



## Review Paper

# Understanding Quality of Life (QoL) of cancer patients and Scope of Social Work Intervention: A Review

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## Abstract

*Worldwide the burden of Cancer is increasing and considered as second most common disease after cardiovascular disorders. Cancer patients generally reported issues on their physical, psycho-social, functional, spiritual, financial, fatigue, etc. It is very difficult to deal with all issues from the view point of oncology. To cover all these issues it is much more needed to know the Quality of Life (QoL) of cancer patients. There are three major aspects in cancer: early diagnosis, treatment and regular follow up, and Quality of Life studies. QoL deals with well-being of cancer patients. These studies will help oncologist for planning and management of cancer patients. It is very difficult to collect QoL information on such issues like spiritual well-being. So, implementation of QoL questionnaire is equally important. There are several validated QoL questionnaires available and this should be systematically administered by the professional bodies includes oncologists, psycho-oncologists, psychologists, social workers. Studies shows that early stages of cancer have better QoL compare to advanced stage of cancer.*

**Keywords:** Cancer, Fatigue, Quality of Life, Social work, Well-being.

## Introduction

Cancer is a life-threatening disease, and receiving a cancer diagnosis is an extremely stressful experience<sup>1</sup>. Worldwide the burden of cancer is growing. To know details of cancer we should first try to understand the terminology of Cancer. The study of cancer is called 'Oncology' and as per Oncology, Cancer is a malignant disease caused by abnormal growth of cells in the body and formed a tumor. Cancer is nothing but tumors but all tumors are not cancer. So, cancer is an abnormal growth in cells formed a tumor and gradually cells spreads other parts of body/organ. There are four stages of cancer i.e., stage – I, II, III and IV. In general stage – III and IV is considered as advanced nature of disease.

Cancer is a leading cause of death worldwide and accounted for 8.2 million deaths in 2012<sup>2</sup>. Bektas and Demir stated that the World Health Organization's (WHO) reported that the number of cancer patients is estimated to reach 22 million in the next 20 years<sup>3</sup>. An oral cavity cancer study from Barak Valley of Assam, India states that 84.2% of males and 85.0% females were tobacco users and over 60.0% patients reported in stage – IV<sup>4</sup>. Quality of Life (QoL) is an ill-defined term. In general when we asked to define QoL, we can immediately reply that this is the happiness and satisfaction of life. But health related 'Quality of Life' differs its meaning and this includes several well-being like – physical, mental, social, spiritual, etc.

## Materials and Methods

To attempt this study the authors has gone through several journals, periodicals, and reports from the year 1981 to 2016. Articles on related topic on "Quality of Life", "Cancer and Quality of Life", "Health related Quality of Life" which were published in Pubmed, Crossref, Google-scholar, medIND, and other sources were systematically reviewed. From total 59 searched articles and only 28 articles included for this Quality of Life study.

## Results and Discussion

**Results:** Issues of cancer patients: Several studies on cancer show their result that patients develop various psychosocial problems within themselves. Various studies found that serious depression is common in cancer patient and counted around 6–15%<sup>5</sup>. So, depression among cancer should be considered seriously. Depression persists among cancer patients when patient is under-diagnosed and under-treated<sup>6</sup>. A cohort study on using Hospital Anxiety and Depression Scale found 22% combined rate of anxiety and depression in cancer patients<sup>7</sup>. Anxiety and depression sometimes works mutually in cancer patients. Anxiety and depression initially noticed during the phase of diagnosis and this found in several studies. Terminally ill patients with cancer suffer from several physical and psychological symptoms and multiple organ failures<sup>8</sup>. Terminally ill cancer patients means the advanced nature of

