Nursing Intervention of Quality of Life on Patient with Gynaecologic Cancer

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Abstract. Most women with gynecological cancer have low of quality of life. This is due to the perception of the community that identifies cancer with death thus creates a feeling of being useless for life and introvert more. To overcome, a nursing intervention is needed that can improve the quality of life of patients with gynecological cancer. Methods: The literature search was conducted using EBSCO, PubMed, ProQuest and Cengage with the key words gynecological cancer, quality of life, nursing intervention. Furthermore, 188 articles (EBSCO 5, PubMed 13, ProQuest 169 and Cengage 1) were retrieved, of which 11 (EBSCO 2, PubMed 6, and ProQuest 3). The findings are made in table form and narrated. Results: Findings showed that certain nursing interventions can be done to improve the quality of life on gynecologic cancer survivors through physical activity, palliative care, Anma therapy, homecare, Leadership and Coaching for Health (LEACH) programs, Non-sporting qigong (NSQG), Qigong sports (SQG), and Our Fear of Recurrence Therapy (FORT). Conclusions and Recommendations: Providing comprehensive physical and psychological nursing interventions through both hospital and home care services can improve the quality of life on gynecologic cancer survivors.

1. Introduction
Cancer is one of the leading causes of death worldwide. American Cancer Society 2018 explain in 2012, cancer caused the death of 8.2 million people, of which 20% came from gynecological cancer. Gynecological cancer is uncontrolled growth and spread of abnormal cells in the female reproductive organs, including the cervix, ovary, uterus, fallopian tubes, vagina and vulva. Every woman is at risk of gynecological cancer, in the Southeast Asian country about 1.2 million deaths from cancer with the highest prevalence in women is breast and cervical cancer [1]. Cancer patients experience various symptoms that affect their quality of life.

In Theofilou (2013) and Diener et al (1999) explain the concept of quality of life includes how one measures 'good' from various aspects of their lives. This evaluation includes a person's emotional reaction to the occurrence of life, disposition, a sense of satisfaction and life satisfaction, and work and personal relationships satisfaction. Intervention aims to develop effective symptom care and
management needs so the gynecologic patients have the ability to control the impact of their illness and the treatment they undergo [2], [3]. The gynecologic patient cancer through several studies has poor quality of life related to health. The high rate of cancer morbidity and mortality can lead to feelings of being useless for life and more self-closing so there is a need for interventions to improve the quality of life of cancer patients. The ultimate goal of intervention is to improve the quality of life [4]. The researchers are interested in analyzing nursing interventions to improve the quality of life of gynecologic cancer patients by conducting a review literature. The purpose of this paper is to find out various interventions that can improve the quality of life of in gynecologic cancer patients.

2. Methods
Literature review was conducted by searching several journal through electronic databases of EBSCO, PubMed, ProQuest and Cengage with the key words gynecologic cancer, quality of life, nursing intervention and found 5 articles from EBSCO, 13 articles from PubMed, 169 articles from ProQuest and 5 articles from Cengage with the following inclusion criteria: 1) full text, 2) published in the period 2008-2018, 3) quantitative design, 4) main content regarding nursing interventions of quality of life on gynecologic cancer patients.

3. Results and Discussion
Seven articles were obtained based on the selection of inclusion criteria (EBSCO 2 articles, PubMed 2 articles, and ProQuest 3 articles). Articles analyzed using quantitative methods with a randomized controlled trial (RCT) and quasi-experimental study design. All samples were gynecologic cancer patients. There were several interventions in the treatment of gynecologic cancer patients associated with the quality of life of patients, namely:

