

# A Study to Assess the Quality of Life among the Gynecological Cancer Patients in Selected Hospitals of the City with a View to Develop an Information Booklet

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## Abstract

**Aim:** Quality of life (QOL) among women with gynecological cancer: Findings from a study conducted at select hospitals in the city for the purpose of producing an educational pamphlet.

**Introduction:** Cancer is the main health issue in the community across the world. Globally, cancer is one of the most common causes for morbidity and mortality. Gynecological cancers include cervical cancer, endometrial cancer, gestational trophoblastic tumor, ovarian epithelial cancer, ovarian germ cell tumor, uterine sarcoma, vaginal cancer, and vulvar cancer.

**Materials and Methods:** In this study, cross-sectional, descriptive, and research design was used to evaluate the QOL among the gynecological cancer patients. Ninety-four gynecological cancer patients from the hospital of the city are selected for the study as a sample. Non-probability purposive sampling technique was used. A Likert-style scale with four options used for analysis.

**Results:** Majority of the patients 61 (64.89%) were not have any changes in global health status QOL, 19 (20.21%) were somewhat worse level in their global health status/QOL, 12 (12.76%) were somewhat better level on scale, 2 (2.12%) were in much worse level, and none of the patients were in much better level on global health status/QOL. Majority of the patients 50 (53.19%) were have moderate symptoms, 37 (39.36%) were have minor symptoms, 6 (6.38%) were have serious symptoms, and 1 (1.06%) not have substantial symptoms on symptoms scale items.

**Conclusion:** According to the results of this study, the QOL of gynecological cancer patients does not change. On the physical, emotional, social, and role-function dimensions of QOL, gynecological cancer and its treatment processes have a detrimental impact.

**Keywords:** Cancer, gynaecology, quality of life

**Date of Submission:** 31-01-2023

**Date of Revision:** 30-01-2023

**Date of Acceptance:** 10-02-2023

**Date of Published:** 30-06-2023

### Access this article online

**Website:** <http://innovationalpublishers.com/Journal/ijnr>

**ISSN No:** 2454-4906

**DOI:** 10.31690/ijnr.2023.v09i02.009

## INTRODUCTION

Cancer is the main health issue in the community across the world. Globally, cancer is one of the most common causes for morbidity and mortality. According to the findings of GLOBCON (2012), there were 8.2 million cancer-related deaths and 14.1 million new cancer diagnoses.<sup>[1]</sup>

The second most prevalent cause of death worldwide, after heart attacks, is cancer, which is a significant cause of

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morbidity and mortality. It is a set of illnesses brought on by the unchecked growth and multiplication of aberrant cells, which, if unchecked, might even result in death. It can also cause psychological issues and physical deficiencies, with flare-ups and remissions in between. According to accepted wisdom, cancer is a multi-gene, multi-step disease that develops from a single aberrant cell (clonal origin), also known as a mutation.<sup>[2]</sup>

Gynecological cancers include uterine sarcoma, vaginal cancer, vulvar cancer, gestational trophoblastic tumor, ovarian germ cell tumor, ovarian epithelial cancer, and cervical cancer. Over 4.5 million people worldwide pass away from cancer each year, with an estimated 9 million new cases being diagnosed.<sup>[3]</sup>

The toxicity and burden of the treatment, as well as the patient's sociodemographic, personal, psychological, social, emotional, and economical circumstances all of which interact with one another concurrently and repeatedly often determine the quality of life (QOL) for cancer patients. In addition, gynecological tumors frequently call for a multidisciplinary strategy that includes surgery, chemotherapy, and radiotherapy. Each of these forms of treatment comes with a unique set of side effects and functional limitations that may alter the patient's psychological functioning. Gynecological cancer treatment can lead to a number of issues, including sexual dysfunction, early menopause, toxicity from chemotherapy, and loss of body image. Because they are a reflection of issues with physical symptoms, self-esteem, self-perception, sense of well-being, satisfaction with life, and relationships, difficulties with sexual functioning may have a more profound impact on QOL.<sup>[4]</sup>

