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Holistic Well-Being among Elderly Cancer Patients

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ABSTRACT:
Cancer is a major public health concern that significantly affects the physical, psychological, and social well-being of elderly individuals, thereby influencing their Holistic Well-being. The study aimed to assess the Holistic Well-being among elderly cancer patients and to determine its association with selected demographic and clinical variables at Sri Ramakrishna Hospital, Coimbatore. A quantitative approach with a descriptive research design was adopted, and 50 elderly cancer patients were selected using a convenient sampling technique based on inclusion and exclusion criteria. Data were collected using a structured questionnaire for demographic and clinical variables, followed by a standardized OPQOL-35 assessment scale. The study findings revealed that most of the patients had a moderate level of Holistic Well-being, while another 23.5% experienced poor and good Holistic Well-being. Significant associations were found between Holistic Well-being and selected clinical variables including occupation ($\chi^2 = 16.34$, $p < 0.01$), duration of hospitalization ($\chi^2 = 14.19$, $p < 0.01$), and cancer stage ($\chi^2 = 9.4$, $p = 0.05$). The study concludes that even though many patients had a moderate level of Holistic Well-being, some still experienced good to poor Holistic Well-being due to the effects of the age, disease and treatment. Factors like stage of cancer, duration of hospitalization, and occupation and financial status play an important role in influencing Holistic Well-being. Early diagnosis, proper treatment, and continuous support are important to improve the Holistic Well-being. Regular assessment and simple nursing care can help cancer patients to maintain better well-being.

INTRODUCTION:

Cancer is one of the leading causes of morbidity and mortality worldwide and poses a major public health challenge. It is a group of diseases characterized by uncontrolled growth and spread of abnormal cells, which can affect any part of the body. Advances in early detection, diagnostic techniques, and treatment modalities such as chemotherapy, radiotherapy, and surgery have significantly improved survival rates among cancer patients. However, these treatments often result in various physical, psychological, and so-

cial complications that affect the overall well-being of individuals. **World Health Organization (2025)** Quality of life has emerged as an important outcome measure in cancer care. It refers to an individual's perception of their position in life in the context of their culture, value systems, personal goals, expectations, and concerns. For cancer patients, QOL encompasses multiple dimensions including physical health, emotional status, functional ability, social relationships, and symptom burden. The disease process and its treatment can lead to fatigue, pain, nausea, anxiety, depression, and social isolation, thereby reducing the overall quality of life. **Cella, D. F. et al. (1993)**

NEED FOR THE STUDY:

Cancer is a large group of diseases that can start in almost any organ or tissue of the body when abnormal cells grow uncontrollably, go beyond their usual boundaries to invade adjoining parts of the body and/or spread to other organs. The latter process is called metastasizing and is a major cause of death from cancer. A neoplasm and malignant tumor are other common names for cancer. Cancer is the second leading cause of death globally, accounting for an estimated 9.6 million deaths, or 1 in 6 deaths, in 2018. **World Health Organization (2018)**

Cancer not only affects the physical health of patients but also has profound psychological, social, and economic impacts. Despite advancements in medical treatment, many cancer patients continue to experience poor quality of life due to treatment side effects, emotional distress, and lifestyle changes. These challenges often remain under-recognized and inadequately addressed in routine clinical care. **Ferrell, B. R. (1995)**

In India, the burden of cancer is steadily increasing, and many patients present at advanced stages of the disease. This further complicates treatment outcomes and significantly affects the quality of life. Cultural beliefs, lack of awareness, financial constraints, and limited access to supportive care services also contribute to the deterioration of QOL among cancer patients. Though, an advance medical technology and supportive care in the field of health care the researcher need to identify current scenario of Quality of Life among cancer patient.

STATEMENT OF THE PROBLEM

A Descriptive Study to Assess the Holistic Well-Being among Elderly Cancer Patients at Selected Hospital, Coimbatore.

OBJECTIVES

To assess the Holistic Well-Being among elderly cancer patients.

To find out the association between Holistic Well-Being and selected variables among elderly cancer patients.

OPERATIONAL DEFINITION:

Holistic Well-Being: It refers to the level of well-being of cancer patients in terms of physical, psychological, social, and functional domains, as measured by a standardized questionnaire, and categorized into poor, moderate, and good based on the obtained scores. It is assessed by using Older People's Quality of Life Questionnaire (OPQOL-35)

Elderly Cancer Patients: It refers to the individuals diagnosed with any type of cancer and who are attending Out Patient Department on regular basis and follow-up care at the selected hospital, Coimbatore

during the period of data collection.

