



ความต้องการการดูแลแบบสนับสนุนตามการรับรู้ของ ผู้ป่วยมะเร็งเต้านมในเมืองฮานอย เวียดนาม

เหเจียน ทิ เซิน พย.ม.*

นงลักษณ์ เมธากัญจนศักดิ์ PhD**

วาสนา รวยสูงเนิน PhD**

ดลวิวัฒน์ แสนโสม พย.ม.**

บทคัดย่อ

มะเร็งเต้านมเป็นมะเร็งชนิดที่พบมากที่สุดในผู้หญิงทั่วโลก กระบวนการวินิจฉัยและรักษามะเร็งเต้านมทำให้เกิดผลกระทบทั้งทางด้านร่างกาย จิตใจ อารมณ์ และสังคมแก่ผู้ป่วยมะเร็งเต้านม ผู้ป่วยเหล่านี้จึงมีความต้องการความช่วยเหลือในการที่จะเผชิญกับโรคและมีคุณภาพชีวิตที่ดีขึ้น การศึกษานี้มีวัตถุประสงค์ในการศึกษาความต้องการการดูแลแบบสนับสนุนตามการรับรู้ของผู้ป่วยมะเร็งเต้านม ที่อาศัยอยู่ในเมืองฮานอย ประเทศเวียดนาม วิธีการวิจัยที่ใช้เป็นการศึกษาภาคตัดขวางเชิงพรรณนา ทำการศึกษาในโรงพยาบาล 2 แห่ง ในเมืองฮานอย ผู้ให้ข้อมูลเป็นผู้ป่วยมะเร็งเต้านมที่ได้รับการรักษาด้วยการฉายแสงหรือให้เคมีบำบัด จำนวน 138 คน ใช้แบบสำรวจความต้องการการดูแลแบบสนับสนุน ฉบับเต็ม (Supportive Care Needs Survey long form 59: SCNS-LF59) เป็นเครื่องมือในการเก็บรวบรวมข้อมูล วิเคราะห์ข้อมูลโดยใช้สถิติเชิงพรรณนา

ผลการวิจัย พบว่าผู้ป่วยมะเร็งเต้านมในเวียดนาม รับรู้ว่าตนเองไม่ได้รับการตอบสนองความต้องการการดูแลในระดับสูงทุกด้าน โดยเฉพาะอย่างยิ่งความต้องการด้านระบบสุขภาพและการได้รับข้อมูลข่าวสาร ด้วยระดับคะแนนเฉลี่ย 61 ± 8 และด้านการตอบสนองความต้องการในสถานการณ์ที่เผชิญ ด้วยคะแนนเฉลี่ย 15 ± 3 เมื่อแยกวิเคราะห์รายด้านจาก 10 ข้อของการไม่ได้รับการตอบสนองความต้องการสูงสุดตามการรับรู้ของผู้ป่วย พบว่า 9 ข้ออยู่ในด้านความต้องการด้านระบบสุขภาพและการได้รับข้อมูล ส่วนอีก 1 ข้ออยู่ในด้านความต้องการทางจิตใจ นอกจากนี้ในการศึกษานี้ยังพบ ความต้องการที่ไม่ได้รับการตอบสนองที่เฉพาะเจาะจงในผู้ป่วยชาวเวียดนามอีก 6 ด้าน ได้แก่ ความช่วยเหลือเกี่ยวกับ ความไม่อยากอาหาร การจัดการกับความโกรธและขุนมัวจากความกังวล ที่พักอาศัยระหว่างการรับรังสีรักษา การจัดจำหน่ายอาหารหรือเครื่องดื่มที่ดีให้แก่ผู้ป่วยในแผนกมะเร็ง การให้ข้อมูลเกี่ยวกับอาหารที่มีประโยชน์ต่อผู้ป่วยมะเร็งเต้านม และการเข้าถึงข้อมูลข่าวสารที่มีประโยชน์ต่าง ๆ ดังนั้นผลการศึกษานี้บุคลากรทางสุขภาพสามารถนำไปใช้ในการดูแลเพื่อตอบสนองความต้องการที่แท้จริงของผู้ป่วยมะเร็งเต้านมในประเทศเวียดนาม