disease and due to incurable nature of progression the patients basically feels anxiety, depression, trauma, fatigue, pain, constipation, vomiting like symptoms. Psychological, behavioral, biological and social factors that affect risk occurrence of cancer, its detection, treatment and survival<sup>9</sup>. Cancer patients have much more frequent passive suicidal thoughts than real suicidality. Depression effects on mortality are not exactly confirmed but depression is linked to rapid progression of disease<sup>10</sup>. Cancer related fatigue is another issues that a cancer patient experiences. Cancer related fatigue can be defined as a persistent, subjective sense of tiredness related to cancer or cancer treatment that interferes with usual functioning<sup>11</sup>. Fatigue can be physical, mental, and emotional. Fatigue can be occurred in patients during treatment or adverse effect of treatment. During fatigue patient feels tiredness and this frequently observes in cancer patients. Pain is another issue. Cancer related pain may be due to their physical condition, due to psychological stress, due to emotional factors, due to financial condition, due to spiritual context, etc. Anxiety associated with cancer amplifies feelings of pain, interferes with sleep habits, causes nausea and vomiting, and negatively affects on patients quality of life<sup>12</sup>. So, pain is considered one of the major issues of cancer survivors. National Comprehensive Cancer Network suggested distress<sup>13</sup>, which are simply assessed by distress thermometer. If patients have several issues than his/her pain considered as high distress. In Figure-1 we can see several issues of cancer patients which were divided in groups.

**Quality of Life (QoL):** To define Quality of Life (QoL) is very difficult and hence it is an ill-defined term. QoL simply means satisfaction towards life. But in health section it is very difficult to understand about QoL and hence this will be better to use Health Related Quality of Life (HRQoL). Table-1 shows several contributions on Quality of Life. Some suggested that QoL is one's expectation on life and how he achieves his/her goal. Somebody limited it up to satisfaction. More importantly majority of them expressed that HRQoL is a state of well-being which involves physical, psychological, social, spiritual, and functional. QoL involves all well-being within in a person which acts together to achieve someone's happiness and satisfaction of life (Figure-2). To measure QoL there are lots of validated questionnaires to deal with.

**Measurement of QoL studies in cancer setting:** Cancer patients have several issues like physical, emotional, psychological, spiritual, financial, social, functional, etc. QoL studies deals with the issues and bring information to the oncologist for patient's better survival. Measuring quality of life from patients' perspective can add more information to our understanding of how patients react to their treatments<sup>14</sup>. The measurement of QoL is a challenge at the part of oncologist as well as quality of life experts. Asking questions on social functioning, spirituality, etc., are very difficult because these are not directly observed by the patients. Therefore, there shall be certain bias. Moreover, using scale system is also barrier that either these matching the patient's condition that he describes. There may be problems to

draw correct interpretation if the validated instrument not used properly<sup>15</sup>. So, there is a need of trained person who are expert to collect information from the patient. There are lots of validated questionnaires (Table-2) have been used for Quality of Life studies world-wide. It will be better to use certain questionnaires because of its reliability and validity and all these questionnaires pass several statistical tests.

**Scope of Social Work Intervention:** Social Worker's are professional bodies gained experience from their curriculum and field experiences. In 1919, Ida Canon became the first hospital social worker at Massachusetts General Hospital in Boston and their after medical social work got its root<sup>16</sup>. Now-a-days, Medical Social Workers (MSW) are providing psychosocial services to the cancer patients because they have knowledge in regards to disease, treatment, psycho-social and other pathological conditions. Social workers have their professional training on problem solving approach and counselling skills. In Quality of Life studies, Social Worker can able to collect distress thermometer and collect information of patients various well-being through administration of validated questionnaire. Social workers in cancer setting can facilitate patient and families coping with cancer diagnosis, treatment, rehabilitation and follow up<sup>4</sup>.

**Discussion:** Cancer is a malignant disease. Cancer occurs when our cell does not function normally. There are lots of causes for cell abnormality like our habits (consumption of tobacco, alcohol, etc), environmental factor, dietary and life-style habits, other exposures, etc. Four major stages of cancer and stage – III and IV considered as advanced stage.

Cancer is the worst of all illnesses<sup>17</sup>. Cancer patients have several health related issues like psychological, physical, psycho-social etc. Quality of Life (QoL) is a difficult term to use. It generally relates to happiness and satisfaction. Though cancer patient have several issues and so it is important to know their quality of life. Quality of life is a subjective, multidimensional construct encompassing several aspects of physical and psychosocial well-being<sup>18</sup>. QoL mainly deals with well-beings (physical, psycho-social, functional, etc). QoL have several questionnaires on particular well-beings to know the scores. Studies found that, QoL is better to the cancer patients those who have better prognosis of disease. Major problems in assessment of QoL are that of questionnaire administration. Questions like assessment of spirituality are very difficult to define and so, there is always need of trained persons for questionnaire administration. Social workers are professionally trained persons and this will be not a difficult job to collect information from the perspective of social work profession. Social worker knows the psycho-social aspect of individual and having knowledge of individualization.

