



Predictors for quality of life of bladder cancer patients with ileal conduit: A cross-sectional survey



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ABSTRACT

Purpose: To assess quality of life (QOL) and its influencing factors of bladder cancer patients after ileal conduit.

Methods: From January 2012 to December 2013, a cross-sectional survey with questionnaires was performed in West China hospital, in which the effect of patient characteristics on their QOL was evaluated, and then the correlation of stomal self-management, social support and QOL of the patients were also explored.

Results: A total of 188 patients were included. Poor sexual life satisfaction was common among responders. There was a positive correlation between QOL and social support as well as the stomal self-management (all $p \leq 0.002$). Additionally, the patients who were female, aged less than 60, participated in work, family income more than 4000¥ per month, a longer postoperative period, and without any stomal complications (all $p < 0.05$) would have a better QOL.

Conclusions: The overall QOL of the patients was good except the satisfaction with sexual life. The better the stomal self-management and social support, the better the QOL. Personalized nursing care and health guidance should be provided to the patients, so as to improve their QOL and promote their health.

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1. Introduction

Bladder cancer is the second most common malignant tumor of the urinary tract and most cases present in men aged 50–69 years (Jing Peng et al., 2009). The year incidence in male and female is 10.1 and 2.5 per 100,000, respectively (Ploeg et al., 2009), and the survival rate of 5 years is approximately 40%–60% (Irani et al., 2007). Ileal conduit is the main treatment method of bladder cancer (Ping Han and Qiang Wei, 2007), which is regarded as the gold standard (Madersbacher et al., 2003). Currently, more than 50% of bladder

cancer patients need to undergo ileal conduit. According to the literature, the cumulative abdominal stoma patients undergoing ileal conduit are more than 100 million in China, and this number will be increasing in future (Yulan Liang et al., 2004). Patients have to discharge urine from the stoma in the abdominal wall after operation, and they also have to wear an ostomy bag and take care of the stoma for the rest of their life (Forner and Lampe, 2011), which may affect their self-image and mental health state. At the same time, patients also experience postoperative complications. To some extent, these factors could influence the patients' quality of life (QOL). Therefore, improving QOL of the patients is warranted.

Self-management, a practice for individual health and comfort, is a sign of individual mental health (Weihong Wang et al., 2011). Hence, efficient nursing care for bladder cancer patients with ileal conduit is required. Guifang Zhu et al. (Guifang Zhu et al., 2009) had surveyed 92 bladder cancer patients with ileal conduit, suggesting that the stomal self-management and QOL of the patients are in a medium level, and the stomal self-management is positively

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correlated with QOL ($p < 0.01$). Besides, another predictor of QOL of bladder cancer patients, social support, has been extensively studied, which is considered as the spiritual and material help and support from various social sources in China. Recently, the conception that social support could promote the individual mental health has been widely recognized. It is demonstrated that social support plays an active role in improving the patients' QOL (Miao Wang and Guohua Xiao, 2012). Another study also suggests that social support is positively correlated with QOL in bladder cancer patients with stoma ($r = 0.626$, $p < 0.001$) (Cuishu Li, 2006).

Huaxin Wang et al. (Huaxin Wang et al., 2008) used the QLQ-C30 scale of European Organization for Research and Treatment Cancer (EORTC) to assess the QOL and discuss its affecting factors in 96 cases of postoperative bladder cancer patients. It illustrated that QOL of postoperative bladder cancer patients was lower than the general healthy people ($p < 0.05$). Furthermore, the age, education level, income, malignancy degree of cancer and the way of surgery were also related with QOL ($p < 0.05$). Hara et al. (Hara et al., 2008) used SF-36 scale to survey the QOL of 85 bladder cancer patients with ileal conduit. The results showed that the social function of the patients was lower than the general healthy population in the United States.

The studies associated with QOL of bladder cancer patients with ileal conduit are still unsatisfactory due to a variety of factors. Many researches focus on the QOL and its influencing factors. However, the relatively comprehensive studies are still lacking. For example, few researches focus on QOL of the bladder cancer patients with ileal conduit in China (Cuiyun Wang and Weili Wang, 2012). Only certain aspects in the patients' health or nursing education issues were studied in these studies. Moreover, most of the foreign studies focused on the influence of surgery on the patients' QOL. There are regional and demographic differences between foreign and Chinese cultures, so the reference value of their findings is questionable. Therefore, it is necessary to further explore the QOL and its influencing factors in bladder cancer patients with ileal conduit in China.

