



Supportive care needs: An aspect of Thai women with breast cancer undergoing chemotherapy



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ABSTRACT

Purpose: This study was conducted to explore supportive care needs of Thai women with breast cancer undergoing chemotherapy.

Methods: Through qualitative interviews, a convenience sample of ten women with invasive and advanced invasive breast cancer who were undergoing chemotherapy were interviewed. Treatment for all women took place at a regional hospital in lower northern Thailand. Ten participants were interviewed, some more than once, for a total of 18 interviews. A qualitative approach with a semi-structured interview guideline was used in data collection. Content analysis was used to analyze the data.

Results: Four major themes were found: 1) the need for physical comfort and health safety, 2) the need for encouragement, 3) the need for solution of financial problems, and 4) the need for communication and useful information. This qualitative investigation found that supportive care needs of Thai women with breast cancer undergoing chemotherapy are essential for nurses to know in order to provide high quality care.

Conclusions: Improvement of supportive care quality for women with breast cancer who are undergoing chemotherapy in Thai culture should include: 1) access to supportive care needs assessment, 2) proactive dissemination of necessary information for better management of their lives, 3) aids to daily living and psychosocial support, and 4) facilitation of easy access to welfare and finance help. Provision of supportive care from both families and health care teams could improve the quality of life and so ease the women's lives for Thai women with breast cancer undergoing chemotherapy.

1. Introduction

In Thailand, the prevalence of women with breast cancer increases every year. There is a growing population of patients and survivors in need of care (Kotepui and Chupeerach, 2013). Evidence indicates breast cancer is a chronic illness that affects many individuals and is described by many as one of the most stressful times in their lives (Akechi et al., 2011; Arman et al., 2002; Burgess et al., 2005; Thompson et al., 2013). Although breast cancer may be curable nowadays, women still have deep-seated fears once they have been diagnosed. For many, a diagnosis of breast cancer still represents pain, suffering, and death. And, women with breast cancer often face a future of uncertainty and unpredictable treatment (Grassi et al., 2005; Lim et al., 2013). Evidence also points out that during the illness trajectory of breast cancer, new demands for help or support may arise. Thus, the women with breast cancer may have needs for help and assistance from others (Akechi et al., 2011; Brant et al., 2011; Lai et al., 2017; Wannapornsiri, 2003; Yamagishi

et al., 2009). Therefore, an understanding of supportive care needs is essential to achieve good quality care for women with breast cancer undergoing chemotherapy (Asadi-Lari et al., 2004; Brédart et al., 2013; Fiszler et al., 2014; Harrison et al., 2009; Lai et al., 2017).

The concept of Supportive Care Needs is an important notion that nursing researchers are studying from many different perspectives. There is clearly a need to understand what needs patients with cancer identify (Fitch et al., 2008). There has been a focus on evaluating the supportive care needs that cancer patients identify including levels of needs for assistance through a list of issues or problems (Boyes et al., 2009; Richardson et al., 2007). Moreover, supportive care needs of cancer patients are individual and the needs tend to change and reoccur over time (Asadi-Lari et al., 2004; Fitch et al., 2008; Harrison et al., 2009; Smith et al., 2014). Almost all types of cancer patients have to face similar major problems. These include fatigue, nausea and vomiting, and pain as well as anxiety, stress, and not knowing the disease trajectory or self-care practices during the period of illness. These all

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affect supportive care needs both in terms of what is required and what level of help from others is needed (Akechi et al., 2011; Brédart et al., 2013; Fiszer et al., 2014; Lai et al., 2017; Lam et al., 2011; Suwankhong and Liamputtong, 2018).

Yet, women with breast cancer have an illness in a specific part of body that has great significance to their womanhood (Koçan and Gürsoy, 2016). This may influence how they feel about themselves as a woman and affect the supportive care needs they have during and after treatment. Thai women with breast cancer often receive chemotherapy from an Out-Patient Department (OPD) or One-day service then return home for recuperation while patients with other types of cancer are often admitted into the hospital for their chemotherapy. Consequently, women with breast cancer have to face problems after receiving chemotherapy at home, causing some of their specific supportive care needs (Lai et al., 2017; Suwankhong and Liamputtong, 2018; Wannapornsiri, 2003).

