



## “QUALITY OF LIFE AMONG CANCER PATIENTS IN SELECTED HOSPITALS, GUWAHATI, ASSAM: A DESCRIPTIVE STUDY.”

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### ABSTRACT

According to Global Cancer Observatory (GLOBOCAN) (17<sup>th</sup> Dec. 2020)- there are 19.3 million new cancer cases and almost 10 million deaths. Worldwide according to Global cancer statistics; 2018 head and neck cancer accounts for more than 6, 50,000 cases and 3, 3,000 deaths annually. According to Indian Council of Medical Research, ICMR (2020) there were about 13.9 lakhs cancer cases, which is likely to increase to 15.7 lakhs by 2025, based on current trends. According to ICMR- National Centre for Disease Informatics and Research NCDIR (2020) the number of cancer cases in the northeast was 50,317 (27,503 in males and 22,814 in females) and is estimated set to increase to 57,131 by 2025 (13.5%). According to a report from National Cancer Registry Programme, India (2020); the majority of the patients for head and neck cancer patients were estimated to be 66.6%. Cancer is a one of the major public health problem both in developed and developing countries around the globe. Quality-Of-Life (QOL) of a cancer patient before and after the treatment is an important issue especially for the cancer survivors, their families, and the care providers.

**Aim:** The aim of the study was to assess the quality of life among cancer patients in selected hospitals, Guwahati, Assam.

**Methods and materials:** A quantitative descriptive study was conducted to identify the quality of life among cancer patients in selected hospitals, Guwahati, in order to accomplish the objectives of the study. Purposive sampling technique was used for obtaining the adequate sample for the study. The conceptual framework used in the study was based on Ferrans and Powers Quality of Life mode. Study was undertaken on 100 head and neck cancer patients in selected hospitals of Guwahati, Assam. Participants were selected on the basis of inclusion and exclusion criteria. Quality Of Life was assessed by distributing the structured tool to the respondent.

**Results:** Data analysis was done by calculating mean, SD and chi-square test. It was found that out of 100 respondents majority 62 (62%) of the respondents were in the age groups above 50 years, 62 (62%) of the respondents were in the age groups above 50 years, 71 (71%) of the respondents were male, 64 (64%) of the respondents were married, 38 (38%) of the respondents had monthly income Rs 10,002- Rs 29,972, 65 (65%) of the respondents belongs to joint family, 56 (56%) of the respondents were Hindu, 60 (60%) of the respondents completed primary school, 39 (39%) of the respondents were diagnosed with Ca oral, 34 (34%) of the respondents were in stage 3, 53 (53%) of the respondents had a duration of >5 years, 48 (48%) of the respondents had undergone chemotherapy. In assessing the Quality Of Life it reveals that out of 100 respondents, majority i.e. 76 (76%) of respondents had average Quality Of Life. The demographic variables marital status, average monthly family income, staging of disease and duration of illness had shown statistically significant association with level of Quality Of Life. The QOL - Demographic Variables age, gender, type of family, religion, education, diagnosis and type of treatment had not shown statistically significant association with level of quality of life among cancer patients.

**Conclusion:** Through this study, the investigator concluded that majority of the head and neck cancer patients had average Quality Of Life.

**KEYWORDS :** Quality Of Life, Head and Neck Cancer patients, Cancer

### INTRODUCTION

Quality of Life is a multidimensional concept which looks at the way which patients feel about themselves in the context of a medical condition. Aspects such as physical status, emotional status, social factors and the way that patients consider that they are able to function in all aspects of their lives outside medical care are usually assessed.<sup>1</sup> It consists of the expectations of an individual or society for a good life.<sup>2</sup>

Low Quality of life means to decrease living standard in the absence of basic needs as well as social, cultural, emotional and spiritual needs. Low quality of life means poor living standard of life.<sup>3</sup>

In addition to mortality and morbidity as key indicators for performance, QOL has recognized as an important factor for evaluating the quality and outcome of healthcare for patients with chronic illnesses such as multiple sclerosis, asthma and cancer.<sup>4</sup>

Nayak MG, et al., (2017) carried out a study on assessing the quality of life among cancer patients and found that out of 768 cancer patients 632 i.e. 82.3% of them had low QOL scores.<sup>5</sup>

Thenmozhi P, et al (2020) carried out a study on assessing the quality of life of cancer patients receiving chemotherapy, the findings of the study revealed the highest median value in the cognitive functioning, social functioning, role functioning and also in Physical functioning compared symptom scale and in which the lowest score in the symptoms of nausea & vomiting, loss of craving, fatigue, diarrhoea and constipation and face many challenges related to finance.<sup>6</sup> Sreelekshmi MV et al., (2020) carried out a survey to determine the impact of chemotherapy on oral health related quality of life of patients on chemotherapy and found gradual decline in the HRQOL.<sup>7</sup>

In summary, Joshi A et al.,(2015) conducted a study to evaluate

changes in HRQOL in patients with metastatic head and neck cancer randomized to receive metronomic (methotrexate and celecoxib) or cisplatin chemotherapy and found that overall quality of life was not significantly different between the two treatment groups from baseline to end of treatment.<sup>8</sup>

### OBJECTIVES:

- To assess the quality of life among cancer patients in selected hospitals, Guwahati, Assam.
- To find the association between quality of life with selected demographic variables among cancer patients in selected hospitals, Guwahati, Assam.

