Enfermería Clínica

Supportive care needs and quality of life of patients with gynecological cancer undergoing therapy

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Abstract

Objective: To identify the relationship of unmet supportive care needs with quality of life of patients with gynecological cancer undergoing therapy.

Method: This study used a cross-sectional design. A total of 153 patients with gynecological cancer undergoing therapy were recruited using consecutive sampling methods. The participants completed the questionnaire of Supportive Care Needs Survey to identify their supportive care needs, EORTC-QLQ 30 to assess their general quality of life, and EORTC-QLQ-CX 24 or - OV 28 to determine cancer-specific quality of life in cervical cancer and ovarian cancer, respectively.

Results: Most of the participants (96.1%) reported their unmet needs of supportive care predominantly in the physical domain (80.4%). Unmet supportive care needs were found to be statistically significantly related to quality of life in the global health, functional, and symptom domains (p value 1 = 0.003, p value 2 = <0.001, and p value 3= 0.001; r1 = -0.235, r2 = 0.306, and r3 = 0.268, respectively).

Conclusions: Patients with gynecological cancer needs various supportive care during treatment. These supportive care needs should be identified early at the time of diagnosis and continued throughout the disease and treatment trajectory to the survivorship point. Otherwise, unmet supportive care needs may lead to a low quality of life.

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Introduction

Gynecological cancer remains one of the most prevalent cancers in women. According to the data released by Globocan in 2012, cervical cancer and ovarian cancer are the two gynecological cancers with the highest occurrence in Indonesia. The incidence rates of cervical cancer and ovarian cancer are 17.3 and 8.4, respectively, among 100,000 women per year[1].

The effects of cancer pathology and its treatments are so poignant and multidimensional that supportive care is highly needed. For example, impaired physical function is usually associated with symptoms of distress, both of which may bring issues on daily activities and eventually result in unmet supportive care needs[2]. This seemingly vicious cycle should be anticipated by the early identification of supportive care needs in cancer patients, so that the quality of life (QOL) of cancer patients would be improved.

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Supportive care needs refer to the management of cancer symptoms and side effects, empowering of patients' adaptability and coping, optimization of understanding and information on decision making, and minimizing of body deficiencies[3]. Supportive care needs are broad in dimension, ranging from physical to sexual[4].

QOL is an important goal in the treatment of cancer. Concerns about the physical, psychological, body image disturbance, and symptoms that can cause distress should be anticipated to improve the QOL of cancer patients. A previous study in Indonesia found that the QOL of cancer patients decreased after chemotherapy[5]. Improving the QOL of cancer patients during treatment improves their adherence to cancer care and treatment and strengthens their ability to overcome cancer-related symptoms or complaints[6].

To reach the QOL at its most favorable level, strong supportive care service is the key[2,6]. Quality nursing care should meet this aim not only to address the accompanying symptoms of cancer and its treatments but also to increase patient satisfaction.

The identification of supportive care support for cancer patients undergoing chemotherapy remains an uncommon practice in Indonesia. Supportive care service mostly addresses cancer survivors and overlooks those currently suffering from cancer[7,8]. To encourage action in providing supportive care for gynecological cancer patients during therapy, more solid evidence is needed to examine how supportive care needs relates to the QOL of gynecological cancer patients undergoing therapy, thus explaining the objective of this study. In this article, we present a part of a large study with emphasis on the association between supportive care needs and QOL.

Method

This work was a cross-sectional correlation study. The sample comprised 153 patients with cervical cancer and ovarian cancer undergoing treatment at two central hospitals in Jakarta, Indonesia, from May to June 2016. The respondents were selected through the consecutive sampling method. The number of the sample was calculated using the cross-sectional sample size formula[9], with the standard deviation taken from a prior relevant study[10].

We used Supportive Care Needs Survey (SCNS-SF34) to measure the need for supportive services. This questionnaire consists of 34 question items under five domains: physical, psychological, supportive care, health system and information, and sexuality[11]. This tool had a validity score of 0.302-0.792 and a reliability score of 0.933. The QOL was measured using the European Organization of Research and Treatment of Cancer Quality of Life Q-C30 (EORTC QLQ-30), Quality of Life Questionnaire Module Cervical Cancer (EORTC QLQ-CX 24), and Quality of Life Questionnaire ovary Cancer Module (EORTC QLQ-OV28). These instruments underwent forward translation from English to Bahasa Indonesia by an academic language center and an expert panel review. All questionnaires were piloted for validity and reliability testing among 30 respondents in a different setting.

Ethical approval was granted by the Institutional Review Board of Faculty of Nursing, Universitas Indonesia, and Dharmais Cancer Hospital. We adhered to ethical principles, including the right to self-determination, anonymity and confidentiality, and protection from discomfort and harm.

Results

The demographic characteristics of the respondents are presented in Table 1. The table shows that most respondents were 55 years and below, worked as housewives, and were of a low socioeconomic status, as shown in their family income rate. More than half of the respondents were diagnosed with stages I and II cervical cancer, with less than a year of cancer treatment.

The unmet supportive care needs of the respondents are summarized in Table 2. The highest unmet need was identified as the physical domain (80.4%) and the lowest was sexuality.

Table 3 presents the bivariate analysis that determines the relationship between the need for supportive services and the QOL of gynecological cancer patients undergoing therapy.

Table 1 Characteristics of the respondents (n = 153)

Variable	n (%)
Age	
≤ 55 years	118 (77.1)
> 55 years	35 (22.9)
Education	
Basic education (elementary, junior high school)	108 (70.9)
Higher education (senior high school, college)	45 (29.1)
Occupation	
Housewife	126 (82.4)
Employee	27 (17.6)
Income	
< minimum family income rate	93 (60.8)
≥ minimum family income rate	60 (39.2)
Cycle of chemotherapy	
1-weekly	52 (40.6)
3-weekly	76 (59.4)
Cancer type	
Cervical cancer	99 (64.7)
Ovarian cancer	54 (35.3)
Cancer stage	
Early stage (stage I and II)	104 (68)
End-stage (stage III and IV)	49 (32)
Time of therapy	
≤ 1 year	141 (92.2)
> 1 year	12 (7.8)
Therapy type	
Single	95 (62.1)
Combination	58 (37.9)