A unique Thai characteristic has to do with what Thai people perceive as consideration for others. People “do not want to be a burden to other people” and may hesitate to ask for help out of this deeply rooted value. There is even a Thai term for this hesitation to disrupt the happiness of another, “*Kreng-Jai*”. This is one of the ways differences of cultural context may affect one's daily life, perspective, and attitudes, including beliefs about breast cancer, chemotherapy and treatment. These have influence on the needs of Thai women that differ from the supportive care needs of women in the Western countries (Suwankhong and Liamputtong, 2018). Current assessment of supportive care needs in women with breast cancer is not systematic and professionals frequently do not capture accurately what women with breast cancer are trying to tell them throughout different stages of the care path. In fact, some women with breast cancer are dissatisfied with the care received and feel that they do not get what they really need (Brédart et al., 2013; Farrell et al., 2005; Koçan and Gürsoy, 2016). A correct understanding and timely detection of supportive care needs is therefore essential and can be reached by thorough screening and assessment in a stepped-care approach (Asadi-Lari et al., 2004; Brédart et al., 2013; Harrison et al., 2009). Yet, learning of supportive care needs has been limited by an inability to capture this concept in a way that is easily communicated or documented.

There are definitions and attributes of supportive care needs in the literature (Fitch et al., 2008), as well as numerous supportive care needs tools (Au et al., 2011; Baudry et al., 2019; Bredart et al., 2012; Girgis et al., 2012; McElduff et al., 2004; Richardson et al., 2005, 2007). Yet these tools are generic and describe nursing care for cancer patients in general. And, as identified above, breast cancer patients undergoing chemotherapy have unique needs. Clearly there are gaps in what is known about supportive care needs and specific differences for women with breast cancer in Thailand.

Therefore, in order for Thai nurses to be able to assess and detect individual women's preferences to provide congruent supportive care, defining supportive care needs specific to Thai women with breast cancer undergoing chemotherapy is crucial. This study was conducted to explore characteristics of Supportive Care Needs of women with breast cancer undergoing chemotherapy in the Thai context.

2. Methodology

2.1. Design and sample

This study used qualitative approach and content analysis to explore characteristics of supportive care needs of Thai women with breast cancer undergoing chemotherapy.

Purposive sampling was used in this study. Participants consisted of ten women with breast cancer who were undergoing chemotherapy in a regional hospital located in lower northern Thailand. The following selection criteria were used in recruiting participants: 1) age 20 years or more; 2) diagnosed with invasive or advanced invasive breast cancer; 3)

undergoing any cycle of first-line chemotherapy; and 4) willing to participate in this study.

2.2. Ethical considerations

The researcher invited participants who met the inclusion criteria both orally and in writing. Anonymity and confidentiality were guaranteed to the participants. Ethical considerations in this study were approved by the Ethical Review Committee of the Faculty of Medicine, the regional hospital of lower northern Thailand (decision No. 080/60). Data were collected after consent was obtained from all participants. At the time of the consent and interviews, the researcher explained about the participants' rights to enter or exit from the study without consequences on their treatment or care, then they completed an informed consent form, and gained oral and written permission to audiotape interviews.

2.3. Procedures

Data were collected using a semi-structured interview guide that included open-ended questions. The individual face-to-face interviews were tape-recorded. The researcher asked general questions of the participants regarding their expectations and wishes related to the health care team and their families. The main question was “*What kind of help do you need during your chemotherapy course?*” Additional questions were asked depending on the participants' responses. Deep questions or probes were used to follow-up and identify such as “*Can you explain more about this point?*” The aim was to extract meaningful content related to participants' experiences of physical, psychological, social, and spiritual needs. Interviews lasted 45 min on average and ranged from 30 min to 1 h and 30 min. Interviews were scheduled through coordinating with the participants so that their daily schedules were not interrupted.