2. Methods

2.1. Study design and sample

A cross-sectional design with questionnaires survey was performed, and convenience sampling method was used in the study. Patients with bladder cancer were recruited, who had undergone ileal conduit in the department of urology of West China Hospital from January 1, 2012 to December 31, 2013. The inclusion criteria were: 1) Bladder cancer patients had undergone ileal conduit and had an abdominal stoma, 2) postoperative period between one month and two years, and 3) able to communicate in Chinese. Exclusion criteria were: 1) The patients had other cancers or major diseases except bladder cancer, or 2) They had severe mental illness or cognitive impairment. This study was approved by the Ethics Committee of West China Hospital and written informed consent was obtained from each patient.

2.2. Data collection and research tools

A series of questionnaires were applied in the research, including the basic information of the patients, stomal self-management scale, Social Support Revalued Scale (SSRS) and the World Health Organization Quality of Life Brief Scale (WHOQOL-BREF).

2.2.1. The basic information of the patients

It includes the social demographic information and stomal

complications of the bladder cancer patients, which were completed by both patients themselves and the record of medical observation.

2.2.2. Stomal self-management scale

It was designed by researchers on the basis of literature review, which contains nine items: 1) What do you think of the impact of wearing ostomy bag on your social activities? 2) Does your ostomy bag often has odor? 3) Have your ostomy bag ever leaked? 4) How often do you replace the ostomy bag? 5) Do you bring ostomy bag when go out? 6) Do you need help for replacing the ostomy bag? 7) Do you use stomal accessories (such as leak-proof cream, skin care powder) when you change your ostomy bag? 8) Do you choose to wear loose clothes for avoiding oppressing the stoma? 9) Will you take the initiative to learn more about colostomy? The first item aimed to inquire about the patients' psychological states related to the stoma, and then the second to the ninth items aimed to assess the patients' health-promoted behaviors and their abilities of the stomal self-management. All items were measured on a 5-point Likert scale (1 = never, 3 = sometimes, 5 = very often). Each score was summed and standardized to create a whole score ranging from 9 to 45. Scoring less than 18 is considered a poor status of stomal self-management, between 18 and 36 is considered as average, and scoring above 36 as good.

Before the formal investigation, 10 eligible cases were recruited to assess the reliability and validity of the scale mentioned above from August 1st to 31st 2013. The scale was modified to ensure good readability, and relevant eigenvalue was used to reflect the scale's quality. The reliability coefficient of stomal self-management scale was 0.85, retest reliability Kappa index was 0.51, which indicated that the retest reliability was average, but acceptable, and its content validity was 0.89. So, we deemed the scale could be used to measure the patients' status of the stomal self-management.

2.2.3. Social Support Revalued Scale (SSRS)

The scale, compiled and catered to the Chinese population by professor Xiao in 1986 with reference to relevant Western instruments, and then revised in 1990, was used to assess the patients' status of social support. The higher the scores, the more social support the patients have. It contains ten items and three domains: subjective support, objective support and availability, and its reliability and validity have also been verified, with the total Cronbach coefficient alpha being 0.81, and the retest reliability 0.92 (Shuhong Wang, 2011). In our study, the Cronbach coefficient alpha of the SSRS was 0.80.

2.2.4. WHOQOL-BREF

It contains 26 items and four domains: physical, psychological, social relationship and environment (Skevington et al., 2004). The Chinese version of WHOQOL-BREF shows a good reliability and validity. The Cronbach alpha values of the four domains are all beyond 0.65 (Hao et al., 2006). Each item evaluated by the Likert model with 1–5 scores, the higher the score, the better the performance in the domain of QOL (Shuhong Wang, 2011). The Cronbach alpha of WHOQOL-BREF in this study was 0.94.

2.3. Research procedure

Two hundred bladder cancer patients were approached for the questionnaire survey from September 1st, 2013 to January 31st, 2014. The sample was chosen based on a database of the department of urology of West China Hospital, which contains the medical as well as sociodemographic information of bladder cancer patients with ileal conduit. And these patients were arranged to participate at a scheduled follow-up program. Therefore, the

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