คำสำคัญ: การดูแลแบบสนับสนุน การรับรู้ความต้องการ ความต้องการที่ไม่ได้รับการตอบสนอง มะเร็งเต้านม

*นักศึกษาพยาบาลศาสตรมหาบัณฑิต หลักสูตรนานาชาติ คณะพยาบาลศาสตร์ มหาวิทยาลัยขอนแก่น

**ผู้ช่วยศาสตราจารย์ สาขาวิชาการพยาบาลผู้ใหญ่ คณะพยาบาลศาสตร์ มหาวิทยาลัยขอนแก่น



Introduction

Number of women with breast cancer in Hanoi, Vietnam has been increasing continuously. Throughout the period of 1988–2007, the Age Standardized Rates (ASR) of breast cancer in woman living in Hanoi was rapidly increasing. It was nearly doubled between 1988 and 2007 with the incidence of 17.9 and 32.0 per 100,000 women in 1988 and 2007, respectively¹. In 2007 the number of new cases of breast cancer increased nearly 4 times comparing with those in 1988 (28,672 cases and 6,738 cases)¹. Studies^{2–3} show that breast cancer and its treatment have tremendous impacts on patients' life in every dimension.

Patients' supportive care needs have been assessed in order to identify specific issues or specific areas that patients require as most need for help. The benefits of needs assessment among patients with cancer have been well documented^{4–5}. According to previous studies about supportive care needs of patients with cancer^{4–12}, breast cancer patients demonstrated high level of information seeking need. Additionally, high levels of unmet needs were reported in the information need and the psychological need dimensions. It was also shown that unmet need was a strong predictor of quality of life among victims of breast cancer.¹³ However, currently there was no study evidence related to unmet care needs among Vietnamese women with breast cancer. Therefore, the purpose of this study was to investigate the perceived supportive care needs of patients with breast cancer in Vietnam.

Materials and methods

Patient sample

A convenience sample of 138 subjects were recruited from oncology chemotherapy and oncology radiotherapy wards at 2 hospitals in Hanoi, Vietnam. Eligible sampling criteria included ages 18 and older, had mastectomy and were undergoing adjuvant therapy (ra-

diotherapy or chemotherapy), and were able to read and write Vietnamese. Patients with severe mental disorder, had other types of cancer, or judged too ill to participate were excluded. The study protocol was approved by the Ethic Committee at Khon Kaen University, Thailand and ethical boards of 2 studied hospitals in Vietnam.

Procedures

Eligible participants were informed about the study at their follow-up visits at oncology radiotherapy and chemotherapy wards. They were provided with written information about the study before inviting to participate in the study. Every potential participants was notified that their decision either to or not to participate participation in this study was entirely voluntary and the care they receive would not be affected by their decision. Patients who agreed to participate were asked to sign a consent form and fill out the demographic form and the SCNS-LF59 questionnaire. The study started in August and completed in September of 2012.

Measurement

Participants' demographic form

Demographic background including age, marital status, educational background, occupation, monthly income, medical payment, living province, and family medical history were collected by asking participants to fill in the demographic form. A medical record was reviewed only for medication and treatment information.

The supportive care needs survey (SCNS)

The SCNS-LF59¹⁴ was used as a tool to assess the unmet supportive care needs of patients with breast cancer. It was designed to provide a direct and comprehensive assessment of the multidimensional impact of cancer on patients' lives. The SCNS is a modified version of the Cancer Needs Questionnaire (CNQ)¹⁵ to include sexuality dimension, therefore; considered to be more appropriately used with breast cancer patients. The psychometric properties and the reliability and validity of the tool have been well documented¹⁴.



