

# Quality of life of women with gynecological cancer assisted by the nurse professional

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Calidad de vida de mujeres con cáncer ginecológico asistidas por el profesional de enfermería

## RESUMO

Objetivo: Analisar, segundo a literatura científica a qualidade de vida das portadoras de câncer ginecológico, com foco no câncer de mama comparado ao câncer de colo de útero, assistidas pelo profissional enfermeiro. Método: Trata-se de uma revisão sistemática. Realizou-se a busca por artigos; publicados nos últimos dez anos (2009 a 2019); nos idiomas português, inglês e espanhol; disponíveis na íntegra. Foram consultadas as seguintes plataformas de dados: BDNF, LILACS e MEDLINE. Os dados foram organizados e apresentados em figuras e tabelas. Resultados: Dos 79 estudos encontrados, 4 estavam disponíveis na BDNF; 5 na LILACS; e 70 na MEDLINE; contudo, após a leitura permaneceram apenas os que atendiam aos critérios para inclusão e exclusão descritos na metodologia, totalizando 7 estudos. Conclusão: Foi possível perceber a importância de um tratamento de qualidade, buscando uma capacitação entre os profissionais de saúde, destacando a necessidade de investimentos nos componentes de estrutura, processo e resultado.

**DESCRIPTORIOS:** Enfermagem; Neoplasias dos Genitais Femininos; Neoplasias da Mama; Qualidade de Vida.

## ABSTRACT

Objective: To analyze, according to scientific literature, the quality of life of women with gynecological cancer, with a focus on breast cancer compared to cervical cancer, assisted by professional nurses. Method: This is a systematic review. The search for articles was carried out; published in the last ten years (2009 to 2019); in Portuguese, English and Spanish; available in full. The following data platforms were consulted: BDNF, LILACS and MEDLINE. Data were organized and presented in figures and tables. Results: Of the 79 studies found, 4 were available at BDNF; 5 in LILACS; and 70 in MEDLINE; however, after reading, only those who met the criteria for inclusion and exclusion described in the methodology remained, totaling 7 studies. Conclusion: It was possible to realize the importance of quality treatment, seeking training among health professionals, highlighting the need for investments in structure, process and result components.

**DESCRIPTORIOS:** Nursing; Genital Neoplasms, Female; Breast Neoplasms; Quality of life.

## RESUMEN

Objetivo: Analizar, de acuerdo con la literatura científica, la calidad de vida de las mujeres con cáncer ginecológico, con enfoque en el cáncer de mama en comparación con el cáncer de cuello uterino, asistidas por enfermeras profesionales. Método: Esta es una revisión sistemática. Se realizó la búsqueda de artículos; publicado en los últimos diez años (2009 a 2019); en portugués, inglés y español; disponible en su totalidad. Se consultaron las siguientes plataformas de datos: BDNF, LILACS y MEDLINE. Los datos se organizaron y presentaron en figuras y tablas. Resultados: De los 79 estudios encontrados, 4 estaban disponibles en BDNF; 5 en LILACS; y 70 en MEDLINE; sin embargo, después de la lectura, solo quedaron aquellos que cumplieron con los criterios de inclusión y exclusión descritos en la metodología, totalizando 7 estudios. Conclusión: se pudo reconocer la importancia de la calidad en el tratamiento, buscando la formación de los profesionales de la salud, destacando la necesidad de inversiones en componentes de estructura, proceso y resultado.

**DESCRIPTORIOS:** Enfermería; Neoplasias genitales femeninas; Neoplasias mamarias; Calidad de vida. Paciente.

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**INTRODUCTION**

**G**ynecological cancer, in particular, comprises the group of neoplasms of the uterine cervix, ovary, vagina, vulva, uterine body, fallopian tube, and also uterine sarcomas and gestational trophoblastic neoplasia. It should be noted that breast cancer is classified by many as gynecological cancer, due to its high incidence and prevalence in the female population. (1)

In the world, breast cancer is the most common incident among women. In 2018, there were 2.1 million new cases, equivalent to 11.6% of all estimated cancers. This value corresponds to an estimated risk of 55.2/100 thousand. The highest expected incidence rates were in Australia and New Zealand, Northern European countries and Western Europe. In Brazil, in 2017, there were 16,724 deaths from female breast cancer, equivalent to a risk of 16.16 per 100,000. (1)

Women have achieved many achievements in numerous areas of society in the last 30 years. Especially in the area of health, women's health was reconsidered as a public health issue, for a service beyond the traditional attention to the pregnancy-puerperal cycle. The National Cancer Care Policy (PNAO - Política Nacional de Atenção Oncológica) is highlighted, which