Social worker generally applies the principle of relationship to collect accurate information. So, there will be some scope for social workers to collect information on QoL.

## Conclusion

In conclusion we came to know about the cancer and the issues of cancer patient. Quality of Life study is important to know such issues. Quality of Life deals with well-being of persons.

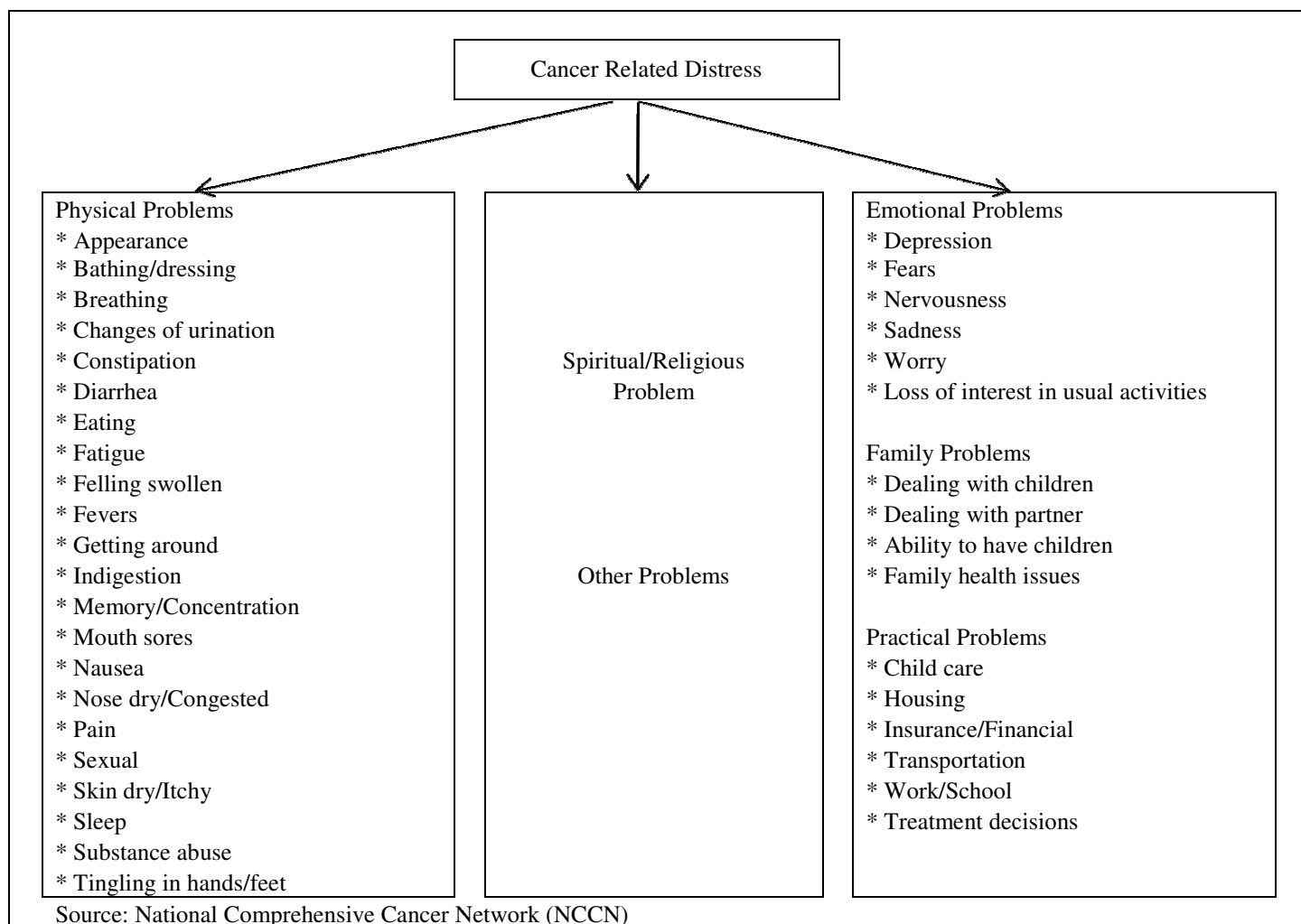
These can be ascertained through implementation of certain validated questionnaire and social workers can be able to implement such questionnaire as they have professional knowledge.