Originally, there were five needs domain¹⁴ identified in SCNS-LF59 including the physical and daily living, psychological, sexuality, patient care and support, and health system and information. However, in the more recent study¹⁶, the researcher named the no specific factor loading (4 items) as the sixth domain, “practical needs domain”. Therefore, six domains of the unmet supportive care needs were assessed in this study. Physical and daily living domain describes patient’s needs for help in coping with physical symptoms, side effects of treatment, and performing usual physical activities. Psychological domain contains items related to supportive needs for emotional coping while sexuality domain covers items of need for help to maintain sexual relationship. Items related to need for health care providers’ sensitivity to physical and emotional needs, privacy, and choice of the patient are categorized in patient care and support domain. Health system and information domain includes items related to need for help about treatment management and information about the disease, diagnosis, treatment, and follow-up. Finally, practical domain comprises items related to need for help during clinical care situation.

Participants were asked to rate from a scale of 1 to 5, ranking from “No need, not applicable” to “High need” for their level of need for help in the last month in each item. For scoring and analysis, the instrument was recommended calculating a Likert summated scale by summing the individual items within a domain. Higher scores suggested a higher perceived need for help. As an alternative use, the scale can be used to obtain information on the presence/absence and number of the perceived unmet need of the patient with rating 3 or higher was regarded as unmet need¹⁴.

In this study, the SCNS was translated into Vietnamese language and the term “cancer” was substituted by “breast cancer”. Face validity was evaluated by a convenience sample of 30 patients who

met the selection criteria and a panel of professional members including an oncologist and two oncology nurses. The translated tool was rated for its relevance, comprehensiveness, and acceptability of the items and survey format. Overall, the verbal and written comments of both patients and experts confirmed the face validity although a few items were modified to improve comprehension of the tool.

Statistical analysis

Descriptive statistics were used for analysis of the demographic and medical characteristics of the patient sample. The perceived unmet needs was calculated using frequency (mean, SD, median) of each response of all items.

Results

Demographic and medical characteristics

The demographics characteristics of participants in this study show that most patients with breast cancer were married (85.5%) and in middle-age (60.2% age ranged from 35 to 55 years old). Most of them were farmer (41.3%) and finished junior education level (61.6%). They earned low monthly income (53.6%). The majority of patients (87.7%) lived outside Hanoi City and had medical insurance (98.6%). Only 6.5% of them had family member with breast cancer. Most of the participants had stage II cancer (92.0%). The demographic characteristics of samples presented in detail in table 1 and 2 below.

Supportive care needs

Results show that participants identified the greatest unmet needs in the health system and information needs domain, followed by the practical needs domain and psychological needs domain. They perceived to have the least unmet needs in patient care and support needs domain. The mean scores and level of unmet needs in each domain are presented in table 3.



The frequency of each item response was analyzed and found that of the ten highest unmet need items, 9 items belonged to the health system and information needs domain and 1 item was in the psychological needs domain. Table 4 shows the top 10 highest unmet needs with percentage of responses and mean score of each item response. The overall percentages of those item responses were very high (82.6% – 94.2%).

Moreover, Vietnamese patients with breast cancer in this study demonstrated some other needs for help that were not mentioned in the Supportive Care Needs Survey. These additional items were added into the domains that describe comparable meaning as shown in table 5.

Discussion

This study investigated the overall and specific perceived unmet needs of patients with breast cancer in Vietnam. Results showed the highest moderate or high unmet needs were mainly related to the health system and information needs domain, accounting for 9 items of the top 10 highest unmet needs. Another item identified in the top 10 highest needs was in psychological domain. This finding was consistent with other studies³⁻⁷ which reported high levels of unmet needs in the information and psychological areas among patients with breast cancer.

Vietnamese patients with breast cancer in this study demonstrated specific supportive care needs that were not mentioned in the SCN survey including needs for help with appetite lost, managing angry and emotional disturbance from anxiety, living quarters during radiotherapy, getting good food/juice at the hospital, getting information about good diet, and access to useful information to continue self-care at home while hospitalize. It was clearly shown that patients with breast cancer in this study attempted seek

information from various sources to cope with their disease and side effects of treatment. Therefore, breast cancer patients expressed a high level information need. It is supported that satisfied information needs improves patient outcomes in perception of control, level of distress, and psychological well-being.¹⁵⁻¹⁷