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established the control of Cervical Cancer (CC) and of the mother, later, the National Program for the Control of Cervical Cancer (PNCCU - Programa Nacional de Controle do Câncer do Colo do Útero), due to high incidence of cervical cancer mortality in Brazil and worldwide. (2)

Cervical cancer is one of the most frequent causes of cancer death in women. The mortality rate from cervical cancer has notably reduced with increasing screening for the disease through the Pap smear. But not much has changed in the last 10 years. It is estimated that for each year of the 2020/2022 triennium, 16,590 new cases of cervical cancer are diagnosed in Brazil, with an estimated risk of 15.43 cases per 100,000 women, ranking third. (1)

Several factors such as advances in cancer detection and treatment, more optimistic social attitudes, the increase in the number of people who have survived the disease and the number of years, concern for autonomy, patients' rights and psychosocial aspects, among others, they allowed a progressive emphasis on the assessment of the quality of life of people treated for cancer. (3)

The term "Health-Related Quality of Life" (HRQoL) is associated with the impact of health status on the individual's ability to live fully, however, this definition includes a potential diversity of factors that

influence their perception, feelings and behaviors related to your daily functioning as well as your health condition. (3)

Therefore, in this scenario, it is relevant to analyze the quality of life of women with gynecological cancer after the treatment process, which directly affects their quality of life. The results may support the reflection of the challenges and impasses to change this scenario, stimulating the formulation of strategies to generate improvements in care, since health professionals are responsible for guiding and advising patients about what to expect during treatment, in recovery and years after. This study aims to analyze, according to the scientific literature, the quality of life of women with gynecological cancer, with a focus on breast cancer compared to cervical cancer, assisted by professional nurses.

## METHOD

This is a bibliographic study, integrative review type where the search for articles for methodological development was carried out and the following steps were covered: elaboration of the guiding question and objective of the study; definition of inclusion and exclusion criteria for scientific productions; search for scientific studies in databases and virtual libraries; analysis and categorization of the productions found; results and discussion of findings. (4)

To survey the guiding question, the PICO strategy was applied, where P = population/patient, I = intervention/interest, C = comparison/Absence and O = outcome (P – women with gynecological cancer; I – Quality of life; C – Breast cancer versus cervical cancer; O – Difference between the quality of life of women with breast cancer and cervical cancer). In this way, the following guiding question of the research was defined: "What is the quality of life of women with gynecological cancer, focused on breast cancer and cervical cancer?".

For the selection of articles, the following inclusion criteria were used: being an original article, having been published in Portuguese, English or Spanish, in the last ten years (2009 to 2019) and

being available in full. Theses, dissertations and monographs, editorials, case studies, as well as repeated studies found in more than one database or virtual library, in addition to articles that did not answer the guiding question, were excluded.

**This study aims to analyze, according to the scientific literature, the quality of life of women with gynecological cancer, with a focus on breast cancer compared to cervical cancer, assisted by professional nurses**

The data collection, which took place during the month of September and October 2020 in the following databases and virtual libraries: Nursing Database (BDENF); in Latin American and Caribbean Literature on Health Sciences (LILACS);

and in the Medical Literature Analysis and Retrieval System Online (MEDLINE). Choosing these databases and libraries for understanding that they affect the published literature, as well as Brazilian technical-scientific references in public and collective health. Crossings of the descriptors were performed "Nursing", "Quality of Life", "Genital Neoplasms, Female" present in the Health Sciences Descriptors (DecS) base combined with the Boolean operator AND and OR, performing a joint and individual search so that possible differences could be corrected.

The selection of studies was based on the Preferred Reporting Items for Systematic Review and Meta-Analysis - PRISMA, a checklist with 27 items and a four-step flowchart, with the objective of assisting in the development of articles. (5) At first, duplicate studies were eliminated by reading titles and abstracts. Of these pre-selected, a full reading was carried out in order to verify those that meet the guiding question and the inclusion/exclusion criteria. The final sample was then constructed with studies relevant to the pre-established criteria (Figure 1).

The level of evidence of the selected studies was determined according to the Agency for Healthcare Research and Quality. (6): Level I- Meta-analysis of multiple controlled studies; Level II- Individual studies with experimental design; Level III- Study with quasi-experimental design as a study without randomization with a single pre- and post-test group, time series or case-control; Level IV- Study with non-experimental design such as descriptive correlational and qualitative research or case studies; Level V- Case reports or data obtained in a systematic way, of verifiable quality or program evaluation data; and finally Level VI - Opinions of reputable authorities based on clinical competence or expert committee opinion, including interpretations of information not based on research.