3.1. Palliative Therapy
Zimmermann et al (2014) conducted RCT design with number of samples 461 samples (intervention 228, control 233) with inclusion criteria aged ≥ 18 years, stage III and IV cancers with poor clinical prognosis, life expectancy 6-24 months (assessed by experts oncology) obtained results for secondary quality of life and symptoms of distress at 3 months, there were significant differences between groups in the change in score for QUAL-E, the ESAS score showed no significant difference between groups in the last 4 months, while there were differences significant for FACIT-Sp, QUAL-E, and ESAS [5]. The conclusion is that there are differences in quality of life in the intervention and the control group but not significant. Palliative care can be used as a treatment for patients with advanced cancer diagnosis. The strength of this study is not only to focus on the quality of life of cancer patients but to pay attention to support systems and involve interdisciplinary disciplines. In line with the research of Temel et al (2010) and Greer et al (2011) suggesting that early palliative care can improve quality of life and prolong survival on lung cancer patients [6], [7].

Palliative care focuses on improving the quality of life of patients and families in the face of life-threatening problems, through prevention, recovery by identifying early treatment of physical, psychosocial and spiritual [1]. The principle of palliative care services including: relieving pain and physical symptoms; respect life and assume the process of death is a normal process; does not aim to accelerate and delay death; integrating psychological, social and spiritual aspects; provide support so that patients can live as actively as possible; provide support to the family until the time of sorrow; use a team approach to address the needs of patients and their families and avoid futile actions [8].
3.2. Anma Massage Therapy (AMT)

Anma therapy (Japanese massage) is an intervention to improve the quality of life of gynecologic cancer patients [9]. Design of RCT studies in 40 samples with inclusion criteria: have a history of uterus cancer, endometrium cancer, ovary cancer, fallopian tube cancer, or peritoneal cancer; for 3 years there was no recurrence of cancer, aged 20 years and when confirmed fulfilled the requirements for the trial by a gynecologist. The results were QLQ-C30 Global Health Status and quality of life showed a significant increase at 8 weeks (P = 0.042) in the Anma Massage Therapy (AMT) group compared to the non-AMT group, and estimates of mean difference achieved important clinical differences of at least 10 points (10.4 points, 95% CI = 1.2 to 19.6). Scores on fatigue and insomnia showed a significant increase in the AMT group compared with the non-AMT group (P = 0.047 and 0.003, respectively). There were no significant improvements between groups in the anxiety and depression scale of HADS; however, the anger-hatred assessed by POMS showed a significant increase in AMT group compared with the non-AMT group (p = 0.028). In conclusion AMT is able to improve the quality of life, especially in the health of gynecological cancer patients. Other benefits Anma therapy can affect a person's immune system [10], reduce pain intensity, reduce shoulder and neck muscle tension [11], and reduce symptoms of Parkinson's disease [12].

3.3. Sporting Qigong (SQG)

Huang et al (2016) conducted a study on 95 samples (controls: 31, NSQG (non-sporting Qigong): 33, and SQG (Sporting qigong): 31) in adult women with breast cancer who would start chemotherapy (without stroke, musculoskeletal diseases, and other diseases known to affect physical activity) [13]. Respondents get Qigong sporting intervention three times a week (30 minutes per session). Data were collected in face-to-face interviews before chemotherapy and at 1 and 3 months after chemotherapy. The results obtained in months 1 and 3 after practicing Qigong, patients in the SQG group had lower weakness scores than in the control group. At the 3rd month after intervention, patients in the NSQG group also had lower weakness scores and higher mental component scores for quality of life than the control group. Patients with higher weakness scores have worse physical and mental component scores for quality of life than those with lower brittle scores. The Sobel test shows that fragile scores mediate SQG and physical component scores for QOL. In conclusion, SQG and NSQG beneficial increasing weakness and quality of life among breast cancer patients who receive chemotherapy. The strength of the research conducted was that the measurements were carried out three times.

Sporting Qigong can be used to improve the quality of life on breast cancer patients. In accordance with the research of Chen et al (2013) qigong has a therapeutic effect in the quality of life management on women with breast cancer undergoing radiotherapy [14]. Other studies conducted by Van Vu et al (2017) and Chen and Yeung (2002) show that Qigong therapy can improve the quality of life of cancer patients and can inhibit qi emissions in cancer growth, and reduce tumor growth and improve patient survival for longer[15], [16].