This study suggests that health care providers should give priority to providing appropriate information and be more responsive to patients' questions and concerns about their treatment, prognosis, personal care, test results, and so on. Additionally, supportive care services should include psychological support, social care (financial, transportation, etc) and sexuality needs as well as physical and symptomatic support.¹⁸⁻¹⁹

To our knowledge, the current study is the first study to investigate the unmet needs of patients with breast cancer in Vietnam. Findings provide encouragement and direction for future research in patient's needs assessment. However, this study has a few limitations. When the patients with other type of cancer were excluded from the study, as a result, patients with stage IV breast cancer were not included.²⁰⁻²¹ Therefore, findings from this study may not generalize to all patients with breast cancer in Vietnam. Further research is required to conduct in the patients with more advanced stage of breast cancer in order to provide appropriate help to this group.

Acknowledgement

The researchers wish to thank Faculty of Nursing, Khon Kaen University, Thailand, Faculty of Nursing and Midwifery, Hanoi Medical University, Vietnam, and Vietnam National Cancer Hospital, Hanoi, Vietnam for their support to this study. The researchers also thank to Dr. Tu, Dr. Chanh, Assoc. Prof. Dr. Sutthiluck Tangkeeratchai, and Assoc. Prof. Dr. Somjit Daenseekeaw for their kindly assistance. Deeply thanks go to every patient with breast cancer for their volunteer to participate in this study.



References

1. VNCH (Vietnam National Cancer Hospital). (2008). Situation of cancer incidence in Hanoi women in period 1988–2007. [Online]. 2008 [cited 2008 July 30]. Available from: <http://benhvienk.com/index.php?pID=705&module=5&subject=22&iID=81>.
2. Ashing-Giwa KT, Padilla G, Tejero J, Kraemer J, Wright K, Coscarelli A, Clayton S, Williams I, Hills D. Understanding the breast cancer experience of women: A qualitative study of African American, Asian American, Latina and Caucasian cancer survivors. *Psychooncology* 2004; 13(6): 408–28.
3. Yanez B, Thompson EH, Stanton AL. Quality of life among Latina breast cancer patients: A systematic review of the literature. *J Cancer Surviv* 2011; 5(2): 191–207.
4. Sanson-Fisher R, Girgis A, Boyes A, Bonevski B, Burton L, Cook P. The unmet supportive care needs of patients with cancer. Supportive Care Review group. *Cancer* 2000; 88: 225–236.
5. Park BW, Hwang SY. Unmet need of breast cancer patients relative to survival duration. *Yonsei Med J* 2012; 53(1): 118–125.
6. Lam WWT, Au, AHY, Wong JHF, Lehmann C, Koch U, Fielding R, Mehnert, Unmet supportive care needs: a cross-cultural comparison between Hong Kong Chinese and German Caucasian women with breast cancer. *Breast Cancer Res Treat* 2011; 130: 531–541.
7. Hwang SY, Park BW. The perceived care need of breast cancer patients in Korea. *Yonsei Medical Journal* 2006; 47(4): 524–533.
8. Girgis A, Boyes A, Sanson-Fisher RW, Burrows S. Perceived needs of women diagnosed with breast cancer: rural versus urban location. *Aust N Z J Public Health* 2000; 24: 166–173.
9. Foot G, Sanson-Fisher R. Measuring the unmet needs of people living with cancer. *Cancer Forum* 1995; 19(2): 131 – 135.
10. Hanson Frost M, Suman VJ, Rummans TA, Dose AM, Taylor M, Novotny P, Johnson R, Evans RE. Physical, psychological and social well-being of women with breast cancer: The influence of disease phase. *Psychooncology* 2000; 9(3): 221 – 231.
11. Aranda S, Schofield P, Weih L, Yates P, Milne D, Faulkner R, Voudouris N. Mapping the quality of life and unmet needs of urban women with metastatic breast cancer. *European Journal of Cancer Care* 2005; 14(3): 211–222.
12. Uchida M, Akechi T, Okuyama T, Sagawa R, Nakaguchi T, Endo C, Yamashita H, Toyama T, Furukawa TA. Patients' support care needs and psychological distress in advanced breast cancer patients in Japan. *Jpn J Clin Oncol* 2011; 41(4): 530–536
13. Park BW, Hwang SY. Unmet needs and their relationship with quality of life among women with recurrent breast cancer. *J Breast Cancer* 2012; 15(4): 454–61.
14. Bonevski B, Sanson-Fisher RW, Girgis A, Burton L, Cook P, Boyes A. Evaluation of an instrument to assess the needs of patients with cancer. Supportive Care Review Group. *Cancer* 2000; 88(1): 217 – 225.
15. Foot G., & Sanson-Fisher, R. Measuring the unmet needs of people living with cancer. *Cancer Forum* 1995; 19(2): 131 – 135.
16. Pudsumran K, Siruksa A, Effects of Giving Information on Adaptation and Anxiety in Breast Cancer Patients Post Mastectomy. *Journal of Nurses' Association of Thailand, North-Eastern Division* 2012; 30(3): 163–170.
17. Prasertsri T, Namwongpom A, Pakdevong No. Effects of Health Promotion Program on Health



