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S Gita
Research Scholar, Department of Nursing, Shri Jagdishprasad Jhabarmal Tibrewala University, Jhunjhunu, Rajasthan, India

Dr. Priyesh M Bhanwara Jain
Research Supervisor, Department of Nursing, Shri Jagdishprasad Jhabarmal Tibrewala University, Jhunjhunu, Rajasthan, India

Dr. Kanchan Kumari Sharma
Research Co-Supervisor, Department of Nursing, Shri Jagdishprasad Jhabarmal Tibrewala University, Jhunjhunu, Rajasthan, India

Quality of life of breast cancer patients

S Gita, Dr. Priyesh M Bhanwara Jain and Dr. Kanchan Kumari Sharma

Abstract
WHO in 2019 has reported 2.09 million cases and 62, 7000 deaths of breast cancer in women. It affects women in the developing and developed countries across the globe. In our country, breast cancer is the most common form of cancer, among women which begins in the early thirties and peaks at 60-65 years of age. Breast cancer if detected early can be treated. The study was done to assess Quality of Life among breast Cancer patients. Using Sister Callista Roy's General system theory this descriptive study was done on 100 Breast Cancer patients in Oncology OPD using QOL tool. Study findings revealed that with all treatment and follow-up regimes too only 54% had a good QOL rest being affected with disease and having some or other issues. To conclude even if there are extensive advancements in treatment modalities related to the Breast cancer still the fears, finances and social activities are widely affected.

Keywords: Breast cancer, QOL, QOL in breast cancer

Introduction

Cancer prevalence in India is estimated to be around 2.5 million, with over 8, 00,000 new cases and 5, 50,000 deaths occurring each year due to this disease. Breast cancer is the most common malignancy affecting women, with more than one million cases occurring worldwide annually. Every year, the month of October is for breast cancer awareness, were maximum population is educated about breast cancer its risk, early diagnosis through screening camps and treatment is provided. It is the most prevalent and is major problem both nationally and globally. At times it can be life threatening disease as it can spread to other parts of the body through blood and lymph circulation.

The currently available approach to the management of the high risk women is screening. The underlying concept is that early detection of the disease can save lives and prevent unnecessary suffering. A pink ribbon is the most prominent symbol of breast cancer awareness. The pink ribbon is associated with individual generosity, faith in scientific progress, and a "can-do" attitude. The three components of breast cancer screening are breast self-examination, clinical breast examination, and mammogram. Most of the people seek medical advice when the disease is fairly advanced, resulting in poor survival and high mortality rates. The less informed women do not come forward because of ignorance of the importance of a lump in the breast; the educated women may consider it a social stigma, hence delaying presentation for as long as possible. Late diagnosis is a major factor for high mortality as most patients present in advanced stage of the disease.

Need for the study

Quality of life has become a well-accepted outcome measure for cancer patients and an integral part of cancer patient management. This is partly due to the increasing number of breast cancer patients. Statistics show that each year there is over 1.1 million newly diagnosed women with breast cancer worldwide and 410,000 women die from the disease. On the other hand, improvements in early detection and treatment of breast cancer have led to longer survival of these patients. Also, breast cancer affects women's identities and, therefore, studying quality of life in women who lose their breasts is vital. Breast cancer causes a major psychological impact and stress because it is life-threatening, leads to body image issues resulting from surgical procedures such as mastectomy, the primary treatment is complex (consisting of surgery, chemotherapy, radiotherapy, and endocrine hormonal therapy), hospital visits are frequent, and hospital waiting times are long. Inevitably, hospital Visits for chemotherapy, radiotherapy, investigation procedures, and surgery affect patients

Corresponding Author:
S Gita
Research Scholar, Department of Nursing, Shri Jagdishprasad Jhabarmal Tibrewala University, Jhunjhunu, Rajasthan, India

financially. Social activities such as work, childcare, leisure time, and daily living are disrupted, further adding to the stress and subsequently leading to decreased quality of life (QOL). Furthermore, patients experience adverse effects from the above treatment modalities, subsequently experiencing further increased stress.

Objectives of the study
To assess the quality of life among breast cancer patients

Conceptual framework
Callista Roy's General System Theory

Methodology
A descriptive cross sectional study was conducted on Female breast cancer patients after diagnosis by physician and attending Day Care center of oncology OPD department of Pune Maharashtra. Data was collected using Purposive Sampling Technique with sample size of 100 breast cancer patients. The study includes ambulatory patient suffering from breast cancer available during data collection period & willing to participate. Exclusion criteria includes undergone similar study& not included in pilot study, not willing to participate and not available during the data collection period. Dependent variable for the study is QOL. Extraneous variables are Socio-demographic variables.