**Table-1**  
**Contributions on Quality of Life**

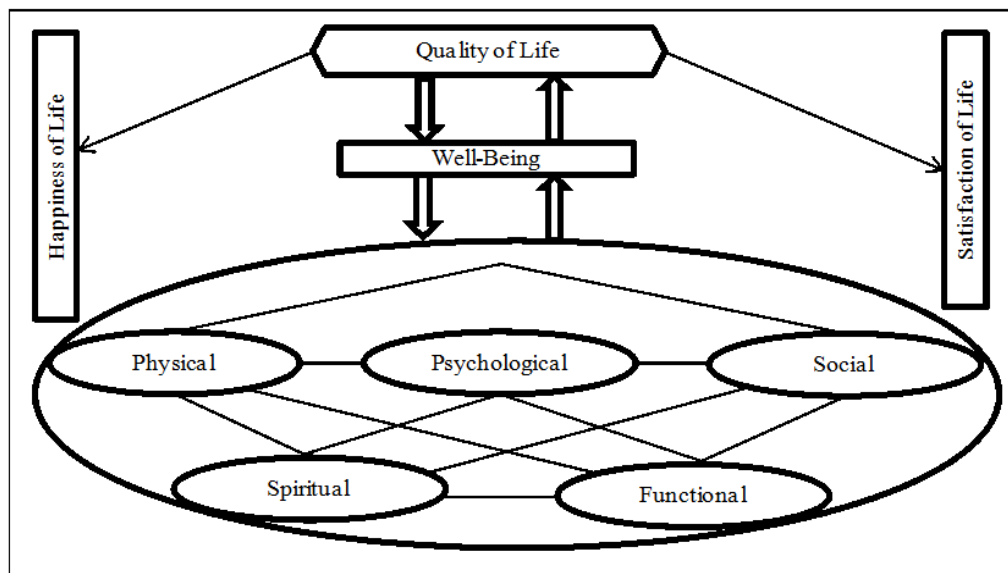
Contributor's	Year	Meaning of Health Related Quality of Life (HRQoL)
Calman KC <sup>19</sup>	1984	Gap between expectation and achievement. Lesser gap higher QoL.
van Knippenberg FC and de Haes JC <sup>20</sup>	1988	Subjective evaluation on good and satisfactory character of life.
Schipper H and Clinch J <sup>21</sup>	1988	Perceived functional effect and consequent therapy of an illness.
Schumacher et al <sup>22</sup>	1991	Overall satisfaction and personal well-being in one's life.
Gotay et al <sup>23</sup>	1992	State of physical, psychological, and social well-being & functional satisfaction.
WHOQOL Group <sup>24</sup>	1993	Positions of culture and value systems and relations of goals, expectation, etc.
Pandey et al <sup>25</sup>	2002	HRQoL includes psychosocial, emotional, and physical outcomes perceived by patients.
Alexander <sup>26</sup>	2003	Key concept includes physical, psychological, social, and functional well-being.
Maduro et al <sup>27</sup>	2003	HRQoL refers to state of physical, mental and social well-being.
Jones et al <sup>28</sup>	2006	HRQoL includes well-being of physical, psychological, social, and functional.

**Table-2**  
**Various Quality of Life Measure Scales**

Name of measurement	In short	Type
European Organisation for Research and Treatment of Cancer - General	EORTC QLQ-C30	Cancer specific
European Organisation for Research and Treatment of Cancer - Palliative	EORTC QLQ-P15	Palliative Cancer
Functional Assessment of Cancer Therapy - General	FACT-G	Cancer specific
Short Form - 36	SF-36	General
Visual Analog Scale - Cancer	VAS-C	Cancer specific
Hospital and Anxiety Depression Scale	HADS	Generic
Profile of Mood States	POMS	Cancer specific
Rotterdam Symptom Checklist	RSCL	Cancer specific



**Figure-1**  
**Cancer related distress**



**Figure-2**  
**Quality of Life**

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