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## 婦癌婦女之生活品質及其預測因子

Quality of life and its predictors among women with gynaecological cancers

[Yueh-Chen Yeh](#)<sup>a</sup>, Chien-Hsing Lu<sup>b</sup>, I-Hui Chen<sup>c</sup>, Shu-Fen Kuo<sup>c</sup>, Yu-Ping Huang<sup>d,\*</sup>

<sup>a</sup> Department of Nursing, College of Health, National Taichung University of Science and Technology, 193 San-Min Road, Sec. 1, Taichung 40343, Taiwan, ROC

<sup>b</sup> Taichung Veterans General Hospital, Department of Gynecology and Obstetrics, No.1605, Sec. 4, Taiwan Blvd., Xitun Dist., Taichung 40705, Taiwan, ROC

<sup>c</sup> School of Nursing, Taipei Medial University, 250, Wu-Xing St., Taipei 110, Taiwan, ROC

<sup>d</sup> School of Nursing, National Quemoy University, No.1, Dasyue Rd., Jinning Township, Kinmen County 89250, Taiwan, ROC

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# Background and Rationale

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- Gynaecological cancers are the most common types of malignancies in women, with approximately 1.309 million new cases diagnosed per year and more than six million survivors worldwide (International Agency for Research on Cancer, 2018). In Taiwan approximately 6,000 new cases are diagnosed every year, and where more than 50,000 women are living with gynaecologic cancers (Taiwan Cancer Registry, 2020).
- Over three decades, with early detection and advances in cancer treatment, the survival rates among gynaecological cancers patients have increased over time; however, patients must now cope with long-term treatment-related issues affecting their quality of life (QOL). Little is known about the factors influencing QOL in patients with gynaecological cancers in the Chinese population.
- The perceptions of their lives are influenced by cultural factors and value systems (Cai, Kunaviktikul, Klunklin, Sripusanapan, & Avant, 2017; Teo et al., 2017)

# Background and Rationale

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- In Chinese culture, cancer is associated with death, misery, suffering, stress, and bad luck (Lee et al., 2013). The belief that cancer is caused by losing balance between yin and yang and by having disharmonious social relationships is also common (Lee et al., 2013). Thus, individuals diagnosed with cancer are often unwilling to reveal their diagnosis publicly in order to preserve their dignity, which may lead to higher stress, more intrusive thoughts, and insufficient social support (Chow, So, Choi, & Chan, 2018).
- Several studies indicate Chinese women diagnosed with gynaecological cancers may endure far more stress than women with other types of cancer, because gynaecological cancers are related to the female reproductive system and sexuality (Chow et al., 2018).

# Purpose of the study

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- To identify QOL predictors among patients with gynaecological cancers, and examine the relationship between QOL and demographics, stress, coping strategies, and social support.

# Methods

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- Study design: A cross-sectional study design was employed.
- Setting: At the gynaecological outpatient department of a 1,500-bed general hospital that provides acute, oncology, and tertiary care in Taiwan.
- Participants: A total of 111 gynaecological cancer patients were recruited.
- Measurement tools
  - the World Health Organization Quality of Life-Abbreviated (WHOQOL-BREF);
  - the Perceived Stress Scale (PSS);
  - The Brief Coping Orientation to Problems Experienced (COPE) questionnaire;
  - the Interpersonal Support Evaluation List (ISEL).

# Data analysis

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Data analysis was performed using the IBM Statistical Package for the Social Sciences (SPSS) Version 24.

- Descriptive statistics, including frequency, percentage, mean, and standard deviation, were calculated.
- Pearson's correlation was employed to evaluate the association between independent variables and the four domains of QOL.
- Linear regression analyses were conducted to identify the predictors of the four domains of QOL.

# Results

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## Descriptive summary of patient data

- The average age of the participants was 53.89 years (range from 25 to 78 years) and the median number of months from primary diagnosis was 24 (range from 0.5 to 100 months).
- The average scores of the physical, psychological, social relationships, and environmental health domains were  $14.93 \pm 2.24$ ,  $13.92 \pm 2.44$ ,  $14.13 \pm 2.33$ , and  $14.76 \pm 1.97$ , respectively.
- The mean score for stress was  $19.78 \pm 8.46$ .
- Participants adopted problem-focused coping strategies ( $5.92 \pm 1.51$ ).
- The most commonly available support sources for the participants were appraisal support ( $8.28 \pm 2.25$ ).

# Results

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## **Correlation analysis findings**

- Patients' QOL was positively correlated with marriage, emotion-focused coping, problem-focused coping, and social support.
- QOL was negatively correlated with malfunctioning coping strategies and stress

# Results

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## Regression models

- 19%–32% of the variance across the four domains of participants' QOL.
- In the physical domain, stress was a significant predictor ( $\beta = -0.573$ ,  $p < 0.001$ ).
- In the psychological domain, stress and emotion-focused coping strategies were predictors ( $\beta = -0.491$ ,  $p < 0.001$ ;  $\beta = 0.214$ ,  $p < 0.01$ , respectively).
- In the social relationships domain, social support, marriage, and stress were significant predictors ( $\beta = -0.335$ ,  $p < 0.001$ ;  $\beta = 0.343$ ,  $p < 0.001$ ;  $\beta = -0.192$ ,  $p < 0.05$ , respectively).
- In the environment domain, stress and social support were predictors of ( $\beta = -0.392$ ,  $p < 0.001$ ,  $\beta = 0.224$ ,  $p < 0.01$ , respectively).

# Implications for Practice

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- Health care providers are encouraged to work with patients and their family members together, instead of working with patients only.
- Providing support, especially familial and emotional support, to patients with Chinese cultural backgrounds is critical because of their family values.
- Health care professionals should assess the levels of stress, coping strategies, and social support of patients in order to provide appropriate and timely help to improve their QOL.