HYPOTHESIS:

H_1 - There is a significant association between the Holistic Well-Being (OPQOL-35) of cancer patients and selected demographic and clinical variables.

METHODOLOGY

RESEARCH APPROACH: Quantitative research approach.
RESEARCH DESIGN: Descriptive research design.
RESEARCH SETTING: Sri Ramakrishna Hospital, Coimbatore.
TARGET POPULATION: Patients diagnosed with cancer.
ACCESSIBLE POPULATION: Elderly Cancer patients who are attending Out Patient Department on regular basis and follow-up.
SAMPLING TECHNIQUE: Convenient sampling technique.
SAMPLE SIZE: 50
RESEARCH VARIABLE: Holistic Well-Being

TOOLS:

Section- A Demographic variable (age, gender, religion, place of residency, educational status, marital status, occupation, economic status, duration of hospital)
Section -B Clinical variables (primary diagnosis, time od diagnosis, types of interventions, cancer stages)
Section- C OPQOL-35 (The Older People's Quality of Life Questionnaire (OPQOL-35) is a standardized tool used to assess quality of life. It consists of 35 items covering domains such as health, independence, social relationships, psychological well-being, and overall life satisfaction. Each item is rated on a Likert scale, and the total score is obtained by summing all responses. A higher score indicates better quality of life. The tool is simple, reliable, and widely used in research to evaluate overall well-being.)

DATA COLLECTION PROCEDURE:

A Descriptive research design was adopted for the study. Using a convenient sampling technique, 50 cancer patients were selected based on the inclusion and exclusion criteria. Data were collected using a structured questionnaire to obtain demographic and clinical variables, followed by assessment of Holistic Well-Being using a standardized OPQOL-35 scale. The data collection was carried out and the findings were used to assess the level of Holistic Well-Being and its association with selected variables among cancer patients.

Table 1: Frequency and Percentage Distribution of Demographic Variables (N=50)

Demographic Variables	Category	Frequency (f)	Percentage (%)
Age (in years)	60 – 69	27	54%
	70 – 79	17	34%
	80 – 89	6	12%

	> 90	0	0.0%
Gender	Male	26	52%
	Female	24	48%
Religion	Hindu	34	68%
	Christian	11	22%
	Muslim	5	10%
Place of Residency	Rural	34	68%
	Urban	16	32%
Educational Status	No formal	8	16%
	Primary	19	38%
	Secondary	18	36%
	Higher	5	10%
Marital Status	Unmarried	3	6%
	Married	34	68%
	Divorcee	1	2%
	Widow/Widower	12	24%
Occupation	Private	13	26%
	Government	4	8%
	Coolie	13	26%

	Unemployed	20	40%
Economic Status	Very Good	4	8%
	Good	6	12%
	Average	40	80%
Duration of Hospitalization	1 – 7 days	2	4%
	8 – 14 days	4	8%
	15 – 29 days	18	36%
	> 30 days	26	52%

Table 2: Frequency and Percentage Distribution of Clinical Variables (N=50)

Clinical Variables	Category	Frequency (f)	Percentage (%)
Primary Diagnosis	CA Breast	10	20%
	CA Larynx/Pharynx/Oral	10	20%
	CA Stomach/Esophagus	3	6%
	CA Lungs	9	18%
	CA Bladder	5	10%
	CA Cervix	4	8%
	CA Ovary	4	8%
	CA Colon-Rectum	5	1%
Time of Diagnosis (Months)	< 12	12	24%
	13 – 24	20	40%
	25 – 36	14	28%
	37 – 48	4	8%
Types of Intervention (Past 6 Months)	Surg/Chemo/Radio	25	50%
	Surg + Chemo	20	40%
	Surg + Radio	5	10%
Cancer Stage	Stage I	15	30%
	Stage II	24	48%
	Stage III	9	18%
	Stage IV	2	4%

Table 3: Frequency and Percentage Distribution of Holistic Well-Being (OPQOL-35) (N=50)

Item No.	Str. Agree / V. Good		Agree / Good		Neither / Alright		Disagree / Bad	
	f	%	F	%	f	%	F	%
1	6	12%	28	56%	16	32%	0	0%
2	12	24%	22	44%	16	32%	0	0%
3	10	20%	30	60%	10	20%	0	0%
4	21	42%	25	50%	4	8%	0	0%
5	22	44%	28	56%	0	0%	0	0%
6	7	14%	21	42%	22	44%	0	0%
7	8	16%	30	60%	12	24%	0	0%
8	11	22%	30	60%	9	18%	0	0%
9	26	52%	24	48%	0	0%	0	0%
10	17	34%	28	56%	5	10%	0	0%
11	29	58%	18	36%	3	6%	0	0%
12	17	34%	28	56%	4	8%	1	2%
13	12	24%	31	62%	7	14%	0	0%
14	17	34%	29	58%	4	8%	0	0%
15	3	6%	16	32%	23	46%	8	16%
16	24	48%	26	52%	0	0%	0	0%
17	16	32%	29	58%	5	10%	0	0%
18	3	6%	25	50%	22	44%	0	0%

