

Review Article

Health-Related Quality of Life of Cancer Patients in palliative care Unit: A Concept Analysis

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Abstract

Background: Cancer, a leading cause of death globally, poses a significant challenge to both patients and healthcare providers, particularly when it progresses to the terminal stage. Palliative care plays a crucial role in improving the quality of life (QoL) of patients with cancer by addressing their physical, emotional, social, and spiritual needs. Health-related quality of life encompasses these multidimensional aspects and is especially important for patients with cancer in palliative care, where the focus shifts from curative treatment to symptom management and comfort.

Study design: It was a Concept Analysis.

Material and Methods: This concept analysis utilized Walker and Avant's (1986) framework to explore the Health-Related Quality of Life (HRQOL) of cancer patients in palliative care units. The analysis involved identifying the antecedents, defining the attributes, and determining the consequences of HRQOL, offering insights into its significance in nursing practice, research, and policy development.

Study Findings: The consequences of HRQOL are profound, including improved symptom management, patient satisfaction, and prolonged survival. By assessing HRQOL, healthcare providers can tailor interventions to address specific needs and foster patient-centered care.

Conclusion: This analysis highlighted the importance of HRQOL in palliative care for cancer patients. This underscores the need for comprehensive, individualized care plans that prioritize the quality of life of patients, even in the absence of curative treatment.

Keywords: Health-Related Quality of Life, HRQOL, Life Quality, Palliative Care, Cancer Patients, Symptom Management, Quality of Life

1. Introduction

Cancer is a global chronic disease that significantly affects individuals, families, and communities. It is the leading cause of death, accounting for 9.6 million deaths in 2018 and projected to reach 13.1 million by 2040. ⁽¹⁾ Diagnosis and treatment can be distressing and painful, affecting the patient's quality of life. Palliative care is crucial in cancer care because it improves the quality of life, reduces the symptom burden, and enhances communication with healthcare providers. ⁽²⁾

Health-related quality of life (HRQOL) is a crucial concept that encompasses the physical, psychological, social, and spiritual aspects of an individual's life. This is especially important for cancer patients receiving palliative care, who often

face significant physical and emotional challenges due to their illnesses and treatment. ⁽³⁾ According to the World Health Organization, palliative care aims to improve the QOL of patients by addressing their physical, emotional, social, and spiritual needs. This concept analysis will examine the antecedents and consequences of HRQOL in patients with cancer receiving palliative care in healthcare units.

2. Methodology

The concept analysis of "Health-Related Quality of Life of Cancer Patients in Palliative Care Unit" used Walker and Avant's (1986) model, a widely used methodology in nursing. This approach

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focuses on defining the theoretical and practical meanings of a concept, essential features, factors that precede it, its outcomes, and measurable indicators. ⁽⁴⁾ It also involves defining characteristics, antecedents, and consequences and examining examples to aid in understanding the concept's presence.

Selection of a concept and its significance in nursing

This analysis focuses on the Health-related Quality of Life (HRQOL) of patients with cancer in palliative care units. HRQOL is a crucial aspect of patient care, especially for those diagnosed with cancer and receiving palliative care. ⁽⁵⁾ It encompasses the physical, psychological, and social aspects of life affected by cancer and its treatment. In palliative care, HRQOL also considers comfort, symptom management, and support provided to patients and their families. ⁽⁶⁾ The treatment goals are focused on enhancing the quality of life and providing relief from symptoms and pain.

Purpose of the analysis

The concept analysis aims to provide a comprehensive understanding of the HRQOL of patients with cancer in palliative care units, including its attributes, antecedents, consequences, and contextual factors. This framework guides research, practice, and policy development, clarifying its meaning and significance, identifying ambiguities, and providing a foundation for precise measurement, evaluation, and intervention. It systematically analyzes the key elements of the concept.