Data were analyzed using content analysis composed of three processes: preparing, organizing, and reporting as recommended by Elo and Kynags (2008). In this study, the recorded interviews were transcribed verbatim immediately after each interview. Then the primary researcher familiarized herself with transcripts to better understand the overall content. Data were analyzed and specific supportive care needs were listed by initial themes. These were applied as codes to the transcripts. The themes were extracted and refined to be more comprehensive. Lastly, themes were categorized and labeled to represent the cluster of codes that accurately described characteristics of supportive care needs of Thai women with breast cancer undergoing chemotherapy (Elo and Kynags (2008)).

2.4. Trustworthiness of data

The trustworthiness of this study was a major consideration and the researchers employed strategies to improve each of the components in the research design (Elo et al., 2014; Lincoln and Guba, 1985). Ten participants were recommended by the oncology nurses after all participants met the inclusion criteria. These participants represented diverse patient profiles (e.g. differing family and living situations), who could articulate their various needs.

In addition, two participants were interviewed two times and three participants were interviewed three times to confirm and add more data until the data was clarified, verified, and rich. The return to the participants at their homes to clarify and deepen the data of some issues from the first and second interviews also allowed for member checking validation “prolonged engagement” and “persistent observation” (p.301) as an aid to credibility (Lincoln and Guba, 1985). This validation process supports the notion that the researchers and analytic team were able to truly understand the data (Burmeister and Aitken, 2012; Sandelowski and Leeman, 2012).

Moreover, credibility of the analysis could be confirmed by member

Table 1
Demographic characteristics (N = 10).

		Participants n (%)
Age	Mean (SD) = 50.1 (6.48)	
Marriage status	Single	3 (30)
	Married	4 (40)
	Divorced	3 (30)
Religion	Buddhism	10 (100)
Occupation	Government officer	2 (20)
	Contractor	3 (30)
	Agriculturalist	3 (30)
	Not working	2 (20)
Diagnosis	Right breast cancer	6 (60)
	Left breast cancer	4 (40)
Stage of breast cancer	Stage II	5 (50)
	Stage III	5 (50)
Chemotherapy regimen	AC (Adriamycin-Cyclophosphamide)	7 (70)
	CMF (Cyclophosphamide-Methotrexate-Fluorouracil)	3 (30)
Cycle of first-line Chemotherapy	2nd	3 (30)
	3rd	3 (30)
	4th	2 (20)
	5th	2 (20)

checking for representativeness of the data as a whole (Thomas and Magilvy, 2011). In this study, results were presented to women with the same experiences who validated that the findings echoed their experiences.

3. Results

Ten participants were interviewed, with five participants more than one time, for a total of 18 interviews. All participants were women (100%), and the mean age was 50.1 ± 6.48 years with an age range between 39 and 60. All were Buddhist. The majority were diagnosed with right breast cancer (60%) and most had been diagnosed with either stage II (50%) or stage III (50%) cancer. Most participants also were receiving chemotherapy regimen with a first-line treatment comprised of AC (Adriamycin-Cyclophosphamide) (70%). Background of the participants are summarized in Table 1.

Through content analysis of the 18 interview transcripts, definitions and four major themes of supportive care needs of Thai women with breast cancer undergoing chemotherapy emerged. Quotes by participants addressing each theme have been compiled in Table 2 following the same structure below. Results are presented as responses to the questions asked in the interviews and are categorized according to the common themes.

3.1. What are the supportive care needs in Thai women with breast cancer undergoing chemotherapy?

Because of the specific context of Thai women with breast cancer undergoing chemotherapy, supportive care needs referred to as identifying critical assistance and essential cares of their daily life during treatment in the hospital and healing afterward at home. These necessary aids and considerations involved health care providers (including doctors and nurses), and/or the participants' family members and included four main themes: 1) need for physical comfort and health safety; 2) need for encouragement; 3) need for solution of financial problem; and 4) need for communication and useful information. Themes were discussed below and presented with illustrative data from the participants' interviews (see Table 2).

3.1.1. Need for physical comfort and health safety

Overall, the participants mentioned that they often felt a necessary and a primary external need for their well-being and security. They needed help both from health care providers and their family members to prevent harm occurring to them and to relieve physical symptoms associated with breast cancer and side effects of treatment. This kind of instrumental support should be a part of releasing participants from the agony of their physical symptoms caused by breast cancer and chemotherapy. These symptoms include after-pain at injection sites, nausea and vomiting, fatigue, body smelling sour and skin irritation.