Given that gynecological cancers are among the most prevalent among women, they represent a significant public health concern. The most typical gynecological cancers affecting women worldwide and in India are ovarian and cervical cancers. Cervical cancer affects 1,22,844 women in India each year, and 67,477 of them pass away from it. The majority of women report at advanced stages, which has a negative impact on the prognosis and clinical outcomes because of lack of knowledge, varied pathology, and the demise of adequate screening facilities in developing nations like India.<sup>[5]</sup>

The number of cancer patients who live has gone up and now the focus is on improving their QOL. Gynecological cancer patients did not get as much attention as breast cancer patients when it came to making people aware of risk factors and how important screening was. Hence, this study will help us rethink our approach to prevention and make it easier for women to get to screening programs and vaccines. For psychosocial interventions and designing programs to improve the QOL of gynecological cancer patients, you need to know enough. The goal of the study is to find out how people with gynecological cancer feel about their QOL and how that relates to how long they have had cancer, what kind of cancer they have, how they are being treated, and other social and demographic factors.<sup>[6]</sup>

Even though there have been a lot of improvements in how cancer is treated in the past 10 years, the treatments still make

it hard for patients to live because they cause pain, fatigue, and lower the immune system. Furthermore, psychological stress, anxiety, depression, fear of recurrence, and sleep problems are other side effects of cancer treatment that make patients' lives worse.<sup>[7]</sup>

## Objectives

The objectives of the study are as follows:

1. To assess the QOL among the gynecological cancer patients
2. To find association between QOL and with selected demographic variables.

## Assumptions

- Gynecological cancer patients may experience poor QOL
- There may association between QOL with demographic variables.

## Research design

In this study, a cross-sectional, descriptive, and research design was adopted to evaluate the QOL among the gynecological cancer patients and to develop the informational booklet regarding to improve the QOL.

## Setting of the study

In this study, the setting of the study is selected hospitals of the city.

## Population

In this study, the population is the gynecological cancer patients.

## Sampling technique

In this study, non-probability purposive sampling technique has been adopted to select the sample.

## Samples

In this study, gynecological cancer patients in selected hospitals of the city who fulfilled the sampling criteria were chosen as sample.

## Sample size

The sample size of the study consists of 94 gynecological cancer patients.

## Process for data collection

The researcher established a solid rapport with the patients by first introducing them. Patients were informed of the study's objectives, and formal consent was acquired. It was promised that the outcome will be confidently maintained.

Purposive sampling was used to select 94 patients with gynecological cancer and information was gathered through interviews to evaluate the QOL of the group that meets the inclusion criteria. Analysis was carried out by the researcher using the four-point Likert scale.

## Analysis and interpretation of data

1. Section I

Demographic variables of patients with gynecological cancer.

## 2. Section II

Assessment of QOL among the gynecological cancer patients.

## 3. Section III

Association between QOL and with selected demographic variables.

### *Section I: Demographic variables of patients with gynecological cancer*

Table 1 interprets that majority of samples 39 (41.49%) belong to the age group of above 44–58 years, Religion, majority of the samples 54 (54.57%) belongs to Hindu, education qualification, majority of the samples 29 (30.85%) were illiterate, occupation, majority of the samples 58 (61.70%) were house wives, family monthly income, majority of the sample 45 (47.87%) were Rs. 21000-Rs. 35000-, Marital status, majority of the sample 74 (78.72%) were married, Number of children, majority of the samples 39 (41.19%) were having two children Family, majority of the sample 58 (61.70%) were residing with nuclear type of diet, 57 (60.64%) were mixed diet practices and 37 (39.36%) were consumes vegetarian diet. resident, 55 (58.51%) were residing at urban area and 39 (41.49%) were residing at rural are. Source of health information 34 (36.17%) were receiving health information from private health-care agency type of gynecological cancer, majority of the sample 30 (31.91%) were ovarian cancer, 27 (28.72%) were endometrial cancer, 21 (22.34%) were cervical cancer, 13 (13.83%) were vaginal cancer and 3 (3.19%) were vulvar cancer. Cancer stage 37 (39.36%) were in second stage of cancer, 28 (29.79%) samples were in third stage cancer, 18 (19.15%) samples were in fourth stage of cancer, and 11 (11.70%) samples were in first stage of cancer. type of treatment in cancer, majority of the samples 39 (41.49%) were receiving surgery with chemotherapy and radiotherapy, 33 (35.11%) were on surgery with chemotherapy, 12 (12.77%) were in surgery with radiotherapy, and 10 (10.64%) were surgery and hormonal therapy as a treatment. duration of treatment 38 (40.43%) were 1–2 years, 26 (27.66%) were 6 months–1 year of duration, 18 (19.15%) were 2–3 years of duration, and 11 (11.70%) were 3–5 years of duration.