Definition from Dictionaries

The term 'Health-Related Quality of Life of Cancer Patients in Palliative Care Unit' is derived from the

terms 'Health', 'Quality of Life', 'Patient', 'Cancer', 'Patient, Palliative, and 'Care.' Health is a noun meaning the state of being well, whereas Quality of Life is a noun phrase referring to the degree to which a person or group is healthy, comfortable, and able to enjoy daily activities.

Health-related quality of life (HRQOL) is defined as an individual's subjective evaluation of their physical, mental, and social well being. HRQOL encompasses an individual's perceived physical health, psychological health, and social functioning, as well as factors such as their ability to perform daily activities, engage in social relationships, and enjoy life in general. The term 'Health-Related Quality of Life of Cancer Patients in Palliative Care Units' is essential for understanding and addressing the challenges faced by cancer patients in palliative care units.

Patient

- A person receiving medical care or being cared for by a doctor or dentist is a noun 7, whereas an individual awaiting or under medical care and treatment is a noun 8.

Cancer

- It means "a serious disease that is caused when cells in the body grow in a way that is uncontrolled and not normal, killing normal cells and often causing death" 7.
- Disease, lymphoma, or a cancer 8.

Palliative

- An adjective, which means "remedial" 8
- It is an adjective that means "making a problem seem less serious but not solving the problem or making it disappear" 7.

Care

- A noun and verb, which means “the process of protecting an individual or someone and providing what that individual or someone needs.”⁽⁷⁾
- It is also a verb caring or cared which means, “to feel the trouble or anxiety, to care for his safety, or to feel interested or concerned”.⁽⁸⁾

Identify all uses of the concept

All possible uses of the concept must be identified while selecting the concept and determining the aim of the analysis.⁽⁹⁾

One of the primary uses of HRQOL in cancer patients receiving palliative care is to evaluate and monitor the effectiveness of interventions aimed at improving their quality of life. HRQOL provides healthcare professionals with a comprehensive framework for assessing the physical, psychological, and social aspects of a patient's life affected by cancer and its treatment. This evaluation helps identify areas that require improvement, such as symptom management and psychosocial support, to enhance the HRQOL of patients.⁽⁵⁾

HRQOL is a tool used in palliative care to identify patient preferences and values, which are crucial for determining overall well-being. This helps healthcare professionals tailor interventions to align with patients' goals and values, enhancing their HRQOL. HRQOL is also used in research to evaluate the effectiveness of palliative care interventions in improving the quality of life of patients with cancer.⁽³⁾ Researchers assess patients' physical, psychological, and social functioning before and after interventions, determining the effectiveness of interventions and identifying areas for further research. HRQOL is widely used in research and clinical settings to

assess the impact of disease and treatment on patients' well-being.⁽³⁾ It can evaluate the effectiveness of palliative care interventions, inform treatment decision-making, provide a common language for communication between healthcare professionals and patients, and facilitate patient-centered care by involving patients in their care and treatment decisions.⁽⁵⁾

Defining attributes

The concept of Health-Related Quality of Life (HRQOL) in cancer patients is defined by its potential characteristics.⁽⁹⁾ Physical functioning is a crucial aspect that encompasses daily activities and tasks, such as mobility and self-care. In palliative care settings, physical functioning is often compromised due to advanced diseases.⁽¹⁰⁾ Interventions such as exercise and rehabilitation can improve HRQOL in cancer patients in palliative care units. Emotional well-being is another critical aspect that refers to the patient's psychological state, mood, anxiety, and coping strategies. Emotional distress is common among patients with cancer, particularly those receiving palliative care. Interventions such as counseling and psychotherapy can improve HRQOL in cancer patients in palliative care units.^(11,12)

Social functioning

Important components of healthcare-related quality of life (HRQOL) for cancer patients in palliative care units include social functioning, spiritual well-being, and symptom load. Peer support and group therapy are examples of social support that can help cancer patients feel less alone and isolated.^(13,14)

Spiritual well-being

The term "spiritual well-being" describes a patient's feeling of direction and belonging to something larger than oneself. ^(15,16)

Symptom burden

Cancer patients frequently experience symptom load, which includes both psychological and physical symptoms associated with their diagnosis and treatment, such as sadness, exhaustion, nausea, and pain. Since it can enhance HRQOL and general well-being, symptom management is an essential component of palliative care. Pharmaceutical and non-pharmacological therapies that attempt to lessen symptom load enhance HRQOL in cancer patients receiving palliative care. ^(2,17)

Case analysis

To ensure a thorough understanding of the concept under analysis, Walker and Avant's (2005) model of concept analysis incorporates case analysis, which consists of three different types of cases: a model case that fully exemplifies all attributes, a borderline case that only partially represents the model, and a contrary case that does not reflect the attributes.