After hospitalization, participants said they relied on family to support them during the early recovery phase at home for around one week after they received each cycle of chemotherapy because they had problems in their daily routines. For example, they lost their appetite, had sleep disturbances, had changes related to decreased desire for intercourse, and had low ability to perform role obligations.

3.1.2. Need for encouragement

Participants expressed a need for significant help/support to deal with their emerging emotions such as anxiety, unhappiness, discouragement, fear, and uncertainty during the chemotherapy first-line treatment. They recommended that caring from the heart, speaking with consideration and empathy were very important. Providing understanding and encouragement from both health care providers and their family members could give them strength to carry on. They talked about religious support as well because one of the most common religious practices among Thai Buddhists is merit making. Making merit may include giving food to the monks, bringing offerings to the temple, Buddhist chanting in the ancient language of Pali and doing meditation, or releasing fish and birds. Moreover, the participants talked about doing good things to create positive karma for oneself. These supports helped them to cope with their disease and treatment. They hoped to gain happiness and improve the quality of their present life.

3.1.3. Need for solution of financial problems

Almost all participants recommended a noteworthy help/support regarding the expense of their illness, entitlement/rights to health care (e.g. national health care insurance), and family financial matters because the participants for this study were mainly of lower-middle income status in Thailand. The participants needed significant assistance in managing illness and treatment costs, and found themselves worried about poverty and economic instability because of their illness. Sometimes they wanted to borrow money from close relatives to provide for their care costs. Additionally, many also wished for some extra funding support for transportation, room and board, supplementary diet items, and such things as wigs, hats, and head-kerchief as they moved home from the hospital.

3.1.4. Need for communication and useful information

Participants expressed a high need for verbal information during the time of chemotherapy first-line treatment. They wanted specific information and advice from doctors and nurses to help them better understand about their illness and complications. Useful information that they wanted had to do with knowledge and specific details of their disease and treatment, including the "right way" for them to conduct self-care. For example, what foods would be appropriate, and what daily activities they could perform in the hospital and how they should manage their health during the initial healing process at home.

They also wanted information about alternative treatments. For example, what herbs could help with their cancer treatment? In addition to that, they realized the importance of home visit nurses to follow up during the early recovery phase. Similarly, they suggested that a 24 h telephone counselling service would be highly beneficial when they faced uncontrolled problems at home.

Table 2
Participant quotes.

Themes	Participant	Quotes
Need for physical comfort and health safety	Woman 1	<i>“When I am receiving chemo in bed. I want the nurse to take a look and ask me about my symptoms. It could help me to feel and be safe”</i>
	Woman 3	<i>“After going back home around one week, I could not eat anything, and I suffered from nausea and vomiting. I would love my family to provide food such as fruits with a sour taste: mango, tamarind, orange etc, If they prepare Tom-Yum (sour soup), it would help me eat more ... I don't want to eat a meal that is made with oil. It makes me more nauseated and causes vomiting”</i>
	Woman 7	<i>“I think ... it is better if there are home visiting nurses to follow up with us after we go back home after each cycle of chemotherapy. Nowadays, I see the home visiting nurses are provided only for persons with hypertension, diabetes, or stroke and paralysis, not persons with cancer and particularly not persons in the chemotherapy group”</i>
Need for encouragement	Woman 2	<i>“I think, for us, we only need the loved ones to understand our situation; you don't have to be with us all the time but keep checking, giving encouragement and support. Don't abandon us or show signs that you find us distasteful”</i>
	Woman 4	<i>“Just support from my family was important to me, and just knowing that I could call on them ...”</i>
	Woman 5	<i>“When I feel life is sorrowful, I want my son to take me to make a merit at the temple. Sometimes it helps me calm my mind and fight for my life ... I chant “Phut-Tho” every night until I can sleep” (“Phut-Tho” is the Pali word that mean Buddha. It is a word to chant for her faith to respect the Buddha and a tactic to keep her mind calm. It helps her to concentrate or to keep the mind focusing on the here and now or the present time. The chanting of “Phut-Tho” helps to maintain mindfulness and awareness at all times.)</i>
	Woman 7	<i>“Sometimes I want the doctor and nurse to understand me, just talk with me politely, do not blame me when I cannot follow their suggestions because I had already tried to do my best”</i>
Need for solutions of financial problems	Woman 9	<i>“I have no more money to pay for everything when I go to hospital to receive each cycle of chemotherapy. My home is so far from here. Sometimes I have to borrow a car or some money from my brother. It is better, if the hospital can provide some support such as travel expenses, room and food, supplementary diet items, wigs, hats, and head-kerchief ...”</i>
Need for communication and useful information	Woman 7	<i>“... More than that, a 24 h telephone counselling line may help us to solve some uncontrolled problems when we stay at home”</i>
	Woman 3	<i>“During my sickness, I definitely want the doctors or nurses help me by explaining and giving me more details and information in order to understand how to take care of myself: what can I expect after the chemo? Will the cancer come back or spread more? Will I be cancer-free? What routine work can I handle daily? How do I take good care of myself to be free of cancer? I have no guidelines and I just have to randomly guess and decide on my own what is good for me”</i>