### *Section II: Assessment of QOL among the gynecological cancer patients*

Table 2 shows that the mean score of physical functioning was 56.74 with SD 19.83, role functioning 44.68 with SD 37.94, emotional functioning 37.94 with SD 15.96, cognitive functioning 67.20 with SD 29.27 and social functioning 39.96 with SD 20.13.

Table 3 depicts that majority of the patients 50 (53.19%) were have moderate symptoms, 37 (39.36%) were have minor symptoms, 6 (6.38%) were have serious symptoms, and 1 (1.06%) not have substantial symptoms on symptoms scale/items.

Table 4 shows that the mean score of symptoms scale/items with fatigue was 62.88 with SD 21.21, mean score of nausea and vomiting symptoms 46.28 with SD 25.88, mean pain score was 50.18 with SD 24.86, dyspnea score was 40.43 with

**Table 1: Distribution of patients diagnosed with gynecological cancer (n=94)**

S. No.	Demographic variable	Category	Frequency (%)
1	Age (years)	14–28	8 (8.51)
		29–43	24 (25.53)
		44–58	39 (41.49)
		59–73	19 (20.21)
		>74	4 (4.26)
2	Religion	Hindu	54 (57.45)
		Muslim	17 (18.09)
		Christian	7 (7.45)
		Buddhism	13 (13.83)
		Any other	3 (3.19)
3	Education	Illiterate	29 (30.85)
		Primary	12 (12.77)
		Secondary	21 (22.34)
		Higher secondary	20 (21.28)
		Graduates/PG	12 (12.77)
4	Occupation	House wife	58 (61.70)
		Govt. sector	4 (4.26)
		Private sector	22 (23.40)
		Business	10 (10.64)
5	Monthly income	<20000/-	8 (8.51)
		Rs. 21000–Rs. 35000/-	45 (47.87)
		Rs. 36000–Rs. 50000/-	35 (37.23)
		>Rs. 51000 above	6 (6.38)
6	Marital status	Married	74 (78.72)
		Unmarried	3 (3.19)
		Divorced	5 (5.32)
		Window	12 (12.77)
7	Number of children	0	7 (7.45)
		1	20 (21.28)
		2	39 (41.49)
		3	22 (23.40)
		>3	6 (6.38)
8	Type of family	Joint	36 (38.30)
		Nuclear	58 (61.70)
9	Type of diet	Vegetarian	37 (39.36)
		Mixed	57 (60.64)
10	Area of resident	Rural	39 (41.49)
		Urban	55 (58.51)
11	Source of health information	Family and friends	22 (23.40)
		Government health care agency	28 (29.79)
		Private health care agency	34 (36.17)
		Mass media	10 (10.64)
12	Type of gynecological cancer	Cervical	21 (22.34)
		Endometrial	27 (28.72)
		Vulval	3 (3.19)
		Ovarian	30 (31.91)
		Vaginal	13 (13.83)
13	Cancer stage	1 <sup>st</sup> stage	11 (11.70)
		2 <sup>nd</sup> stage	37 (39.36)
		3 <sup>rd</sup> stage	28 (29.79)
		4 <sup>th</sup> stage	18 (19.15)
14	Type of treatment	Surgery with chemotherapy	33 (35.11)
		Surgery with radiotherapy	12 (12.77)
		Surgery with chemotherapy and radiotherapy	39 (41.49)
		Surgery with hormonal therapy	10 (10.64)
15	Duration of treatment	6 months–1 year	27 (28.72)
		1 year–2 years	38 (40.43)
		2 year–3 years	18 (19.15)
		3 year–5 years	11 (11.70)

SD 34.86, insomnia score was 73.40 with SD 30.62, appetite score was 69.15 with SD 26.88, and constipation symptoms

score was 54.96 with SD 40.81. Diarrhea symptoms score was 25.53 with SD 27.83 and financial difficulty score was 62.41 with SD 27.31.

