Effect of Self-Care Guideline on Quality of life for Women with Gynecological Cancer undergoing to Chemotherapy Thesis

Submitted for partial fulfillment of The Doctorate Degree

In

Nursing Sciences
(Maternity & Neonatal Nursing)

By

Amal Fatthy Mohammed

(Master Degree Nursing)
Faculty of Nursing- Ain Shams University

Faculty of Nursing
Ain Shams University
2013

Effect of Self-Care Guideline on Quality of life for Women with gynecological Cancer undergoing to Chemotherapy

Thesis

Submitted for partial fulfillment of doctor

Degree in Nursing Sciences

Supervised By

Prof. Dr. Shadia Hamido Mohaseb

Professor of Maternity & Neonatal Nursing
Faculty of Nursing
Ain Shams University

Dr/ Ali Mohammed Azmy

Prof. of Clinical Oncology & Nuclear Medicine,

Faculty of Medicine

Ain Shams University

Dr. Nevein Samir Metwaly

Assistant Prof. of Maternity & Neonatal Nursing
Faculty of Nursing
Ain Shams University

Dr/ Ahmed Mohammed Ibrahim

Assistant Prof. Of Obstetric & Gynecology

Faculty of Medicine

Ain Shams University

Faculty of Nursing
Ain Shams University
2013

ACKNOWLEDGMENT

First and foremost, I feel always indebted to **God**, the most kind and the most merciful.

I would like to express my deep gratitude to

Prof.Dr. Shadia Hamido, Professor of Maternity and Neonatal Nursing, Faculty of Nursing, Ain Shams University, for her scincere help and continuous supervision, encouragment and for being so generous with time and effort through this work. Her help and support helped my completion of this work.

I am deeply grateful to **Prof**. **Dr. Ali Mohammed Azmy**, Prof. Of Oncology & Nuclear Medicine, Faculty of Medicine, Ain Shams University, for his guidance, valuable support and instructions at the start of this work, all are deeply and heartily appreciated.

I am especially indebted and feel appreciated to

Assistant Prof, Dr. Nevein Samir, Assistant Professor of Maternity and Neonatal Nursing, Faculty of Nursing, Ain Shams University, for her close supervision, cooperation, encouragement, constructive criticism and valuable guidance

I would like to express my deep appreciation to **Assisstant Prof. Ahmed Ibrahim**, Assistant Professor of Obstetrics & Gynecology, Faculty of Medicine, Ain Shams University, for his faith in my ability, his scientific help, great effort, continues support, encouragement and advice.

Finally yet importantly, I would like to thank and appreciate target group and everyone who has given me unfailing support and assistance.

Abstract v

ABSTRACT

Women with gynecological cancer undergoing chemotherapy may face vigorous health problems as co morbidity and chemotherapy toxicity that may had negative impacts on their quality of life. The present study aimed to evaluate the effect of self-care guideline on quality of life for women with gynecological cancer undergoing chemotherapy. An Intervention study design was conducted at gynecological oncology unit of Maternity Hospital and out & inpatient gynecological department of Radiation Oncology & Nuclear Medicine center of Ain Shams University. A purposive sample of 100 women was included in the study. They were divided into two equal groups (study and control). Data were collected through three types of tools (a structured interviewing questionnaire sheet, the modified function assessments of cancer therapy scale (FACT), and self-record or diary. In addition, a supportive material (self-care guideline) was distributed to the study group. The results of the study revealed that, there were highly statistical significant differences between study and control groups after one and three months of intervention in total knowledge, self-care practices and quality of life score which the study group had higher score than control group (P<0.001). The study **concluded** that self-care guideline proved to have positive impact on quality of life of women with gynecological cancer undergoing chemotherapy. The study **recommended** that utilization of developed self-care guideline for women at out and inpatient chemotherapeutic department. In-service training programs are needed for chemotherapy nursing staff about their role in managing chemotherapy side effects.

Key word: Gynecological cancer, chemotherapy, self-care guideline, quality of life.

