CHAPTER 4

FINDINGS AND DISCUSSION

This study was to identify the needs of postmastectomy patients, and to investigate the relationship between needs and age, and needs and family relationships of postmastectomy patients. A descriptive-correlational design was used, 48 subjects were selected by purposive sampling.

Presentation of the findings

The results of data analysis were presented in this chapter. The presentation was divided into 4 parts:

1. The demographic data.
2. The data on the needs of postmastectomy patients.
3. The data on the family relationships of postmastectomy patients.
4. The data on the relationships between needs and age, and needs and family relationships of the postmastectomy patients.

Part I. The demographic data of the subjects were presented in table 1.

Table 1 Number and percentage of the demographic characteristics of postmastectomy patients

Demographic Characteristics	Number (N=48)	%
Age(Yrs)		
30-40	8	16.67
41-50	20	41.67
51-60	14	29.16
61-70	6	12.50
Marital status		
Single	1	2.08
Divorced	2	4.17
Widow	1	2.08
Married	44	91.67
Occupational Background		
Office staff	14	29.17
Teacher	6	12.50
Health personnel	1	2.08
Factory worker	7	14.58
Business person	2	4.17
Farmer	15	31.25
House keeping	3	6.25
Educational level		
No Education	5	10.42
Primary school	10	20.83
Secondary school	8	16.67
High school	9	18.75
Diploma/Associate	13	27.08
Undergraduate	3	6.25
Religious affiliation		
Buddhism	16	33.33
None	32	66.67

Table 1 Number and percentage of the demographic characteristics of postmastectomy patients (Con't)

Demographic Characteristics	Number (N=48)	%
Average family income (yuan/month/person)		
<100	12	25.00
101-200	8	16.67
201-300	10	20.83
301-500	12	25.00
>500	6	12.50
Posses of government support medical care		
Yes	27	56.25
No	21	43.75
Stage of breast cancer		
I	4	8.33
II	25	52.08
III	19	39.59
Type of surgery		
Modified mastectomy	44	91.67
Radical mastectomy	4	8.33

Table 1 shows that the ages of the patients ranged from 30-70 years. The majority (41.67%) of them were middle aged (41-50 Yrs.), and minority (12.5%) of them were elderly (60-70 Yrs.). Most of them (91.67%) were married and few (2.08%) were single or widow. Most of the patients (31.25%) were farmers, and few (2.08%) were health personnel. Most of them (27.08%) had associate educational level, but minority (6.25%) had undergraduate educational level. One-third (33.33%) of them believes in Buddhism, and two-third (66.67%) of them had no religious belief. 25% of the patients hold average family income less than 100 Yuan/month/person or 301-500 Yuan/month/person, and minority (12.50%) hold average family income more than 500 Yuan/month/person. More than half (56.25%) of the patients hold government support medical care, and less than half (43.75%) did not. The majority (52.08%) of them were in stage II and minority (8.33) of them were in stage I breast cancer. The majority (91.67%) of them received a modified mastectomy , and minority (8.33%) of them received a radical mastectomy.

Part II. The data on the needs of postmastectomy patients at 3rd day and 7th day after surgery were presented in Table 2 to Table 4.

Table 2 Mean and standard deviation of the needs of postmastectomy patients at 3rd day and 7th day after surgery (N=48)

Variables	3rd day		7th day	
	Mean	SD	Mean	SD
Physical needs	3.52	0.26	3.38	0.21
Safety needs	4.23	0.28	4.32	0.26
Belonging & love needs	4.20	0.41	4.23	0.34
Esteem needs	4.15	0.42	4.25	0.35
Self-actualization needs	4.34	0.37	4.46	0.36
Total needs	4.04	0.26	4.06	0.19

Table 2 shows that the total needs of postmastectomy patients at 3rd day and 7th day after surgery were very important with a mean of 4.04 and 4.06. Among the five aspects of needs, the highest rank needs at 3rd day and 7th day after surgery were self-actualization needs with a mean of 4.34 and 4.46. The lowest rank needs at 3rd day and 7th day after surgery were physical needs with a mean of 3.52 and 3.38. The physical needs at 7th day was the only one that was rated as moderate important by the patients.

