



## Quality of Life and Fatigue among Jordanian Cancer Patients

***\*Abdul-Monim BATIHA<sup>1</sup>, Kholoud Abu OBEAD<sup>2</sup>, Fadwa N ALHALAIQA<sup>1</sup>, Mariam M. KAWAFHA<sup>3</sup>, Aida ABD EL-RAZEK<sup>1</sup>, Mohammed ALBASHTAWY<sup>4</sup>, Ahmad SAIFAN<sup>5</sup>, Mohammad EID ABU RUZ<sup>5</sup>, Hytham Al EWAI DAT<sup>6</sup>***

1. Faculty of Nursing, Philadelphia University, Amman, Jordan
2. Faculty of Nursing, Jordan University of Science and Technology, Irbid, Jordan
3. Faculty of Nursing, Irbid National University, Irbid, Jordan
4. Faculty of Nursing, Al-AlBayt University, Al-Mafraq, Jordan
5. Faculty of Nursing, Applied Science Private University, Amman, Jordan
6. Faculty of Allied Medical Science, Jordan University of Science and Technology Irbid, Jordan

**\*Corresponding Author:** Email: abatiha@gmail.com

(Received 21 Sep 2015; accepted 12 Oct 2015)

### Dear Editor-in-Chief

According to WHO, cancer was considered as the major cause of morbidity and mortality globally, with around 14 million new cases and 8.2 million cancer related fatalities in 2012 (1). There is a pervasive impression among many nurses that radiotherapy and chemotherapy often lead to diminished quality of life (QOL), through affecting all aspects of recipients' lives (2). King Hussein Cancer Foundation (2015) (3), reported that the total number of cancer cases in Jordan was 6,820 case; 4,921 of these cases being among Jordanians. This number is considered a high percentage, taking into consideration the undiscovered and unregistered cases. The top rated cancers among males in Jordan are colo-rectal (colon) cancer, lung cancer and lymphoma. Cancer is considered as the second major leading cause of mortality in Jordan after heart disease.

Patients with cancer suffer from negative side effects including pain, depression, anorexia and fatigue, which not only shorten life but also worsen its quality (4). At hospital settings, nurses are the key players in the improvement of the QOL for cancer patients. Therefore, it is essential that nurses build on the significant information about the QOL issue and take a lead in the further de-

velopment and testing of cost-effective interventions to enhance it (5). Most nurses use unsystematic approaches to learn about their patients' QOL and personal values and to apply this knowledge to make clinical decisions may improve their patients' QOL (5). There is a pervasive impression among many nurses that radiotherapy and chemotherapy often lead to diminished QOL, through affecting all aspects of recipients' lives (6).

Pearson Product Moment Correlation showed no significant relationship between fatigue scores as measured by PFS and selected variables on continuous (Table 1). In conclusion, radiotherapy is a devastating agent and may affect cancer patients' physical, emotional and functional dimensions of QOL. Therefore, nurses should assess cancer patients' QOL before, during, and after their treatment, in order to design interventions that have the potential to enhance the QOL for their patients.

### Acknowledgements

The authors declare that there is no conflict of interests.

**Table 1:** Results of Pearson Product Correlation Coefficient between Fatigue Scores as measured by PFS and Sociodemographic Variables on Continuous Level

Sociodemographic Variables	QOL Scores
Age	-0.094
Number of people living in the same household	0.09
Dose of radiotherapy	-0.045
Hemoglobin level	0.065
Distance between home and hospital	0.061

## References

1. WHO (2015). Cancer (Fact sheet). Available from: <http://www.who.int/mediacentre/factsheets/fs297/en/>.
2. Abu Obeid K, Batiha AM, Al-Halqiqa F, Al-Bashtawy M, Al-Jauissy MS (2014). Impact of radiotherapy treatment on Jordanian cancer patients' Quality of Life and Fatigue. *Int J Adv Nurs Stud*, 3 (1), 6-12.
3. King Hussein Cancer Foundation (2015). National Cancer Registry Report (2010). Available from: <http://www.khcc.jo/section/local-statistics>.
4. Ng SC, Ching JL, Chan V et al. (2013). Diagnostic accuracy of faecal immunochemical test for screening individuals with a family history of colorectal cancer. *Aliment Pharmacol Ther*, 38(7), 835-841. doi:10.1111/apt.12446.
5. Keda M, Hirano M, Sakaguchi M, Mori K, Tamada A (2011). The effect of nurses' quality of life (QOL) and self-efficacy on their intention to quit. *J Jap Acad Nurs Sci*, 31(4), 46-54. doi:10.5630/jans.31.4.
6. Omran S, Barakat H, Muliira JK, Bashaireh, Batiha AM (2015). Assessment of Jordanian Patient's Colorectal Cancer Awareness and Preferences towards CRC Screening: Are Jordanians Ready to Embrace CRC Screening? *Asian Pac J Cancer Prev*, 16(10):4229-35.