4. Discussion

The present study showed characteristics of supportive care needs in Thai women with breast cancer undergoing chemotherapy. Several noteworthy results were consistent with supportive care needs in nursing literature. For example, the participants in this study indicate that they needed their family to provide fruit with a sour taste, while nausea and vomiting was mentioned as an issue of physical needs in the literature (Fitch et al., 2008). However, supportive care needs found in this study were more obvious and more specific as they come directly from the viewpoint of Thai women with breast cancer undergoing chemotherapy.

These findings lead to recommendations for introducing supportive care strategies that include four major topics: 1) access to supportive care needs assessment, 2) proactive education of necessary information, 3) aids to daily living and psychosocial support, and 4) facilitating access to welfare and finance to cover the cost of care.

4.1. Access to supportive care needs assessment

Assessing the real supportive care needs for each woman with breast cancer undergoing chemotherapy is recommended. Scientific and systematic assessment method is the first step of the nursing process. The assessment may identify the gap between patients' experiences and expectations for care from doctors, nurses and family members during the chemotherapy first-line treatment.

Because of the Thai character and personality to be shy and not want to bother anyone, (especially anyone who is not family or very well known), called *“Kreng-Jai”* in the Thai language, Thais have been described as being *“awe hearted”* or *“deferential hearted”*. It is a distinctly Thai trait to feel that they do not want to interrupt or cause problems for others. In the case of patients, this may be particularly relevant with doctors, nurses and some family members. Likewise, the patients often do not want to make demands for themselves when they are sick, even if intervention is necessary. Therefore, carefully assessing subjective data of their needs should be the first course for oncology nurses to take before giving supportive care (Fitch et al., 2008; Wannapornniri, 2003).

Moreover, supportive care needs depend on the woman's context and previous experiences and are individual and different. Oncology nurses should evaluate and understand both women's perceptions of their needs for help and the magnitude of their desire for help in dealing with the life changes they are undergoing as a result of their cancer and the treatment (Girgis et al., 2012).

4.2. Proactive education of necessary information

Proactive dissemination of necessary information for women with breast cancer who are receiving chemotherapy to better manage their lives could stabilize and relieve their pressure. Like the findings from Israel, Baruz, and Solis' study (2016), results from this study indicate that communication and useful information are prioritized very highly in terms of importance (Israel et al., 2016). Data revealed for these women, there are also needs for facilitating communication about the disease prognosis and treatment decisions, life prolonging procedures, and practice for self-care, particularly regarding appropriate foods to take and those to be avoided.

Moreover, telephone counselling and home visiting services are recommended to support the women when they face problems at home that could not be solved after each cycle of chemotherapy. These findings provide evidence to guide health care professionals in the best ways or methods to provide such information to women with breast cancer undergoing chemotherapy.

4.3. Aids to daily living and psychosocial support

Aids to daily living and psychosocial support are consistently mentioned in the data. Participants of the present study commonly expressed a need for support from both family members and health care providers to help them live in this situation with comfort, safety and happiness. Because of the effects of breast cancer and chemotherapy side effects, their abilities of both body and mind were reduced (Akechi et al., 2011; Fagerström et al., 1998; Lai et al., 2017). Therefore, this is an especially important need that translated to holistic support for them both at the hospital and their homes, especially during the first week

after receiving each cycle of chemotherapy (Lai et al., 2017; Wannapornsiri, 2003).