Table 3 Mean and standard deviation of the 5 highest rank in each need of postmastectomy patients at 3rd day after surgery (N=48)

Basic needs	Mean	SD
Physical needs		
1. To eat nutritious food adequately for normal body function and wound healing	4.58	.05
2. To do arm exercises regularly	4.56	.68
3. To keep sheets, clothes, and body clean and tidy	4.52	.62
4. To sleep and rest adequately	4.48	.55
5. To keep ward environment clean and quiet	4.46	.62
Safety needs		
1. To be free of wound infection or necrosis	4.98	.14
2. To keep drainage tube patency and to be free of accumulation of blood under wound	4.92	.28
3. To be free of stiffness of shoulder joint	4.83	.38
4. To receive correct treatment and medications on time	4.79	.41
5. To be cared with safe medical equipment and techniques	4.69	.51
Belonging and love needs		
1. To receive love and care from family and friends	4.92	.28
2. To receive love and care from nurses and surgeons	4.90	.31
3. To stay with family members and get support from them during illness	4.67	.60
4. To receive touching and comfort when I am in difficult conditions	4.44	.68
5. To have more contact and communication with nurses and surgeons	4.40	.89

Table 3 Mean and standard deviation of the 5 highest rank in each need of postmastectomy patients at 3rd day after surgery (Con't) (N=48)

Basic needs	Mean	SD
Esteem needs		
1. To be sure of my self	4.67	.48
2. To feel valued by my family members,nurses and surgeons	4.63	.48
3. To have self-respect	4.58	.65
4. To be respected when giving me care	4.56	.71
5. To be treated equally by others	4.25	.89
Self-actualization needs		
1. To feel hope that I still have pleasurable experiences left in my life	4.85	.36
2. To experience more laughter which has a positive effect to my state of mind	4.79	.41
3. To maintain better standards of living as before	4.48	.65
4. To offer help to other patients who are experiencing the same surgery	4.19	.49
5. To meet some expected goals that is important to me	4.06	.91

Table 3 shows that among the five highest rank of needs, the first highest rank of physical needs, safety needs, belonging and love needs, esteem needs, and self-actualization needs were "To eat nutritious food adequately for normal body function and wound healing", "To be free of wound infection or necrosis", "To receive love and care from family and friends", "To be sure of my self", and "To feel hope that I still have pleasurable experiences left in my life" with a mean of 4.58, 4.98, 4.92, 4.67, and 4.85. The lowest rank of physical needs, safety needs, belonging and love needs, esteem needs, and self-actualization needs were "To keep ward environment clean and quiet", "To be cared with safe medical equipment and techniques", "To have more contact and communication with nurses and surgeons", "To be treated equally by others", and "To meet some expected goals that is important to me " with a mean of 4.46, 4.69, 4.40, 4.25, and 4.06.

Table 4 Mean and standard deviation of the 5 highest rank in each need of postmastectomy patients at 7th day after surgery (N=48)

Basic needs	Mean	SD
Physical needs		
1. To do arm exercises regularly	4.92	.28
2. To eat nutriticus food adequately for normal body function and wound healing	4.77	.42
3. To sleep and rest adequately	4.65	.53
4. To keep sheets, clothes, and body clean and tidy	4.52	.55
5. To keep ward environment clean and quiet	4.52	.55
Safety needs		
1. To be free of wound infection or necrosis	5.00	.00
2. To be free of stiffness of shoulder joint	4.94	.24
3. To be cared with safe medical equipment and techniques	4.83	.43
4. To get instructions about prevention of arm swelling and correct arm exercises	4.79	.41
5. To receive correct treatment and medications on time	4.77	.42
Belonging and love needs		
1. To receive love and care from family and friends	4.92	.28
2. To receive love and care from nurses and surgeons	4.90	.31
3. To have more contact and communication with nurses and surgeons	4.73	.45
4. To be visited by patients who had the same surgery	4.60	.64
5. To stay with family members and get support from them during illness	4.52	.50

Table 4 Mean and standard deviation of the 5 highest rank in each need of postmastectomy patients at 7th day after surgery (Con't) (N=48)

