

Supportive Care for Taiwanese Women With Suspected Breast Cancer During the Diagnostic Period: Effect on Healthcare and Support Needs

Mei-Nan Liao, PhD, RN, Ping-Ling Chen, PhD, MPH, Miin-Fu Chen, MD, FACS, Shin-Cheh Chen, MD, and Yi-Hua Chen, PhD, MPH

Breast cancer is the most common cancer among women in Taiwan, accounting for 9% of all cancers in women (Department of Health [DOH], Executive Yuan, 2007). During the diagnostic period for suspected breast cancer, both Western and Taiwanese women need not only the diagnosis confirmed as soon as possible, but also information and emotional support to alleviate psychological distress (Liao & Chen, 2006; Liao, Chen, Chen, & Chen, 2007; O'Mahony, 2001) and to help them adapt (Drageset & Lindstrom, 2005; Fridfinnsdottir, 1997; Shaw, Wilson, & O'Brien, 1994). However, little is known about the effect of information and emotional support on the psychological needs of women with suspected breast cancer during the diagnostic period because most studies have focused on the breast biopsy period (Palese, Comuzzi, & Bresadola, 2005).

In Taiwan, regulations for hospital accreditation (DOH, Executive Yuan, 2008) and cancer prevention policy (DOH, Executive Yuan, 2005a) acknowledge the importance of client-oriented health care. However, medical reimbursement policies in Taiwan encourage hospitals to pay more attention to disease treatment and to care for patients with confirmed breast cancer. Therefore, Taiwanese women with suspected breast cancer are not offered information and emotional support or continuous care during the diagnostic period.

Literature Review

Needs of Women With Suspected Breast Cancer During the Diagnostic Period

Need is a multifaceted concept for a feeling experienced when subjective perceptions are inconsistent with a desired state (Endacott, 1997). Needs change with time and are influenced by personality, environment, and social factors (Fitch, 1994). During the diagnostic period, Western and Taiwanese women with suspected breast cancer need emotional support, reassuring health care,

Purpose/Objectives: To investigate the effect of supportive care on healthcare and support needs for women with suspected breast cancer during the diagnostic period.

Design: A quasiexperimental design with two nonrandomly assigned groups.

Setting: Two general surgery outpatient departments at a large teaching hospital in Taiwan.

Sample: Experimental and control groups included 62 and 60 women with suspected breast cancer, respectively.

Methods: The experimental group received supportive care, including health education pamphlets regarding breast cancer diagnosis and treatment; three sessions of individual, face-to-face health education and emotional support; and two follow-up telephone counseling sessions. The control group received routine care. Data were collected upon notice of need for breast biopsy, before biopsy, and after biopsy results were revealed.

Main Research Variables: Healthcare and support needs.

Findings: Levels of healthcare and support needs before breast biopsy and after results were revealed were significantly lower for the experimental group than the control group. Supportive care and biopsy results predicted healthcare and support need levels after diagnosis confirmation, explaining 57% of the total variance.

Conclusions: Supportive care incorporating information, emotional support, and continuous follow-up care improved the degree to which women with suspected breast cancer perceived that their healthcare and support needs were met.

Implications for Nursing: Supportive care, when individually designed and culturally sensitive, can help clinical nurses improve quality of care for clients with suspected breast cancer during the diagnostic period.

and information and support from their friends, family, and healthcare professionals (Fridfinnsdottir, 1997; Liao & Chen, 2006; Liao et al., 2007; Northouse, Tocco, & West, 1997). Thus, healthcare professionals must not only shorten the diagnostic period and guarantee diagnostic accuracy, but also discuss the diagnosis with patients respectfully and compassionately (Liao & Chen; O'Mahony, 2001).