- Promoting Behaviors, Absolute Neutrophils Count, Infection Rate, and Quality of Life of Persons with Breast Cancer Receiving Chemotherapy. Journal of Nurses' Association of Thailand, North-Eastern Division 2012; 30(1): 39-45.
18. Sanson-Fisher R, Girgis A, Boyes A, Bonevski B, Burton L, Cook P. The unmet supportive care needs of patients with cancer. Supportive Care Review group. Cancer 2000; 88: 225-236.
19. Wong JJW, Alimonte LD, Angus J, Paszat L, Soren B, Szumacher E. What do older patients with early breast cancer want to know while undergoing adjuvant radiotherapy? J Canc Educ 2011; 26: 254-261.
20. McElduff P, Boyes A, Zucca A, Girgis A. Supportive Care Needs Survey: A guide to administration, scoring and analysis. Hunter Medical Research Institute. The University of Newcastle. Australia; 2004.
21. Ho Thi Thuy Trang, Ruisungnoen W. Experiences of Vietnamese Women with Breast Cancer. Journal of Nurses' Association of Thailand, North-Eastern Division 2012; 30(4): 30-39.

Table 1: Demographic characteristics of the samples (n=138)

Characteristics	Frequency	Percentage
1. Age		
≤ 35	9	6.5
36-45	46	33.3
46-55	37	26.9
≥ 56	46	33.3
Mean: 49.44	SD: 9.914	Range: 28-67 years
2. Marital status		
Single	2	1.5
Widowed	16	11.5
Divorced	2	1.5
Married	118	85.5
3. Education level		
Junior high	85	61.6
Senior high	22	15.9
College/university	31	22.5
4. Occupation		
Government / business	19	13.8
Farmer	57	41.3
Retirement / housewifery	44	31.9
Labor	18	13.0
5. Monthly income (VND)		
< 1.5 mil	74	53.6
1.5 - 3.0 mil	24	17.4
3.1 - 5.0 mil	40	29.0
6. Medical payment		
Insurance	136	98.6
Self payment	2	1.4
7. Living province		
Hanoi	17	12.3
Other provinces	121	87.7
8. Family medical history		
Has person with breast cancer	9	6.5
Does not have person with breast cancer	129	93.5

**Table 2:** Medical characteristics of the samples (n=138)

Characteristics	Frequency	Percentage
1. Medical diagnosis		
Carcinoma breast cancer	102	73.9
Inflammatory breast cancer	36	26.1
2. Stage of breast cancer		
Stage 2	127	92.0
Stage 3	11	8.0
4. Type of adjuvant treatment		
Chemotherapy	83	60.0
Radiotherapy	55	40.0

Table 3: Supportive care need levels

Supportive care needs domains	Total score	Mean Score \pm SD	Proportion	Level of unmet need
Health system and information needs	75	61 \pm 8	81.3%	1
Practical needs	20	15 \pm 3	75.0%	2
Psychological needs	110	75 \pm 17	68.2%	3
Sexuality needs	15	10 \pm 4	66.7%	4
Physical and daily living needs	35	19 \pm 6	54.3%	5
Patient care and support needs	40	18 \pm 6	45.0%	6