Data was collected using structured questionnaire in two parts: Socio demographic data, & QOL. Content validity & reliability of the tool done. Cornbrash's alpha was found to be $r = 0.877$. Pilot study was done on 10 patients to find the feasibility of the study. Data collected and analyzed using descriptive and inferential statistics. On examining the demographic data key characteristics of study population were that Majority of the respondents were in the age group of 45-54 years (41%), Hindu by religion (80%), 39% had secondary school education, 72% were housewife, 98% were married, 47% had 3-5 children, 69% belonged to nuclear family, 64% had family income of between Rs 5001/= to Rs 10,000/=, 41 had their first child between 21-25 years, 60% did not breast feed their children and 32% of respondents received information from friends/ from locality suffering from breast cancer.

Findings and Discussion
Majority of the respondents had no h/o of breast cancer (96%); were not aware of warning signs (91%); were breast cancer recognized by Doctors and nurses (81%); presented with painless lump (42%); 91% were without metastasis; 70% of them had <1 year of the disease; 81% were undergoing or had chemotherapy; 84% were attending follow up care once a month and 93% did not have an prior experience of caring for cancer patients at home.

Table 1: Frequency percentage of study participants in relation to disease and treatment (n=100)

S. No.	Variable		Content	No. %	S. No	Variable		Content	No. %
1.	Family H/o Breast Cancer	A	Yes	4	2.	Recognizing cancer	a	Lump in the breast	14
		B	No	96			b	By routine BSE	5
3.	Aware of warning signs	A	Yes	9			c	By Drs & Nurses	81
		B	No	91	4.	Signs & symptoms	a	Painless lump	42
5.	Type of Breast cancer	A	Cancer alone	96			b	One breast larger	19
		B	With metastasis	4			c	Discharge - nipple	11
6.	Duration of the disease	A	< one year	70			d	Nipple inverted	9
		B	1- 3 years	30			e	Skin dimpling	6
		C	> 5 years	0			f	Swelling - armpit	13
7.	Type of treatment received	A	Radiation	18	9.	Follow up care	a	Once a month	84
		B	Chemotherapy	81			b	Once in 3 months	16
		C	Hormonal	2			c	Once in 6 months	-
		D	Surgery	5			d	Yearly	-
8.	Duration of treatment completion	A	0-6 months	52	10	H/o prior experience of care	a	Yes	7
		B	6 months-1 year	21			b	No	93
		C	>1 year	27					

Mean Values of Quality of Life of Study Participants (n=100)
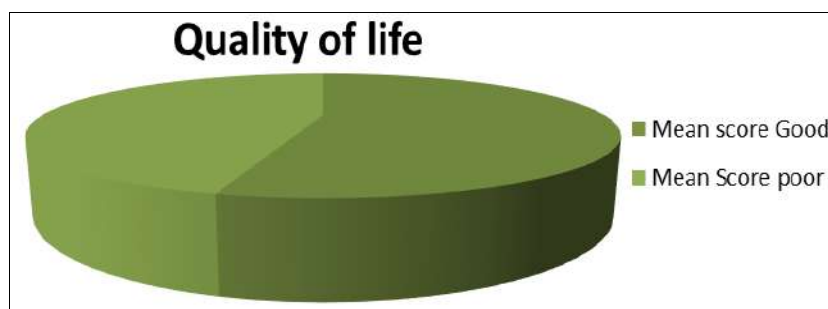

Fig 1: All respondents had mean values scores between 50 to 75% which is in the category of good

Nursing Implications

Practice	Continuous health education with IEC material involving all members of the health team stressing on preventive, promote and rehabilitative aspects of care.
Administration	Provide adequate staff, identify patients problems, provide in-service education, encourage staff to update their knowledge and skills.
Education	Knowledge and practice gain by classroom teaching & clinical practice. Emphasize awareness campaign; and counseling sessions to community.
Research	More researches need to be done, promote research based practice.

Limitations
The study has certain limitations in generalizing its findings (sample size & Limited variables).

Recommendations
Replicate on large sample, in different setting, assess health care Professionals on breast cancer and its management.

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