Table 5 depicts that majority of the patients 61 (64.89%) were not have any changes in global health status/QOL, 19 (20.21%) were somewhat worse level in their global health status/QOL, 12 (12.76%) were somewhat better level on scale, 2 (2.12%) were in much worse level and none of the patients were in much better level on global health status/QOL.

Table 6 shows that the mean score of global health status/QOL was 48.67 with SD 12.67.

### Section III: Association between QOL with selected demographic variables (A)

Table 7 describes association between functional score and demographic variables among gynecological cancer patients. To compute the association between the score of EORTC QOL- C30 and demographic variables, Chi-square was applied and the value was observed with 0.05 significance level.

The Chi-square value of the demographic variables such as age was  $\chi = 21.178$  with a 12° of freedom and the number

of children value was  $\chi = 22.29$  with 12° of freedom showed significant association with functional score at 0.05 level. There were no other demographic variables found association with functional score.

### Section III (B)

Table 8 describes association between symptoms/items score and demographic variables among gynecological cancer patients. To compute the association between the score of EORTC QOL- C30 and demographic variables, Chi-square was applied and the value was observed with 0.05 significance level.

The Chi-square value of the demographic variables such as occupation was  $\chi = 29.083$  with a 9° of freedom and number of source of information value were  $\chi = 17.382$  with a degree of freedom 9 showed significant associations with symptoms scale score at 0.05 level. There were no other demographic variables found association with functional score.

### Section III (C)

Table 9 describes association between global health status/QOL score and demographic variables among gynecological cancer patients. To compute the association between the score of EORTC QOL- C30 and demographic variables, Chi-square was applied and the value was observed with 0.05 significance level.

**Table 2: Distribution of Means (standard deviation) for European organisation for research and treatment of cancer quality of life-C30 functional scales (n=94)**

S. No.	Particular scale/item	Mean	SD
1.	Physical functioning	56.74	19.83
2.	Role functioning	44.68	37.94
3.	Emotional functioning	37.94	15.96
4.	Cognitive functioning	67.20	29.27
5.	Social functioning	39.96	20.13

SD: Standard deviation

**Table 3: Frequency and percentage distribution of symptoms scale/items on quality of life among gynecological patients (n=94)**

Level of scale	Score	Frequency (%)
Not at all a symptoms/problem	0–25	1 (1.06)
Minor symptoms/problem	26–50	37 (39.36)
Moderate symptoms/problem	51–75	50 (53.19)
Serious symptoms/problem	76–100	6 (6.38)

**Table 4: Distribution of means (standard deviation) for European organisation for research and treatment of cancer quality of life-C30 symptom scales (n=94)**

S. No.	Particular scale/item	Mean	SD
1.	Fatigue	62.88	21.21
2.	Nausea and vomiting	46.28	25.88
3.	Pain	50.18	24.86
4.	Dyspnea	40.43	34.86
5.	Insomnia	73.40	30.62
6.	Appetite loss	69.15	26.88
7.	Constipation	54.96	40.81
8.	Diarrhea	25.53	27.83
9.	Financial difficulty	62.41	27.31

SD: Standard deviation

## DISCUSSION

A review of the QOL in cancer patients: The goal of this review article was to measure the QOL in Indian cancer patients. Articles and reviews of the literature show that most of the patients were not living a good QOL. Different areas, such as physical, mental, social, etc., are affected, which in turn changes the patient's QOL. Pain, less ability to work, and trouble sleeping were found to have a big effect on the QOL of cancer patients.<sup>[2]</sup>

The goal of this study was to find out how sociodemographic and clinical factors, as well as self-efficacy, affect the QOL of

**Table 5: Frequency and percentage distribution of global health status/quality of life of among gynecological cancer patients (n=94)**

Level of scale	Score	Frequency (%)
Much worse	0–20	2 (2.12)
Somewhat worse	21–40	19 (20.21)
No change	41–60	61 (64.89)
Somewhat better	61–80	12 (12.76)
Much better	81–100	0

**Table 6: Distribution of means (standard deviation) for European organization for research and treatment of cancer quality of life global health status (n=94)**