### REVIEW OF LITERATURE

#### SECTION I: Literature related to quality of life of cancer patients

**Jacob J, et, al. (2017)** conducted a cross-sectional study on Health-related quality of life and its socioeconomic and cultural predictors among advanced cancer patients: evidence from the cross-sectional survey among 210 advanced cancer patients in a regional cancer centre in India. The questionnaire included standardized instruments for general well-being (FACT-G), pain experiences (BPI), psychological state (HADS), spiritual well-being (FACT-SP); socio-economic and demographic characteristics. Participants reported significantly lower general well-being (mean±SD) (FACT-G=62.4±10.0) and spiritual well-being (FACT-SP=32.7±5.5) compared to a reference population of cancer patients in the U.S. Patients reported mild to moderate pain severity (3.2±1.8) and interference (4.0±1.6), normal anxiety (5.6±3.1) and borderline depressive symptoms (9.7±3.3). Higher financial difficulty scores predicted most of the HRQOL domains (p ≤ 0.01), and being from a minority religion predicted lower physical well-being (p ≤ 0.05) and higher pain severity (p ≤ 0.05). Married women reported lower social/family well-being (p ≤ 0.05). Pain severity and interference were significant predictors of most HRQOL

domains. Hence, conclude that pain interference and pain severity were associated with almost all domains of HRQoL.<sup>9</sup>

**SECTION II: Literature related to quality of life of patients with head and neck cancers**

**Ting FIL, et al. (2019)** conducted a cross-sectional study on quality of life among head and neck cancer patients and to investigate clinical disease variables that significantly impact QoL in head and neck cancer patients among 418 patients (mean age of 42 years old, range 18 to 73 years old) at the out-patient clinics and in-patient wards of the departments of medical, radiation oncology and otorhinolaryngology of the general hospital. The UP-DOH quality of life scale was used to assess the QoL, the result revealed that most of the head and neck cancer patients had moderate quality of life (mean score of 4.59±0.79), clinically patients with higher stages of disease, fungating tumours, post-laryngectomy, have a feeding tube, with a tracheostomy and had chemotherapy have lower global quality of life (p<0.01). All of the QoL domains (physical, emotional, cognitive and related functions) have a score of 3-5 (moderate), except for the social status domain which had a mean score of 5.51±0.83 (high). Among socio-demographic factors, patients who are employed and with additional funding sources on top of their income have better global QoL (p<0.01). Hence, concluded that patients with head and neck cancers have an overall moderate quality of life, with high scores in the social domain. Patients with higher tumour burdens and have been exposed to chemotherapy have lower quality of life scores, while patients with financial stability and aid have better quality of life scores.<sup>10</sup>

**RESEARCH METHODOLOGY**

**Research Approach-** quantitative research approach

**Research Design-** descriptive research design

**VARIABLES:**

**Research Variables-** quality of life

**Demographic Variables-** Age, Gender, Marital Status, Average Monthly Family Income, Type Of Family, Religion, Education, Diagnosis, Staging of Disease, Duration of Disease, Type of Treatment.

**Setting Of The Study-** North East Cancer Hospital And Research Institute, State Cancer Institute, Health city hospital, Ayursundra Super speciality Hospital, St. Johns Hospital, Guwahati, Assam.

**Population** – cancer patients

**Target Population-** cancer patients with head and neck cancer diagnosis admitted in selected hospitals.

**Accessible Population-** Head and Neck Cancer patients admitted in selected hospitals, Guwahati, Assam

**SAMPLES AND SAMPLING TECHNIQUE-**

**Samples-** Cancer patients diagnosed with head and neck cancers patients admitted in selected hospitals, Guwahati, Assam and who fulfilled the inclusion criteria.