The Qigong theory consists of psychoneuroimmunology, namely the science of behavioral, neural and endocrine interactions, and the immunological adaptation process [17], [18]. Qigong is divided into: external Qigong includes the transfer of therapeutic energy from competent practitioners and internal Qigong is done by individuals by means of meditation, rhythmic movements involving breathing regulation, meditation and self-massage [19]. The Qigong mechanism is a therapeutic action in a disease through positive vegetative pathways that can be activated in functional dysfunctional patterns. Then a positive vegetative pattern arises during a critical stress phase, qigong training is an ancient vegetative biofeedback exercise that encourages positive vegetative functions that will be passed on to individual reactive repertoires [20].
3.4. Comprehensive care
Hwang et al (2014) stated that comprehensive care consists of health management education, self-group support, exercise and relaxation therapy related to the quality of life on patients in physical, social/family, emotional, and health aspects [21]. Social support is identified as a strong predictor of positive prognosis. Social support provides physical and psychological comfort obtained through the knowledge that cancer sufferers are loved, cared for, valued by others and also a member of a group based on common interests [22].

In addition, Hwang et al used physical activity as a part of comprehensive care. Hananingrum (2017) stated that cancer patients who have low activity, the majority have a low quality of life. Many cancer sufferers face psychosocial and physical problems during and after cancer treatment, such as fatigue, increased risk of distress and reduce physical activity and physical function [23]. This can affect the patient's quality of life. Physical activity can increase feelings of happiness, quality of life and survival of cancer patients [24].

Another study conducted by Ruth et al (2009) used RCT design in 123 samples of patients with primary suspected ovarian cancer who were given nursing interventions such as maintaining ADL, symptom management for side effects of chemotherapy, counseling and support. The results of this study indicate a decrease in distress symptoms and better mental and physical quality of life over time after being given physical activity intervention. This study concludes that nursing interventions that involve more than one aspect more effectively improve the quality of life of patients [25].

Li Jue et al. (2015) conducted a study on 226 hospital patient, found that the Home-Based Program program, Nurse-Led Health Promotion (NLHP-HB) can improve quality of life, sexual function and family function on patients with early stage cervical cancer [26]. The NLHP-HB program is a nursing intervention in the form of a health promotion program to help cervical cancer patients. This program provides comprehensive services through health promotion that starts from the beginning of treatment during care and preparation for going home, and continued with home care. This program involves all support systems to facilitate patient needs. This is in line with the role of nurses as: care griver, educator, facilitator, collaborator, advocate and coordinator [27]. The role of educator in this study was carried out through health promotion that significantly improved the quality of life of cervical cancer patients. Health promotion programs also have been shown to improve symptoms in chronic patients. Mohamed (2014) studied of hemodialysis patients given significant educational interventions was able to reduce fatigue whereas fatigue on hemodialysis patients was one of the causes of decreased quality of life [28]. Demet Aktas and Fusun Terzioglu (2012) provided 60 to 90 minutes of home care services including: wound care, medicine and pain management, physical settlement, psychological and social problems, nutrition, drug management, etc [29]. The results showed that the intervention group had a high quality of life (average: 6.01 ± 0.64), while the control group had relatively lower quality (mean: 4.35 ± 0.79) in a 12-week period after treatment (p <0.05). It was concluded that home care services efficiently improved the quality of life on gynecologic cancer patients.