S. No.	Particular scale/item	Mean	SD
1.	Global health status/QOL	48.67	12.67

SD: Standard deviation, QOL: Quality of life

**Table 7: Association between functional score and demographic variables (n=94)**

S. No.	Demographic variables	Functional scale in QOL					df	$\chi^2$	P	Significance
		Much worse	Somewhat worse	No change	Somewhat better	Much better				
1	Age (years)									
	14–28	0	2	5	1	0	12	21.178	0.048	Significant
	29–43	0	3	9	12	0				
	44–58	1	9	19	10	0				
	59–73	0	9	9	1	0				
	>74	0	3	1	0	0				
2	Religion									
	Hindu	1	15	25	13	0	12	8.444	0.749	NS
	Muslim	0	6	5	6	0				
	Christian	0	1	5	1	0				
	Buddhism	0	4	5	4	0				
	Any other	0	0	3	0	0				
3	Education									
	Illiterate	0	12	12	5	0	12	11.9001	0.453	NS
	Primary	0	3	7	2	0				
	Secondary	0	5	8	8	0				
	Higher secondary	1	4	11	4	0				
	Graduates/PG	0	2	5	5	0				
4	Occupation									
	House wife	0	21	26	11	0	9	12.204	0.202	NS
	Government sector	0	1	1	2	0				
	Private sector	1	4	10	7	0				
	Business	0	0	6	4	0				
5	Monthly income									
	<20000/-	0	2	4	2	0	9	2.643	0.976	NS
	Rs. 21000–Rs. 35000/-	1	13	21	9	0				
	Rs. 36000–Rs. 50000/-	0	10	15	11	0				
	>Rs. 51000 above	0	1	3	2	0				
6	Marital status									
	Married	1	17	34	22	0	9	8.721	0.463	NS
	Unmarried	0	1	2	0	0				
	Divorced	0	1	3	1	0				
	Window	0	7	4	1	0				
7	Number of children									
	0	0	2	4	1	0	12	22.29	0.034	Significant
	1	0	4	9	7	0				
	2	1	6	21	11	0				
	3	0	8	9	5	0				
	>3	0	6	0	0	0				
8	Type of family									
	Joint	0	14	17	5	0	3	6.4	0.093	NS
9	Nuclear	1	12	26	19	0				
9	Type of diet									
	Veg	0	11	19	7	0	3	2.208	0.53	NS
10	Mixed	1	15	24	17	0				
10	Area of Resident									
	Rural	0	15	19	5	0	3	7.868	0.048	Significant
11	Urban	1	11	24	19	0				
11	Source of health information									
	Family and friends	0	9	10	3	0	9	13.316	0.148	NS
	Government health care agency	1	10	13	4	0				
	Private health care agency	0	6	14	14	0				
	Mass media	0	1	6	3	0				
12	Type of gynecological cancer									
	Cervical	0	5	11	5	0	12	9.29	0.678	NS
	Endometrial	0	7	11	5	0				
	Vulval	0	3	2	2	0				
	Ovarian	0	9	13	9	0				
	Vaginal	1	2	6	3	0				
13	Cancer stage									
	1 <sup>st</sup> stage	1	4	3	3	0	9	10.501	0.311	NS
	2 <sup>nd</sup> stage	0	11	17	9	0				
	3 <sup>rd</sup> stage	0	5	15	8	0				
	4 <sup>th</sup> stage	0	6	8	4	0				

(Contd...)



**Table 7: (Continued)**

S. No.	Demographic variables	Functional scale in QOL					df	$\chi^2$	P	Significance
		Much worse	Somewhat worse	No change	Somewhat better	Much better				
14	Type of treatment									
	Surgery with Chemotherapy	1	5	18	9	0	9	12.042	0.21	NS
	Surgery with radiotherapy	0	4	3	5	0				
	Surgery with chemotherapy and radiotherapy	0	16	16	7	0				
	Surgery with hormonal therapy	0	1	6	3	0				
15	Duration of treatment									
	6 months–1 year	1	3	13	10	0	9	10.516	0.31	NS
	1–2 years	0	11	18	9	0				
	2–3 years	0	8	8	2	0				
	3–5 years	0	4	4	3	0				