List of Contents

Items	Page No
 List of Abbreviations 	i
 List of Tables 	ii
 List of Figures 	iii
 List of Appendices 	iv
Abstract	V
 Introduction 	1
• Aim of the study	5
 Review of literature 	
- Chapter 1: Gynecological cancer	9
- Chapter 2: Chemotherapy	28
- Chapter 3: Quality of life	46
- Chapter 4: Nursing role regarding self-	59
care to manage chemotherapy side	
effects.	
 Subjects & methods 	77
 Results 	88
 Discussion 	114
 Conclusion & Recommendations 	132
 Summary 	134
 References 	139
 Appendices 	
Arabic Summary	
,	

LIST OF ABBREVIATION

Abbreviation	Meaning
ACS	American Cancer Society
DNA	Deoxyriboll Nucleic acid
CINV	Chemotherapy Induced Nausea and Vomiting
CID	Chemotherapy Induced Diarrhea
CIA	Cnacer Induced Anemia
FIGO	International Federation of Gynecology and
	Obestetric.
FACT	Function Assessments of Cancer Therapy
GTD	Gestional Trophobastic Disease
LEEP	Loop Electrical Excision Procedure
NCI	National Cancer Institute
NCCN	National Comprehensive Cancer Network
IV	Intravenous
IM	Intramuscular
SQ	Subcutaneous
PO	Oral
QOL	Quality Of Life
WHO	World Health Organization

List of Tables ii

List of Tables

Table	Title	Page
1	Distribution of the studied groups according to their socio-demographic characteristics.	89
2	Distribution of the studied groups according to their Present history of gynecological cancer and chemotherapy.	91
3	Percentage distribution of chemotherapy side effects among control group.	92
4	Percentage distribution of chemotherapy side effects among study group.	93
5	Comparison between control and study groups regarding to their total level of chemotherapy side effects.	95
6	Percent distribution of control group according to their knowledge about gynecological cancer and chemotherapy.	96
7	Percent distribution of study group according	
8	Comparison between control and study groups	
9	Percent distribution of control group	
10	Percent distribution of study group according to their self care practice regarding chemotherapy side effects.	100
11	Comparison between control and study groups regarding to their total self care practice score.	101
12	Distribution of studied patients according to their quality of life (physical, psychological& social dimension) among both control & study groups.	102

List of Tables ii

	Distribution of studied patients according to	
13	their total level of quality of life among both	104
	control & study groups.	
14	Relation between patient's total knowledge	
	score and their QOL among total sample	105
	before intervention	
	Relation between Patient's total Knowledge	
15	score and their total self care Practices score	106
	among total sample before intervention.	
16	Relation between patient's total Practice	
	score and their total QOL among total sample	107
	before intervention	
17	Relation between total Patient's Knowledge	
	scores and their socio demographic data	108
	among study (intervention) group.	
18	Relation between total Patient's self care	
	practice sc ore and their socio demographic	110
	data among the study (intervention) group.	
19	Relation between total Patient's QOL and	
	their socio demographic data among study	112
	(intervention) group.	

List of Review- Related Figures

Figures	Title	Page
No	Title	ruge
(1)	Estimated New Gynecologic Cancers	9
(2)	Estimated Gynecologic Cancer Deaths	10
(3)	Stages of ovarian cancer	12
(4)	Uterine cancer	12
(5)	Staging of endometrial cancer	14
(6)	Cervical cancer	15
(7)	Vaginal cancer	19
(8)	Fallopian tube cancer	21

LIST OF APPENDICES

Appendix No	Title
Appendix (I)	Protocol.
Appendix (II)	Structured Interviewing Questionnaire
Appendix (III)	The modified function assessment of cancer therapy scale.
Appendix (IV)	Self record or diary
Appendix (V)	Arabic educational booklet (supportive material).
Appendix (VI)	Administrative Letter.

Introduction

Gynecological cancers are a frequent group of malignancies in women, accounting for approximately 18% of all female cancers worldwide. The most common are, in order, endometrial, ovarian and cervical cancer. Vaginal and vulvar cancers are rare (Gonçalves, 2010). According to 2007 year data of the American Cancer Society, endometrial and ovarian cancers are in the fourth and fifth rank. Cervical cancer is the eighth most frequent cancer in general now, as a result of scanning tests and early diagnosis, and third among gynecological cancer cases (American Cancer Society, 2008).

After the diagnosis of gynecologic cancer the women are faced with the diagnosis itself, personal interpretation of cancer, physical effects of the disease, long and short term side effects of the treatment regimes and the reaction of family and friends (**Pinar et al., 2008**).