Model Case

A model case represents all the defining characteristics of a concept, which can either be derived from the existing literature or created based on the analyst's understanding of the concept.

Mr. Khan is a 60-year-old man with terminal lung cancer who received palliative care in a hospice unit. Despite his illness, Khan was able to carry out his daily activities independently, including dressing, grooming, and walking short distances. He participated in physical therapy sessions and showed improvement in mobility and endurance.

Khan also receives counseling and support from the hospice staff, which has helped him manage his anxiety and depression. He has a strong support network of family and friends who visit him regularly, and he finds comfort in his religious beliefs and practices. Although he experienced some physical symptoms related to his cancer, such as pain and fatigue, they were well controlled with medications and other interventions. Overall, Khan's HRQOL is high, as he is able to maintain his physical, emotional, social, spiritual, and symptom-related well-being despite his illness.

Borderline Case

A borderline case is defined as an example that includes most, but not all, of the defining elements of a concept.

Miss Sara is a 50-year-old woman with metastatic breast cancer who is receiving palliative care at home. She experienced moderate pain and fatigue, which limited her ability to perform her daily activities independently. She relies on her husband for assistance with self-care and household tasks. Although Sara receives regular visits from a palliative care nurse, she has not received any interventions aimed at improving her physical function or reducing her symptom burden. She experiences feelings of sadness and fear regarding her prognosis and has difficulty finding meaning and purpose in her illness. However, Sara remains connected to her family and friends through phone calls and social media and finds comfort in her faith. Sara's HRQOL is moderate, as she experiences limitations in her physical and emotional well-being but retains some level of social and spiritual well-being.

Contrary Case

A Contrary case is defined as an example that does not include any of the defining elements of a concept 9.

Mr. Gunejo is a 75-year-old man with advanced pancreatic cancer who is receiving palliative care in a hospital setting. He was bedridden and unable to carry out any of his daily activities independently. The patient experienced severe pain and nausea despite receiving multiple medications and interventions. He has no close family or friends to provide social support and has not expressed any interest in engaging in social activities or relationships. He had no spiritual or religious beliefs or practices. Gunejo's emotional well-being is severely compromised as he experiences intense feelings of hopelessness and despair. We can conclude that Gunejo's HRQOL is low, as he is experiencing significant limitations in physical, emotional, social, spiritual, and symptom-related well-being.

Identification of antecedent and consequences

Antecedents

Antecedents refer to events or circumstances that may occur before the occurrence of a concept 9.

The antecedents of HRQOL in patients with cancer receiving palliative care are factors that can influence the patient's HRQOL. Several factors can affect the HRQOL of cancer patients receiving palliative care, including demographic, clinical, and psychological factors.

Demographic factors, such as age, sex, and socioeconomic status, can influence HRQOL in cancer patients receiving palliative care. Older patients tend to have a lower HRQOL than younger patients, possibly due to higher comorbidity rates and decreased functional status.⁽¹⁸⁾ Females may have lower HRQOL than males because of higher

levels of anxiety and depression.⁽¹⁹⁾ Low socioeconomic status may lead to poor access to healthcare resources, resulting in a lower HRQOL.⁽²⁰⁾