NS: Not significant, QOL: Quality of life

**Table 8: Association between symptoms score/item and demographic variables (n=94)**

S. No.	Demographic variables	Symptom scale/items				df	$\chi^2$	P	Significance
		Not at all a problem	Minor problem	Moderate problem	Serious problem				
1	Age (years)								
	14–28	0	5	2	1	12	18.383	0.104	NS
	29–43	0	11	13	0				
	44–58	1	19	16	3				
	59–73	0	2	15	2				
	>74	0	0	4	0				
2	Religion								
	Hindu	1	16	34	3	12	13.49	0.334	NS
	Muslim	0	11	4	2				
	Christian	0	4	3	0				
	Buddhism	0	6	6	1				
	Any other	0	0	3	0				
3	Education								
	Illiterate	0	7	20	2	12	20.851	0.052	NS
	Primary	0	6	5	1				
	Secondary	0	7	14	0				
	Higher secondary	0	9	8	3				
	Graduates/PG	1	8	3	0				
4	Occupation								
	House wife	0	18	35	5	9	29.083	0.000	Significant
	Govt. sector	1	1	2	0				
	Private sector	0	12	9	1				
	Business	0	6	4	0				
5	Monthly income								
	<20000/-	0	2	6	0	9	12.989	0.163	NS
	Rs. 21000–Rs. 35000/-	1	11	29	3				
	Rs. 36000–Rs. 50000/-	0	20	13	3				
	>Rs. 51000 above	0	4	2	0				
6	Marital status								
	Married	1	32	35	6	9	6.452	0.693	NS
	Unmarried	0	1	2	0				
	Divorced	0	2	3	0				
	Window	0	2	10	0				
7	Number of children								
	0	0	3	3	1	12	12.004	0.44	NS
	1	0	9	11	0				
	2	1	19	16	3				
	3	0	6	15	1				
	>3	0	0	5	1				
8	Type of family								
	Joint	0	10	23	3	3	4.212	0.239	NS
	Nuclear	1	27	27	3				
9	Type of diet								
	Veg	1	11	24	1	3	5.836	0.119	NS
	Mixed	0	26	26	5				

(Contd...)

**Table 8: (Continued)**

S. No.	Demographic variables	Symptom scale/items				df	$\chi^2$	P	Significance
		Not at all a problem	Minor problem	Moderate problem	Serious problem				
10	Area of resident								
	Rural	0	15	21	3	3	0.907	0.823	NS
	Urban	1	22	29	3				
11	Source of health information								
	Family and friends	0	4	16	1	9	17.382	0.043	Significant
	Government Health care agency	1	9	14	5				
	Private healthcare agency	1	19	14	0				
	Mass media	0	4	6	0				
12	Type of Gynecological cancer								
	Cervical	0	10	7	4	12	14.061	0.296	NS
	Endometrial	0	7	15	1				
	Vulval	0	2	5	0				
	Ovarian	1	14	16	0				
	Vaginal	0	4	7	1				
13	Cancer stage								
	1 <sup>st</sup> stage	0	4	5	2	9	11.908	0.218	NS
	2 <sup>nd</sup> stage	0	14	19	4				
	3 <sup>rd</sup> stage	1	14	13	0				
	4 <sup>th</sup> stage	0	5	13	0				
14	Type of treatment								
	Surgery with Chemotherapy	0	14	17	2	9	15.256	0.084	NS
	Surgery with radiotherapy	0	4	7	1				
	Surgery with chemotherapy and radiotherapy	1	10	25	3				
	Surgery with hormonal therapy	0	9	1	0				
15	Duration of treatment								
	6 months–year	0	14	11	2	9	13.151	0.155	NS
	1–2 years	0	14	22	2				
	2–3 years	0	7	9	2				
	3–5 years	1	2	8	0				