**Table 4:** Ten highest unmet needs

Rank	Supportive care need items	Responses (%) [*]	Mean±SD	Median	Domain
1	Being informed about things you can do to help yourself get well	92.8	4.68±0.792	5	HsI ^{**}
2	Being informed about your test results as soon as feasible	90.5	4.61±0.947	5	HsI
3	Being informed about cancer which is under control or diminishing (that is, in remission)	94.2	4.59±0.690	5	HsI
4	Being given information (written, diagrams, drawings) about aspects of managing your illness and side-effects at home	89.8	4.54±0.881	5	HsI
5	The opportunity to talk to someone who understands and has been through a similar experience	94.2	4.54±0.929	5	HsI
6	Being given written information about the important aspects of your care	91.3	4.54±1.061	5	HsI
7	Being given explanations of those tests for which you would like explanations	89.1	4.46±0.967	5	HsI
8	Being adequately informed about the benefits and side-effects of treatments before you choose to have them	88.4	4.43±0.989	5	HsI
9	Learning to feel in control of your situation	86.3	4.38±0.961	5	Psy ^{***}
10	Having access to professional counseling (eg, psychologist, social worker, counselor, nurse specialist) if you/family/ friends need it	82.6	4.17±1.107	4	HsI

^{*} Reported as a moderate or high need for help, ^{**}HsI: Health system and information, ^{***}Psy: Psychological

Table 5: List of additional supportive care needs

Items	No.	Supportive care needs domain
1. Losing appetite	52	Physical and daily living needs
2. Being angry and disturbed with anxiety	28	Psychological needs
3. Living quarters during radiotherapy	46	Practical needs
4. Having good food/juice for sell to patients at the Oncology Department	27	patient care and support needs
5. Information about good diet for breast cancer	56	Health system and information needs
6. Access to helpful the information, such as organizing workshops once per week, providing hospital TV channels to guide for patients home care in the infusion room and lounge	43	Health system and information needs



The Perceived Supportive Care Needs of Patients with Breast Cancer in Hanoi, Vietnam

Nguyen Thi Son M.N.S.*

Nonglak Methakarnjanasak PhD**

Wasana Ruisungnoen PhD**

Donwiwat Saensom M.N.S.**

Abstract

Breast cancer is the most common type of cancer in woman worldwide. Breast cancer diagnosis and its treatment cause several physical, psychological and social impacts to victims of breast cancer. Patients with breast cancer have demonstrated many supportive needs in order to improve their well-being and to deal with their conditions. This study aimed to investigate the perceived supportive care needs of women with breast cancer in Hanoi, Vietnam. A cross-sectional descriptive study was conducted in 138 patients with breast cancer who were undergoing radiotherapy or chemotherapy at 2 hospitals in Hanoi, Vietnam. The Supportive Care Needs Survey long form 59 (SCNS-LF59) was used for data collection. Data was analyzed using descriptive statistics.

Results show that patients with breast cancer in Vietnam demonstrated high level of unmet needs across all supportive care needs domains, particularly in the health system and information needs (Mean±SD = 61±8) and the practical needs (Mean±SD = 15±3). Among the top 10 highest unmet needs, 9 items were in the health system and information needs and 1 item was in the psychological needs. Additionally, 6 unmet needs specific to Vietnamese patients with breast cancer were discovered including needs for help with losing appetite, being angry and disturbed with anxiety, living quarters during radiotherapy, having good food/juice for sell to patient at the Oncology Department, providing food information for breast cancer patients, and getting access to helpful information. The findings of this study are beneficial for healthcare profession in providing supports that meet Vietnamese patients' perceived care needs.

Keywords: supportive care, perceived needs, unmet needs, breast cancer

*Master Nursing Student (International Program), Faculty of Nursing, Khon Kaen University

**Assistant Professor, Adult Nursing Department, Faculty of Nursing, Khon Kaen University