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**Acknowledgements**

This article is presented at the International Conference on Smart City Innovation 2018 that supported by the United States Agency for International Development (USAID) through the Sustainable Higher Education Research Alliance (SHERA) Program for Universitas Indonesia’s Scientific Modeling, Application, Research and Training for City-centered Innovation and Technology (SMART CITY) Project, Grant #AID-497-A-1600004, Sub Grant #IIE-0000078-UI-1.
| No | Author and year | Design | Sample size | Result | Comments |
|----|----------------|--------|-------------|--------|----------|
| 1  | Kyung-Hye Hwang, Ok-Hee Cho, and Yang-Sook Yoo (2014) | A quasi-experimental, non equivalent control group pretest - posttest. | (n=40) | There are significant differences between the two groups in heart function, muscle strength, and quality of life. But there was no difference in the immune response in the two groups. | Researchers measured several functions of the patient's body that were associated with comprehensive care. |
| 2  | Ruth McCorkle1, Michael Dowd1, Elizabeth Ercolano1, Dena Schulman-Green1, Anna-Leila Williams1, Mary Lou Siefer2, Jeanne Steiner2 and Peter Schwartz (2009) | Single-blind randomized clinical trial | (n=123) | APN interventions produced far less uncertainty than the attention of control interventions 6 months after surgery. When the subgroups that received APN plus the PCLN intervention compared to the total attention control group, the subgroup had far less uncertainty, reduced distress symptoms, and better mental and physical QOL over time. | The instrument used to measure the results is well explained. |
| 3  | Camilla Zimmermann, Nadia Swami, Monika Krzyzanowska, Breffni Hannon, Natasha Leighl, Amit Oza, Malcolm Moore, Anne Rydall, Gary Rodin, Ian Tannock, Allan Donner, Christopher Lo (2014) | RCT | (n=461) | There were significant differences in FACIT-Sp, QUAL-E, and ESAS scores on secondary quality of life and the results of symptoms of distress in the 3 ESAS bulls showed no significant differences between groups. | In this study pay attention both the support systems and involve interdisciplinarity. |
| 4  | Nozomi Donoyama1, Toyomi Satoh, Tetsutarou Haman, Norio Ohkoshi, Mamiko Onuki | RCT | (n=40) | QLQ-C30 Global Health Status and Quality of Life showed a significant increase at 8 week (P = 0.042) in the AMT group compared to the no-AMT group, and estimates the average difference reaches important clinical differences of at least 10 points (10.4 points, 95% CI = 1.2 to 19.6). Scores on fatigue and insomnia show a significant increase the AMT group was compared. | Involving other professions in determining diagnosis so as to prevent the subjectivity of researchers in determining the sample. |
| No | Author and year | Design | Sample size | Result | Comments |
|----|-----------------|--------|-------------|--------|----------|
| 5  | Jue Li, Jilinag Huang, Jun Zhang, Yajie Li (2015) | Randomized kontrol trial (n= 226) | 6-month NLHP-HB program improved quality of life After intervention, significant improvement was found for quality of life total score (t = 47,650, p = 0.000), sexual function score (t = 6,465, p = 0.000), Cohesion score (t = 48,417, p = 0.000) and adaptability score (t = 10,735, p = 0.000) in the intervention group. | Assessment involves several aspects |
| 6  | Demet Aktas, Fusun Terzioglu, 2012 | Quasy Eksperiment with Randomized Control Trial (n=35) | The results showed that the intervention group that received home care services had a high quality of life (average: 6.01 ± 0.64), while the control group had relatively lower quality (average: 4.35 ± 0.79) in the period of 12 weeks after treatment (p <0.05). | The sample is not homogeneous, it is still common in gynecologic cancers |
| 7  | Sheng-Miauh Huang, Ling-Ming Tseng, Li-Yin Chien, Chen-Jei Tai, Ping-Ho Chen, Chia Tai Hung, Yvonne Hsiung | Quasi-experimental design dengan rancangan time series (three-group, pre-testpost-test) (n=95) | In the 1st and 3rd months after practicing qigong, patients in the SQG group had lower weakness scores than those in the control group. At the 3rd month after intervention, patients in the NSQG group also had lower weakness scores and higher mental component scores for quality of life than the control group. Patients with higher weakness scores have worse physical and mental component scores for quality of life than those with lower brittle scores. The Sobel test shows that fragile scores mediate SQG and physical component scores for QOL. | Measurements are not only done once but up to three times. |