NS: Not significant

**Table 9: Association between global health status/quality of life and demographic variables (n=94)**

S. No.	Demographic variables	Global health status/QOL					df	$\chi^2$	P	Significance
		Much worse	Somewhat worse	No change	Somewhat better	Much better				
1	Age in years									
	14–28 years	0	1	5	2	0	12	27.096	0.007	Significant
	29–43 years	0	3	18	3	0				
	44–58 years	0	5	27	7	0				
	59–73 years	1	8	10	0	0				
	>74 years	1	2	1	0	0				
2	Religion									
	Hindu	2	9	36	7	0	12	7.256	0.84	Not Significant
	Muslim	0	3	12	2	0				
	Christian	0	1	5	1	0				
	Buddhism	0	4	7	2	0				
	Any other	0	2	1	0	0				
3	Education									
	Illiterate	2	8	19	0	0	12	14.356	0.278	Not Significant
	Primary	0	3	7	2	0				
	Secondary	0	4	13	4	0				
	Higher Secondary	0	3	12	5	0				
	Graduates/PG	0	1	10	1	0				
4	Occupation									
	House wife	2	16	35	5	0	9	9.865	0.361	Not Significant
	Government sector	0	0	3	1	0				
	Private sector	0	2	17	3	0				
	Business	0	1	6	3	0				
5	Monthly income									
	<20,000/-	0	1	6	1	0	9	10.203	0.334	Not Significant
	Rs. 21,000-Rs. 35,000/-	1	14	24	5	0				

(Contd...)

**Table 9: (Continued)**

S. No.	Demographic variables	Global health status/QOL					df	$\chi^2$	P	Significance
		Much worse	Somewhat worse	No change	Somewhat better	Much better				
6	Rs. 36,000-Rs. 50,000/-	1	3	28	4	0	9	23.133	0.005	Significant
	>Rs. 51,000 above	0	1	3	2	0				
	Marital Status	0	13	49	12	0				
	Married	0	1	2	0	0				
	Unmarried	0	0	5	0	0				
7	Divorced	0	0	5	0	0	12	22.724	0.03	Significant
	Window	2	5	5	0	0				
	Number of children	0	1	5	1	0				
	0	0	1	18	1	0				
	1	0	6	26	7	0				
8	2	1	9	9	3	0	3	13.137	0.004	Significant
	3	1	2	3	0	0				
	>3	2	12	21	1	0				
	Type of Family	0	17	40	11	0				
	Joint	2	10	21	4	0				
9	Nuclear	0	9	40	8	0	3	5.288	0.151	Not Significant
	Type of diet	2	10	21	4	0				
	Veg	0	9	40	8	0				
10	Mixed	2	10	24	3	0	3	5.251	0.154	Not Significant
	Area of resident	0	9	37	9	0				
	Rural	2	10	24	3	0				
11	Urban	0	9	37	9	0	9	14.423	0.108	Not Significant
	Source of health information	2	7	12	1	0				
	Family and friends	0	7	19	2	0				
	Government health care agency	0	4	23	7	0				
	Private health care agency	0	1	7	2	0				
12	Mass media	0	5	22	4	0	12	21.018	0.05	Not Significant
	Type of gynecological cancer	0	0	16	5	0				
	Cervical	2	7	11	3	0				
	Endometrial	0	2	5	0	0				
	Vulvarian	0	5	22	4	0				
13	Ovarian	0	5	7	0	0	9	16.016	0.066	Not Significant
	Vaginal	0	2	8	1	0				
	Cancer Stage	0	7	26	4	0				
	1 <sup>st</sup> stage	0	3	20	5	0				
	2 <sup>nd</sup> stage	2	7	7	2	0				
14	3 <sup>rd</sup> stage	0	2	27	4	0	9	18.881	0.026	Significant
	4 <sup>th</sup> stage	0	4	7	1	0				
	Type of treatment	2	12	22	3	0				
	Surgery with chemotherapy	0	1	5	4	0				
	Surgery with radiotherapy	0	4	7	1	0				
15	Surgery with chemotherapy and radiotherapy	2	12	22	3	0	9	17.744	0.038	Significant
	Surgery with hormonal therapy	0	1	5	4	0				
	Duration of treatment	0	5	18	4	0				
	6 months–1 year	0	9	24	5	0				
	1–2 years	0	2	14	2	0				
	2–3 years	0	2	14	2	0				
	3–5 years	2	3	5	1	0				