Clinical factors such as cancer stage, comorbidities, and treatment plan can also impact HRQOL in patients with cancer receiving palliative care. Advanced cancer stages are associated with lower HRQOL, likely due to the higher symptom burden and increased treatment complexity.⁽²¹⁾ Comorbidities can also negatively affect HRQOL.⁽²²⁾ The type of treatment plan, including its intensity and duration, can also impact HRQOL. For example, patients who receive aggressive chemotherapy may experience more severe symptoms and lower HRQOL than those receiving less intensive treatments.⁽²³⁾

Psychological factors such as depression, anxiety, coping mechanisms, and spiritual well-being can also affect HRQOL in patients with cancer receiving palliative care. Patients with higher anxiety and depression levels tend to have lower HRQOL.⁽¹⁹⁾ Effective coping mechanisms, such as seeking social support, can positively affect HRQOL.⁽²⁴⁾ Spiritual well-being can also play a role in HRQOL, as patients with higher levels of spiritual well-being tend to have higher HRQOL.⁽²⁵⁾

Consequences

Consequences refer to the incidents or events that occur as a result of the occurrence of a concept 9.

The consequences of HRQOL in cancer patients receiving palliative care are the outcomes that result from a patient's HRQOL. Several consequences of HRQOL in cancer patients receiving palliative care have been reported.

Improved symptom management is a common consequence of higher HRQOL in patients with cancer receiving palliative care. Effective symptom management can improve physical well-being, leading to a better HRQOL.⁽²⁶⁾

Increased patient satisfaction with care is another consequence of higher HRQOL in cancer patients receiving palliative care. Patients with higher HRQOL tend to report higher levels of satisfaction with their care, including symptom management and communication with healthcare providers.⁽²³⁾ Prolonged survival is another consequence of a higher HRQOL in cancer patients receiving palliative care. A higher HRQOL has been associated with longer survival in patients with cancer receiving palliative care.⁽²⁴⁾

Empirical referents

The empirical referents of HRQOL for cancer patients receiving palliative care include standardized questionnaires, such as the Functional Assessment of Cancer Therapy-General (FACT-G), the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30), and the McGill Quality of Life Questionnaire (MQOL).⁽³⁾ These questionnaires assess different aspects of HRQOL, including physical, emotional, social, and functional well-being of the patients. They are used to measure patients' subjective perception of their overall well-being and provide healthcare providers with valuable information that can be used to improve patient care.

3. Findings

The consequences of HRQOL are profound, including improved symptom management, patient satisfaction, and prolonged survival. By assessing HRQOL, healthcare providers can tailor

interventions to address specific needs and foster patient-centered care.

4. Conclusion:

HRQOL of cancer patients receiving palliative care is a complex and multifaceted concept that encompasses physical, psychological, and social well-being, symptom burden, functional status, and overall satisfaction. Understanding the factors that affect a patient's HRQOL is essential for improving overall well-being and reducing symptom burden. Healthcare providers, researchers, and policymakers can use the concept of HRQOL to develop and implement interventions that can improve the quality of life of patients with cancer receiving palliative care. The use of standardized questionnaires can provide healthcare providers with valuable information that can be used to tailor treatment plans to meet individual patient needs and improve overall well-being.

The concept of HRQOL (Health-Related Quality of Life) can be interpreted differently depending on who is defining it and their perspective. The meaning of HRQOL can also vary depending on the associated health condition, and it is a value-laden concept that elicits unique emotional responses from individuals. Although most of the literature on HRQOL comes from the medical field, it may not encompass all aspects of holism that are important in nursing. Thus, further studies are needed in nursing or using a multidisciplinary approach.

Nurses play a pivotal role in assessing and enhancing HRQOL by providing holistic, person-centered care that addresses the physical, emotional, and spiritual needs of cancer patients. Integrating HRQOL assessment into routine nursing practice can guide clinical decision-

making, improve communication with patients and families, and promote more compassionate and individualized palliative care. Poor cortico-medullary differentiation and renal cysts were most common sonographic findings in patients with hypertension co-morbid with diabetes mellitus. Other findings were renal calculi and renal infection.

Disclosure /Conflict of interest:

Authors declare no conflict of interest.

Tables and Figures: Not Applicable

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