terminally ill with cancer, cancer nursing, 22, (5), 350-357.
- ◆ The WHO QOL Group The World Health Organisation Quality of Life Assessment : Position paper from the WHO (1995) Social Science and Medicine, 41, 1403-1409.
- ◆ Zhan L. (1993) Quality of Life Conceptual and Measurement Issues. Journal of Advanced Nursing, 17, 795-800.