Major Components of Quality of Life in Pediatric Oncology Patients

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Background

- 160,000 children are diagnosed with cancer every year (WHO, 2009).
- Children continue to experience adverse effects of their cancer five years after their diagnosis and treatment (Santacroce et al., 2010).
- New treatments cause more symptoms affecting health related quality of life (HRQOL) for patients (Macartney et al., 2014).
- HRQOL affected by pain can result in low self-esteem, poor school attendance, problems with social life, and psychological dysfunction.

With such varied HRQOL for pediatric cancer patients, there was a need for a literature analysis. There were many studies on the HRQOL of pediatric oncology patients, but there was a need to compare and analyze these studies to identify factors that most affect HRQOL for children with cancer.

Purpose and Research Questions

The purpose of this literature review was to identify the most influential factors lowering HRQOL in pediatric oncology patients. By understanding these factors, healthcare professionals can structure treatment to support and improve the patient’s HRQOL through and after treatment of their cancer.

In order to address the purpose of this study the first research question was: What factors affect HRQOL in pediatric oncology patients? The second research question was: How do healthcare providers mitigate these factors to increase the HRQOL for these patients?

Limitations

Several studies asked the parents to answer for their children. This can cause a bias towards how the parents thought their children had viewed HRQOL at the time of their cancer treatment. For future studies it would be beneficial to include a specific age group and type of cancer. A final limitation is that this research could not include all studies created on this topic.

Methods and Findings

An integrative literature review looked at articles related to factors of HRQOL for pediatric oncology patients and compared the results. A computerized search of scholarly journals was conducted using PubMed and Cumulative Index to Nursing and Health Literature (CINAHL). Several search terms were used in this process and include several different word combinations. These terms included: “pediatric,” “children,” “oncology,” “cancer,” “quality of life,” “health education,” “health promotion,” and “coping.”

Articles used in this study were separated into 3 tables according to the topic of research. All but 1 of the articles used were quantitative studies. Table 2 found 3 studies focused on systemic components affecting HRQOL. These articles were organized by sample type. Two of the studies used the parents of children with cancer in their sample while one study focused solely on the children as participants. Instruments used in all 3 studies included the PedsQL in either interviews or questionnaires. Table 3 found 5 studies focused on individual components affecting HRQOL. These studies were also organized by sample type. A parent only sample was displayed in 1 study. Children diagnosed with cancer and their parents were used in 2 of the studies while the children only were used in 2 studies. Table 4 included studies displaying research about healthcare professionals influence on HRQOL. Four studies were included in the table and they were organized based on focus of the research. There were 2 studies that focused on effectiveness of tools used in evaluating HRQOL in pediatric oncology patients and 2 studies focusing on the presentation of care and health education. The research questions used to conduct this study were answered to examine systemic and individual factors lowering HRQOL and healthcare providers’ role in assisting to raise HRQOL in pediatric oncology patients.

Discussion

- Systemic factors affecting HRQOL
  Pedro identified macro or systemic factors that influenced HRQOL as socio-ecological, culture, demographic, and healthcare context (2012). Three studies were found that researched factors at the systemic level that affected HRQOL. Factors at the systemic level were focus on traits and practices that children and their families have practiced before cancer became apart of their lives. Socioeconomic status, age, and healthcare context were found to significantly influence HRQOL in children with cancer when compared to those without cancer (Litzelman et al., 2013; Huijer, Sagherian & Tamim, 2013; Sigurdardottir et al., 2014).

- Individual factors affecting HRQOL
  Five studies displayed significant results of factors lowering HRQOL (Harper et al., 2014; Shoshani, Mifano & Czmanski-Cohen, 2015; Sato et al., 2013; Al-Gamal & Long, 2016; Brinkama et al., 2015). Traits and personality developed before a cancer diagnosis influenced how an individual is affected by treatment.

- Healthcare provider influence on HRQOL
  There is a great deal of information about factors affecting pediatric oncology patients HRQOL. It was found that healthcare involvement increased HRQOL. According to Rosenberg et al., (2013), “the whole patient cancer care must focus not only on medical therapies but on psychosocial well-being of patients and families.” Treatment must include the entire family along with the patient (Rosenberg et al., 2013; Sigurdardottir et al., 2014).

Nursing Implications and Conclusion

Proper assessment of HRQOL is essential. Current methods measuring HRQOL must be modified to ensure results are accurate. Further research must be conducted to find the necessary components to add to this tool.

This review compared the systemic and individual factors that influenced HRQOL in pediatric oncology patients. Individual factors were found to be more prevalent with a low HRQOL during treatment of pediatric oncology patients.