There were various treatments of cancer; i.e. surgical staging procedure, chemotherapy, and radiotherapy. Complications and side effects of cancer treatment can not only adversely affect clinical outcomes, but also negative influence a patient's quality of life (Özaras and Özyurda, 2010).

Chemotherapy is the systemic treatment of cancer with anticancer agent. It is a method which uses chemical agents or

☐ Introduction & Aim of the Study

drugs to destroy cancer cells in the cell cycle or use of chemicals or drugs to inhibit the growth and spread of cancerous cells. Chemical agent will go through all the systems of the body. However, some normal cells will be affected by chemotherapy, such as cells lining the gastrointestinal tract, bone marrow cells and hair follicles causing side effects (National Cancer Institute, 2010).

These side effects are commonly found in all patients while receiving chemotherapy, Fatigue, nausea and vomiting, sleep disturbances, changes in bowel function, alopecia, stomatitis and an altered sense of taste are common problems. Chemotherapy also caused neutropenia, anemia, and thrombocytopenia. It was evident that the results of cancerous condition as well as the complications both from the illness itself and the chemotherapy were serious impacts on patient's quality of life (QOL) (National Cancer Institute, 2010).

Quality of life is a multidimensional concept which is defined as a person's view of life, and with her satisfaction and pleasure with life (**Arriba**, **2010**). QOL for patients is defined as "extend to which ones usual or expected physical, emotional and social well-being is affected by a medical condition or its treatment". For cancer patients, all these aspects of life are influenced negatively (**Rise et al., 2011**).

Datroduction & Aim of the Study

Orem theory emphasizes the importance of how one's own self-care is important for maintain life, health development and wellbeing (Bruce et al., 2009). Self-care is defined by Orem theory as the ability to perform activities and meet personal needs with the goal of maintain health and wellness of mind, body, spirit (Rosales, 2010). Effective self-care behaviors can assist cancer patients in minimizing the side effects of chemotherapy, decreasing symptom distress, and improving quality of life (Clay et al., 2009).

The oncology nurses play a vital role in communicating the importance of treatment completion to cancer patients, in helping to remedy toxicity, and in supporting patients across the continuum of care for improving their quality of life. Nurses fill a number of roles, including counseling patients on issues related to treatment completion, providing education about disease, chemotherapy, its side effects, and proper self-care behaviors to manage these side effects, assessing and managing symptoms of the disease and follow up (Clay et al., 2009).

Justification of the problem:

Gynecological cancer patients who had received chemotherapy experience groups of physical, psychological, and social problems that have negative impact on their quality of life (Johnson et al, 2010).

Datroduction & Aim of the Study

Chemotherapy-induced nausea and vomiting (CINV) continues to have a great impact on the quality of life of cancer patients. Approximately 38% of patients receiving chemotherapy develop acute (CINV) and 64% develop delayed CINV (Cohen, de Moor, Eisenberg, Ming and Hu, 2007). Oral mucositis, is a common, debilitating complication of cancer chemotherapy, occurring in about 40% of patients (Fall-Dickson & Berger, 2008).

Fatigue is prevalent symptom in cancer patients receiving chemotherapy (Cameron, et al., 2011). Chemotherapy-induced diarrhea (CID) is a common problem. The incidence of CID has been reported to be as high as 50–80% of treated patients (Stein , Voigt , and Jordan., 2010). Alopecia still remains one of the most untreatable side-effects induced by cancer chemotherapy (Gardani et al., 2007).

Several studies reported that patients with cancer undergoing chemotherapy are practicing poor health behaviors as result of severity of side effect, versus inability to manage side effects; previous researches emphasized the need for patient education, and clarification of instruction to each individual patient (Ali, 2004 & Mohammed, 2009).

So this study was designed to evaluate the effect of selfcare guideline on quality of life for women with gynecological cancer undergoing chemotherapy.

Aim of the Study

The aim of this study was to evaluate the effect of selfcare guideline on quality of life for women with gynecological cancer undergoing chemotherapy through the following objectives:

- Assess women's knowledge & self-care practice regarding to chemotherapy & its side effects.
- Design self care guideline about chemotherapy, its side effects and self care measures to manage these side effects.
- Implementing self-care guideline about chemotherapy and its side effects among women with gynecological cancer.
- Evaluate the effect of self-care guideline on women's quality of life.

Research hypothesis:

The implementation of self-care guideline will improve the quality of life for women with gynecological cancer undergoing chemotherapy among study group compared to control group.