women with breast cancer in rural India. The method of the study was that 208 women with infiltrating carcinoma of the breast took part in it. People were given a questionnaire with sections about their social and demographic background, the stage of their cancer, and how long it took them to get medical help. To measure self-efficacy, a standard measuring tool was used. The WHOQOL – BREF tool was used to measure QOL. The overall mean score for QOL was 59.3, according to a result. The average score for all groups was 55.5 for domain 1 (physical health), 58.2 for psychological health, 63.2 for social relationships, and 60.4 for environmental factors. Less

education was linked to a lower QOL score in the environmental domain. Being divorced, widowed, or never married was bad for psychological health and social relationships, while having a higher income was good for things such as psychology, social relationships, and the environment. All four parts of QOL were linked to self-efficacy in a good way. Researchers came to the conclusion that this study showed that women with breast cancer in rural India had a moderate QOL. Young age, not having enough education, and not having a partner were all bad for QOL. On the other hand, being a casual or industrial worker, having a high monthly family income, and being more



confident in yourself were all good for QOL. A full public health initiative is needed, with help for breast cancer survivors in the areas of social, financial, and environmental health.<sup>[8]</sup>

**Surgery for endometrial cancer:** An audit of quality across centers in India: Surgery is the main way, endometrial cancer is treated. However, there are a lot of disagreements about how to treat it, from how to stage it to what kind of treatment to give afterward. In India, women with endometrial cancer are operated on by surgeons from different specialties, and there are no practices based on guidelines. This means that the quality of care given to women with endometrial cancer needs to be checked. The study was based on questionnaires that were filled out at different conference sites. People who operate on endometrial cancer, such as general surgeons, gynecologists, surgical oncologists, and gynecologic oncologists, took part in the study. Results showed that doctors have a lot of different ideas about how to treat endometrial cancer and cannot agree on how much lymphadenectomy to do during surgery. Furthermore, oncosurgeons are more likely than doctors in other fields to use intraoperative frozen sections and comprehensive staging.<sup>[9]</sup>

A prospective and cohort study was done at King George's Medical University (KGMU), Lucknow, in the Department of Obstetrics and Gynecology and the Department of Radiotherapy. Patients who went to the outpatient department or were admitted to the department of Obstetrics and Gynaecology and the department of radiotherapy at KGMU were chosen as the cases. Using the European Organization for the Treatment of Cancer general cancer QOL Score 30 (EORTC QLQ C-30) and EORTC QOL questionnaire cervical cancer module (QLQ CX-24) questionnaires, the information was gathered through face-to-face interviews. The results are QOL and QOL for cancer of the cervix. Multivariate analysis was used to study the different factors that affect QOL. Researchers found that education, smoking, the degree to which the tumor was differentiated, and the size of the tumor were all independent factors that had a statistically significant effect on the survivors' QOL.<sup>[10]</sup>

In 2012, a study was done at the Hematology/Oncology Clinics of North America to find out how modern QOL issues affect gynecologic cancer survivors. They found that about 11% of newly diagnosed cancers in women in the United States and 18% around the world are gynecologic cancers. Most gynecologic cancers happen in the uterus and endometrium (53%), the ovaries (25%), and the cervix (14%). Cervical cancer is most common in women before menopause, when they are still having children. Uterine and ovarian cancers, on the other hand, usually show up during perimenopause or menopause. Gestational trophoblastic neoplasms, which are cancers and malignancies that start in the cervix or vulvar, happen less often. No matter where cancer starts or how old a person is when it starts, the disease and its treatment can have short- and long-term effects on QOL, such as sexual dysfunction, infertility, or lymphedema (QOL). The article

gives an overview of current issues in the areas of sexual functioning, reproductive issues, lymphedema, and the role of health-related QOL in important gynecologic cancer clinical trials.<sup>[11]</sup>

## CONCLUSION

According to the results of this study, women who have been diagnosed with gynecological cancer do not experience a decline in their overall QOL. Gynecological cancer and the techniques used to treat it produce major problems that have a detrimental impact on a person's QOL in terms of the physical, emotional, social, and role function components of life.

## ACKNOWLEDGMENT

None.

## FUNDING

None.

## CONFLICTS OF INTEREST

None.

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**How to cite this article:** Pawar PV, Shinde M. A Study to Assess the Quality of Life among the Gynecological Cancer Patients in Selected Hospitals of the City with a View to Develop an Information Booklet. *Int J Nur Res.* 2023;9(2):48-56.w