4.4. Facilitating access to welfare and finance to cover the cost of care

Facilitating easier access to welfare and finance is clearly necessary for Thai women with breast cancer undergoing chemotherapy. The Universal Health Care Coverage in Thailand includes 30-Bath Health-Care Scheme, Social Security Scheme, Health Welfare for the Poor and the Disadvantaged Scheme, and Civil Servant (NaRanong and NaRanong, 2006) that offer coverage to all cancer patients, including screening, curative treatment such as surgery, chemotherapy, radiation together with supportive and palliative care (Pittayapan, 2016).

The Universal Health Care Coverage is inclusive of the Basic Health Service Package which is considered as a standard treatment of Health Equity. Still, there are extra costs beyond the cancer treatment expenses such as recuperating in a private room at the hospital, vitamins and food supplements, necessary travel expenses and daily expenses during the treatment in the hospital. All participants expressed concern about the possibility of poverty and, like cancer patients in other countries, they talked about many payments that create more problems with longer illness duration (Pisu et al., 2014).

Even though all Thai citizens are required to be enrolled in either national health insurance or employees' health insurance, accessing the entitlement/rights to health care is quite complex: users must follow the regulations of the transferal systems (NaRanong and NaRanong, 2006; Pittayapan, 2016). Some groups of people, especially stateless people, and those who live in the remote areas, have difficulties when they go to a government office as most of them do not have a Thai ID Card. Without the Thai ID Card, they have no right to get the health insurance referral to the Universal Health Care policy. Moreover, most poor people are still having to shoulder all travel expenses and they lose their compensation when they stop working due to their treatment in the hospital. They could not get to the service even when there is Universal Health Care Coverage (Paek et al., 2016). Therefore, nurses who are the key persons with regard to access, may contribute and guide the patients into the best ways for them to access financial and other types of instrumental support. Participants were also concerned that, without support from welfare agencies, their daily lives would restrict their ability to remain involved in their usual work and social activities.

Overall, a proactive approach to informing and supporting women with breast cancer undergoing chemotherapy is necessary to increase knowledge and foster feelings of control and hope. Nurses need to target interventions to fit their patients' supportive care needs at different moments of the disease and treatment continuum and should actively provide special information about the patients' disease prognosis and treatment decisions, entitlement/rights to health care, as well as information about ways to practice self-care. Moreover, a telephone-delivered service provision may be useful, especially for women with breast cancer who cannot access services because of living in rural areas.

5. Limitations

Participants for this study were comprised of only a small number of women from one hospital. This limits generalization of the findings. However, it is important to recall that with qualitative research generalization is not the goal. Rather deep understanding is the point and rigor is judged not on generalizability but on trustworthiness of the data and analysis. While findings are specific to the Thai context, some of the findings can inform nurses' concerns and patients' needs in other settings. For example, the worry that insurance can only cover certain aspects of care and the need for wigs, transportation, and other non-medical needs, is common, not only for Thai women with breast cancer but across cultures. So, nurses having resources for non-medical needs to provide to breast cancer patients is one finding that crosses many

settings. Future instrument development related to care needs assessment and intervention studies are recommended. However, this work has provided concepts and concerns that can be included in the next steps.

6. Conclusion

This study presents insight into supportive care needs of Thai women with breast cancer undergoing chemotherapy. It reveals current knowledge in supportive care and confirms the needs of women with breast cancer who want changes from both health care providers and family members during chemotherapy treatment. Specific needs include the needs for physical comfort and health safety, the needs for encouragement, the needs for solution of finance problems, and the needs for communication and useful information. Practical recommendations to improve the experience of Thai women undergoing chemotherapy for breast cancer include assessing supportive care needs, providing necessary information, supporting daily living and psychosocial needs, and facilitating finding welfare and finance options from those presently available through supportive care systems for Thai women with breast cancer undergoing chemotherapy. Acknowledgement

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Conflicts of interest

All authors declared no conflicts of interest.

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