19	7	14%	25	50%	18	36%	0	0%
20	3	6%	23	46%	24	48%	0	0%
21	15	30%	26	52%	9	18%	0	0%
22	7	14%	38	76%	5	10%	0	0%
23	30	60%	18	36%	2	4%	0	0%
24	12	24%	34	68%	4	8%	0	0%
25	16	32%	32	64%	2	4%	0	0%
26	10	20%	34	68%	6	12%	0	0%
27	1	2%	16	32%	30	60%	3	6%
28	3	6%	26	52%	21	42%	0	0%
29	3	6%	20	40%	23	46%	4	8%
30	2	4%	20	40%	28	56%	0	0%
31	2	4%	15	30%	22	44%	11	22%
32	13	26%	28	56%	9	18%	0	0%
33	6	12%	30	60%	14	28%	0	0%
34	11	22%	23	46%	14	28%	2	4%
35	9	18%	19	38%	19	38%	3	6%

Table 4: Association between Holistic Well-Being and Selected Variables (N=50)

Selected Variables	Poor QOL	Moderate QOL	Good QOL	Total	Chi-Square (χ2)	df	p-value
	f (%)	f (%)	f (%)	N			
Age (in years)					1	4	0.91

60 – 69	2 (7.4%)	8 (29.6%)	17 (63.0%)	27			
70 – 79	1 (5.9%)	5 (29.4%)	11 (64.7%)	17			
80 – 89	1 (16.7%)	1 (16.7%)	4 (66.7%)	6			
Gender							
Male	2 (7.7%)	7 (26.9%)	17 (65.4%)	26			
Female	2 (8.3%)	7 (29.2%)	15 (62.5%)	24	0.05	2	0.978
Occupation							
Private / Govt	1 (5.9%)	3 (17.6%)	13 (76.5%)	17			
Coolie	1 (7.7%)	2 (15.4%)	10 (76.9%)	13			
Unemployed	8 (40.0%)	8 (40.0%)	4 (20.0%)	20	16.34	4	0.003
Hospitalization							
15 – 29 days	1 (5.6%)	3 (16.7%)	14 (77.8%)	18			
> 30 days	10 (38.5%)	10 (38.5%)	6 (23.1%)	26			
< 14 days	1 (16.7%)	1 (16.7%)	4 (66.7%)	6	14.19	4	0.007
Cancer Stage							
Stage I	1 (6.7%)	3 (20.0%)	11 (73.3%)	15			
Stage II	2 (8.3%)	4 (16.7%)	18 (75.0%)	24			
Stage III / IV	4 (36.4%)	4 (36.4%)	3 (27.3%)	11	9.4	4	0.05

RESULT AND DISCUSSION:

This study focused on assessing the Holistic Well-Being among Elderly Cancer Patients at Sri Ramakrishna Hospital, Coimbatore. The majority of participants reported moderate Holistic Well-being, while other had good to poor Holistic Well-being. The study findings showed that there was no significant association between QOL and demographic variables such as age and gender. However, significant associations were found between Holistic Well-being and selected clinical variables including occupation ($\chi^2 = 16.34$, $p < 0.01$), duration of hospitalization ($\chi^2 = 14.19$, $p < 0.01$), and cancer stage ($\chi^2 = 9.4$, $p = 0.05$). Patients who were employed, had shorter hospital stays, and were in early stages of cancer demonstrated better Holistic Well-being compared to others. Hence, the stated hypothesis was accepted, indicating that selected clinical variables have a significant influence on the Holistic Well-being among elderly cancer patients.

RECOMMENDATION:

Regular assessment Holistic Well-being (OPQOL-35) should be included as a part of routine care for cancer patients.

Early detection and timely treatment should be promoted to improve patient outcomes.

Psychological support and counselling services should be provided to reduce stress and improve emotional well-being.

CONCLUSION:

According to the study, Holistic Well-being among elderly cancer patients varies widely. The study conclude that Cancer has a substantial impact on patient's Holistic Well-being, and regular assessment along with appropriate nursing interventions and supportive care is essential to improve overall well-being and patient outcomes.

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