In order to simplify the understanding of the publications selected in this integrative review, the data were organized in figures and tables, exposed in a descriptive way.

## RESULTS

The studies surveyed are arranged showing their titles, authors, years of publication, levels of evidence, objectives and results. After reading the selected articles, the studies were categorized, classifying the knowledge produced on the topic, in levels of evidence, mostly level IV - Study with non-experimental design as descriptive correlational and qualitative research or case studies. The main findings set out in the objectives and conclusions are directly associated with negative impacts on the quality of life of women with gynecological cancer (Chart 1).

Given the above, it was possible to observe some factors related to the negative impacts on the quality of life of women with gynecological cancer; often caused by the lack of information and choice of treatment, and the improvement associated

with nursing care.

## DISCUSSION

When trying to understand the situation of women with gynecological cancer and the meaning they give to their condition of illness, it was noticed that this situation is not only configured as an isolated nosological entity, but encompasses the human experience of these women, both from the point of view of the environmental macro context, as well as the economic, political and historical one in which they are inserted, as well as from the perspective of individual and collective socio-symbolic experience. (7)

A study raised some factors that had a negative association with the quality of life of women treated for cervical cancer: marital status, with social support being a protective and restorative factor in health as it helps in coping with the disease and

treatment; being in worse socioeconomic conditions; not having the opportunity for leisure, which allows the relief of tensions promoting beneficial effects on the quality of life; having associated with cancer other pre-existing chronic conditions; and having performed therapeutic modalities including radiotherapy, confirming that the worst physical, functional and social outcomes are associated with radiotherapy. (8)

Another study observed that the patient with breast cancer goes through a long period of frustration and psychological suffering, influencing the relationship with their global life, causing changes in the quality of life. Mastectomy is the most common surgical approach in the treatment of breast cancer and comprises the partial or total removal of breast tissue. There are options, after the surgical procedure, of well-defined breast reconstruction. Mastectomy can be performed while preserving the skin, which facilitates reconstruction methods such

Quadro 1: Síntese dos principais achados sobre qualidade de vida das portadoras de câncer ginecológico. Recife, Pernambuco (PE), 2020.

N	Título/Base	Autores (Ano)	País	Nível de Evidência	Objetivo	Resultados
1	Avaliação da qualidade de vida de portadoras de câncer ginecológico, submetidas à quimioterapia antineoplásica. / BDEF.	Jorge, Lívia Loamí Ruyz; Silva, Sueli Riul da. (2010)	Brasil	IV	Avaliar a qualidade de vida de mulheres portadoras de câncer ginecológico submetidas à quimioterapia antineoplásica.	Pode-se evidenciar, então, que a qualidade de vida dessas mulheres é satisfatória; entretanto, sugere-se que os domínios com escores mais baixos sejam alvo de observações mais acuradas, durante as intervenções multiprofissionais, a fim de se proporcionar melhor qualidade de vida durante o tratamento quimioterápico.
2	Qualidade de vida em mulheres com câncer ginecológico: uma análise de conceito. / LILACS	Urrutia, María Teresa. (2013)	Chile	IV	Analisar o conceito de qualidade de vida e o câncer ginecológico.	Compreender e trabalhar o conceito de qualidade de vida e o câncer ginecológico é um passo importante no desenvolvimento de teorias e atuação na área de pesquisa em enfermagem.



