

Quality of Life and Sociodemographic Characteristics of Patients With Cancer in Turkey

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Purpose/Objectives: To determine whether a relationship exists between quality of life (QOL) and the sociodemographic characteristics of gender, age, marital status, educational level, occupation, and level of income in patients with cancer in Turkey.

Design: Exploratory study using a convenience sample.

Setting: Five hospitals in the capital city of Turkey.

Sample: 620 patients with cancer (44 inpatients and 576 outpatients).

Methods: The study was carried out using face-to-face interviews. A questionnaire was used as a tool for collecting data on the sociodemographic characteristics of patients, and the Rolls-Royce Quality-of-Life Scale was employed to measure QOL.

Main Research Variables: Gender, age, marital status, educational level, occupation, level of income, and QOL.

Findings: Men, older adults, widowed spouses, patients with lower levels of education, housewives, and those with lower income had lower QOL scores.

Conclusions: Considering the results and giving the groups referred to in the study priority in the planning of patient care would be useful.

Implications for Nursing: In the field of nursing in Turkey, a limited number of studies have examined the relationship between the sociodemographic characteristics of patients with cancer and QOL. The results will help nurses assess patient needs and engage in nursing interventions that are appropriate to the needs.

Lee, Sim, Polinsky, & Schag, 1992; Given, Given, & Stommel, 1994; Hann et al., 1997, Kizilci; Uzun et al.). The inconsistency in the results of research concerning the relationship among sociodemographic variables (e.g., gender, age, marital status, education level, occupation, income level) as well as the limited number of studies carried out in the area in Turkey in which the authors were interested led to the decision to undertake the present study.

Literature Review

Interest in evaluating QOL has increased in recent years. Concern exists now not only for the length of patients' life span but also for its quality. As the length of survival continues to increase among patients with cancer, QOL becomes one of the most important issues to be addressed (Einhorn, 1994; Glajchen, Blum, & Calder, 1995; John, 2001; Varricchio, 2006). Classical medical evaluation of treatment for cancer encompasses assessment of disease-free periods, response to the tumor, and total survival spans. This type of assessment does not evaluate the effects of cancer and cancer treatment on patients' daily life and therefore cannot help clinicians determine the needed interventions that will allow patients to maintain or improve QOL (Abbey & Andrews, 1985; Ganz, 1994; Houston & Kendall, 1992). In recent years, however, methods and criteria of assessing the outcome of treatment in patients with cancer have changed. Now, the pervasive view is that a complete assessment of the effectiveness of cancer treatment cannot be made without evaluating the experiences of patients and that QOL is as important as the length of survival (Bush, Haberman, Donaldson, & Sullivan, 1995; Carr, Gibson,

Patients with cancer are not confronted by limited or individual stressors but by numerous and continuous stress factors. Cancer and treatment for the illness adversely affect all biopsychosocial aspects of patients' quality of life (QOL). The results of some studies have revealed that failure to detect and solve the problems of patients with cancer caused by prolongation of treatment and lengthened hospital stays increased hospital costs and had a negative effect on patient compliance and QOL (Ibbotson, Maguire, Selby, Priestman, & Wallace, 1994; Keller, 1998; Ozkan, 1995; Thatcher, Hopwood, & Anderson, 1997). More effective methods of treatment, however, allow patients with cancer to live longer, bringing to the forefront the importance of examining their QOL (Guner, 1999; Hanchett, 2001; Harper, 2000; Hughes, 1987; Keller).

Sociodemographic characteristics are some of the factors affecting patients' QOL. In Turkey, however, limited studies have examined the ways in which cancer affects QOL (Kizilci, 1997; Uzun, Aslan, Selimen, & Koc, 2004). Furthermore, the results of studies conducted in Turkey and in other countries are inconsistent regarding the relationship between sociodemographic variables and QOL (Andrykowski et al., 1997; Ganz,

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