**Sample Size-**100.

**Sampling Technique-** purposive sampling technique

**INCLUSION CRITERIA-**

**The inclusion criteria in the study was:-**

- Head and neck cancer patients who were willing to participate
- Head and neck cancer patients who were able to understand English and Assamese language

**EXCLUSION CRITERIA-**

**The exclusion criteria in the study was who were:**

- Head and neck cancer patients who were unconscious and severely ill.
- Head and neck cancer patients who were mentally ill

**TOOLS**

**SECTION A:** Demographic data.

**SECTION B:** Structured questionnaire to assess the quality of life among head and neck cancer patients

**TECHNIQUES** – Self report

Validity of the tool

The prepared instrument along with the problem statement and objectives was submitted to eight (8) experts:

7 Nursing experts in the field of Medical Surgical Nursing.

1 Medical expert in head and neck oncology department for establishing the content validity.

**Reliability of the tool**

The Reliability of the tool has done by Cronnbach's Alpha for Inter-Item Reliability for structured Quality of life questionnaire to assess quality of life. The reliability of quality of life was 0.83 (Highly Reliable), so it was found to be reliable to proceed with the main study.

Pilot Study

**Duration-** Pilot was conducted from 7<sup>th</sup> December to 10<sup>th</sup> December, 2020 at North East Cancer Hospital and Research institute, Guwahati, Assam.

**Setting-** North East Cancer Hospital Guwahati, Assam.

**Sample Size** – 10

**Sample-**Cancer patients diagnosed with head and neck cancers patients admitted in selected hospitals, Guwahati, Assam and who fulfilled the inclusion criteria.

The study was found to be feasible.

**Main Study:** 24<sup>th</sup> December 2020 to 28<sup>th</sup> January 2021

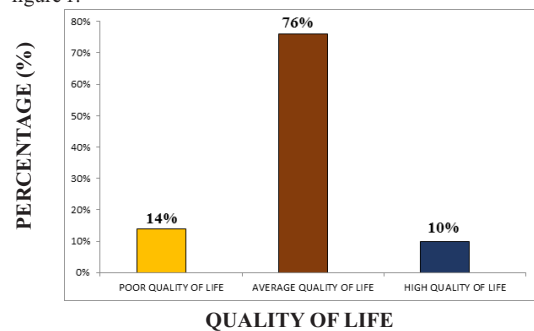
**RESULTS**

**Table I: Frequency And Percentage Distribution Of Head And Neck cancer patient mothers According To Their Level Of Quality Of Life**

n=100

Quality Of Life	Frequency (f)	Percentage (%)	Mean	SD	Ranges of scores	Total score
Poor quality of life (score < 868)	14	14%	1067.90	199.50	340-1355	150
Average quality of life (score 868-1267)	76	76%				
High quality of life (score >1267)	10	10%				

The table-I reveals that out of 100 head and neck cancer patients; majority i.e. 76 (76%) respondents had average quality of life, 14 (14%) had poor quality of life, and ten (10%) had high quality of life. The overall mean and standard deviation of quality of life was 1067.90 and 199.50 respectively. The results were shown in bar diagram in figure 1.



**Figure 1: Bar Diagram Showing Percentage Distribution Of The Head And Neck Cancer Patients According To Level Of Quality Of Life Among Head And Neck Cancer Patient**

**Table II- Association Between Quality Of Life Of Head And Neck Cancer Patients With Their Selected Demographic Variables**

n=100

Sl. no.	Demographic Variables	Chi-sq	df	P-value	Remarks
1.	Age in years	4.889	6	0.559	NS at p>0.05
2.	Gender	2.484	2	0.289	NS at p>0.05
3.	Marital status	21.288	6	0.004	S at p<0.01
4.	Average monthly family income	30.394	12	0.006	S at p<0.05

5.	Type of family	3.238	4	0.550	NS at p>0.05
6.	Religion	7.169	6	0.275	NS at p>0.05
7.	Education	1.898	6	0.969	NS at p>0.05
8.	diagnosis	11.265	8	0.183	NS at p>0.05
9.	Staging of disease	12.407	6	0.049	S at p<0.05
10.	Duration of disease	15.215	4	0.004	S at p<0.01
11.	Type of treatment	7.805	6	0.242	NS at p>0.05

**\*\*p<0.01, \*p<0.05, S – Significant, N.S – Not Significant**

The table II shows the association of quality of life among head and neck cancer patients with their selected demographic variables. P-Poor, A- Average, H- High, NS- Non Significant, df- Degree Of Freedom, S- Significant. It was observed that the demographic variables marital status and duration of illness had shown statistically significant association with level of quality of life at p<0.01 with chi-square value of ( $\chi^2=21.888$ , p=0.004) and ( $\chi^2=15.215$ , p=0.004). The demographic variables average family monthly income and staging of disease had shown statistically significant association with level of quality of life at p<0.01 with chi-square value of ( $\chi^2=30.394$ , p=0.006) and ( $\chi^2=12.407$ , p=0.049). The other demographic variables had not shown statistically significant association with level of quality of life among cancer patients.

## CONCLUSION

**The following conclusions were drawn from the present study:**

In quality of life, majority 76 (76%) of respondents had average quality of life, 14 (14%) of respondents had poor quality of life, 10 (10%) had high quality of life in the selected hospital.

Thus, this study give the area to do further studies to evaluate the quality of life among cancer patients.

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