## artigo

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3	Função sexual, adaptação psicossocial à doença e qualidade de vida entre sobreviventes de câncer ginecológico chineses. / MEDLINE.	Chow, Ka Ming; et al., (2018)	China	IV	Investigar a função sexual, o ajuste psicossocial à doença e a qualidade de vida entre sobreviventes de câncer ginecológico chineses em Hong Kong e explorar suas associações.	A função sexual prejudicada foi prevalente entre sobreviventes de câncer ginecológico chineses, e o ajuste psicossocial à doença medeia a relação entre a função sexual e a qualidade de vida.
4	Desenvolvimento e implementação de uma intervenção de enfermagem complementar e alternativa (CAM) complexa para pacientes com câncer de mama e ginecológico em quimioterapia - relatório do estudo CONGO (enfermagem complementar em oncologia ginecológica). / MEDLINE.	Klafke, Nadja; et al., (2016)	Alemanha	IV	Desenvolver uma intervenção de enfermagem complexa, incluindo medicina complementar e alternativa (CAM) para pacientes com câncer de mama e ginecológico durante a quimioterapia para melhorar a qualidade de vida.	A análise sistemática do estudo CONGO contribuirá para os cuidados de enfermagem medicina complementar alternativa baseados em evidências no tratamento de suporte ao câncer.
5	Sintomas e qualidade de vida relacionada à saúde em pacientes recebendo terapia contra o câncer em perfis genômicos. / MEDLINE.	Williams, Kirstin; Bergquist-Beringer, Sandra. (2018)	EUA	IV	Examinar a ocorrência e gravidade dos sintomas e a qualidade de vida geral relacionada à saúde (QVRS) em pacientes recebendo terapia contra câncer guiada por perfil genômico (terapia combinada) e pacientes recebendo terapia não combinada.	Os efeitos da terapia combinada em um indivíduo devem ser examinados. Os resultados do estudo são uma etapa inicial para compreender a ocorrência e gravidade dos sintomas e a qualidade de vida geral relacionada à saúde
6	Cuidando de sobreviventes de câncer ginecológico: avaliação e gerenciamento de efeitos a longo prazo e tardios. / MEDLINE.	Campbell, Grace; et al., (2019)	EUA	IV	Definir aspectos importantes dos cuidados de sobrevivência para os mais de 1,2 milhão de sobreviventes de câncer ginecológico que vivem atualmente nos Estados Unidos.	A identificação precoce dos efeitos de longo prazo e tardios do tratamento, seguida por intervenção médica coordenada e educação sobre autocuidado, são essenciais para melhorar a qualidade de vida.
7	Cuidados no fim da vida para mulheres com câncer ginecológico. / MEDLINE.	Barbera, L; et al., (2010)	Canadá	IV	Descrever os padrões de cuidado no fim da vida em pacientes com câncer ginecológico.	As observações feitas neste estudo podem ser usadas para informar as intervenções para melhorar o cuidado no fim da vida para mulheres com câncer ginecológico.

Fonte: Dados da pesquisa, 2020.

as skin expanders or implants. However, mastectomized women can have numerous losses in relation to self-esteem, with a negative impact on quality of life, since the breast represents femininity. (9)

Among Chinese women, the factor causing anxiety, or depression, was related to the type of treatment. Patients who

underwent chemotherapy had higher levels of anxiety than those treated with radiotherapy. These psychological variables also influenced the quality of life of these patients. Among English women with breast cancer, post-surgery anxiety could be explained in 41% by the factors age, occupational status, feeling of punishment and

abandonment by God, optimism and non-religious coping strategies; while depressive mood occurred in 24% due to age, type of surgery, breast reconstruction, feeling of punishment and abandonment from God, optimism, denial, self-blame and venting. (10, 11)

In addition to the diagnosis of cancer

and the therapy instituted, the associated symptoms, such as pain and fatigue, can directly and negatively affect the quality of life of patients. Pain, in turn, may be associated with tumor growth, being present in about 47% of women with breast cancer, and may worsen as the disease progresses. Chemotherapy is capable of providing the emergence of several side effects, which include symptoms such as nausea, vomiting, fatigue, diarrhea, abdominal distension, abdominal pain, changes in taste, among others, which can significantly affect the nutritional status of patients. (9-13)

Williams and Bergquist-Beringer (14), emphasize the importance of conviviality for the promotion of a strategy that seeks to value active listening and the formation of bonds between patients, family members and professionals. We hope that they are sensitized to identify behaviors that influence adherence or not to treatment and, thus, can promote actions to motivate its continuation. Still, they claim that the care

action in the coexistence of nursing professionals with cancer patients transposes the therapeutic strategies, demands humanized care, establishment of bonds between the other professions in the health area and understanding of the suffering of patients and family members. (15-16)

Using the search strategies, we found a small sample and little availability of scientific articles for comparison of results. Just as few articles appeared as a result of the descriptors, few met the objective of the study. Also, the included studies have limitations such as: single center, different comparison systems, small sample size and lack of randomization.

Thus, it was impossible to prove the existence of scientific evidence related to the impact on the quality of life of women with gynecological cancer. Making it necessary to carry out more studies containing a larger sample and enabling discussion on the subject.

This study can help to disseminate the

importance of quality treatment, seeking training among health professionals, highlighting the need for investments in the components of structure, process and result. Expanding the awareness of the profession and assisting in the training of the multiprofessional health team.

## CONCLUSION

The elaborated integrative review made it possible to detect the factors associated with negative impacts on the quality of life of women with gynecological cancer, especially breast and cervical cancer. These are considered extremely worrying factors, as they directly impact the physical, psychological and social aspects. In this perspective, it is necessary to take measures to improve life and reduce the negative impact, in addition to reducing anxiety and depression rates.

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