Basic needs	Mean	SD
Esteem needs		
1. To be respected when giving me care	4.77	.42
2. To be sure of my self	4.77	.42
3. To feel valued by my family members, nurses and surgeons	4.75	.48
4. To have self-respect	4.71	.50
5. To be treated equally by others	4.46	.54
Self-actualization needs		
1. To experience more laughter which has a positive effect to my state of mind	4.96	.20
2. To feel hope that I still have pleasurable experiences left in my life	4.87	.33
3. To maintain better standards of living as before	4.52	.55
4. To meet some expected goals that is important to me	4.31	.80
5. To offer help to other patients who are experiencing the same surgery	4.29	.68

Table 4 shows that among the five highest rank of needs, the first highest rank of physical needs, safety needs, belonging and love needs, esteem needs, and self-actualization needs were "To do arm exercises regularly", "To be free of wound infection or necrosis", "To receive love and care from family and friends", "To be respected when giving me care", and "To experience more laughter which has a positive effect to may state of mind" with a mean of 4.92, 5.00, 4.92, 4.77, and 4.96, respectively. The lowest rank of physical needs, safety needs, belonging and love needs, esteem needs, and self-actualization needs were "To keep ward environment clean and quiet", "To receive correct treatment and medications on time", "To stay with family members and get support from them during illness", "To be treated equally by others", and "To offer help to other patients who are experiencing the same surgery " with a mean of 4.52, 4.77, 4.52, 4.46, and 4.29, respectively.

Part III. The data on the family relationships of postmastectomy patients was presented in Table 5 and Table 6.

Table 5 Mean and standard deviation of total family relationships of postmastectomy patients (N=48)

Variable	Mean	SD	Level of family relationship
Total family relationship	4.27	0.73	good

Table 5 shows that the total family relationship of postmastectomy patients were good with a mean of 4.27.

Table 6 Mean and standard deviation of family relationships (FR) of postmastectomy patients (N=48)

Variables	Mean	SD	Level of FR
Supportive FR	4.22	0.45	good
Cohesive FR	4.16	0.54	good
Emotive FR	4.32	0.58	good
Peaceful FR	4.38	0.56	good

Table 6 shows that the four types of family relationships of the postmastectomy patients were good. Among them, the highest rank was peaceful family relationship with a mean of 4.38, and the lowest rank was cohesive family relationship with a mean of 4.16.

Part IV. The data on the relationships between needs and age, and needs and family relationships of the postmastectomy patients was presented in Table 7 and Table 8.

Table 7. Correlational coefficient of Pearson between the needs of postmastectomy patients and age (N=48)

Variables	Age (r)
Total needs	
At 3rd day	-.25*
At 7th day	-.22
Physical needs	
At 3rd day	-.28*
At 7th day	-.24*
Safety needs	
At 3rd day	-.21
At 7th day	-.19
Belonging and love needs	
At 3rd day	-.39**
At 7th day	-.22
Esteem needs	
At 3rd day	.04
At 7th day	.01
Self-actualization needs	
At 3rd day	-.03
At 7th day	-.02

* $p<0.05$ ** $p<0.01$

Table 7 shows that age was significantly and negatively correlated with total needs at 3rd day ($r=-.25$, $p<0.05$); belonging and love needs at 3rd day ($r=-.39$, $p<0.01$; physical needs at 3rd day ($r=-.28$, $p<0.05$), and physical needs at 7th day ($r=-.28$, $p<0.05$). The other needs had no significant relationship with age.

Table 8. Correlational coefficient of Pearson between the needs of postmastectomy patients and family relationships (N=48)

Variables	Family relationship (r)
Total needs	
at 3rd day	-.15
at 7th day	-.01
Physical needs	
at 3rd day	-.27*
at 7th day	-.03
Safety needs	
at 3rd day	-.09
at 7th day	-.07
Belonging and love needs	
at 3rd day	-.20
at 7th day	-.13
Esteem needs	
at 3rd day	.08
at 7th day	.16
Self-actualization needs	
at 3rd day	-.05
at 7th day	.15

* $p<0.05$

Table 8 shows that the physical needs at 3rd day were significantly and negatively correlated with family relationship ($r=-.27$, $p<0.05$). The other needs had no significant relationship with family relationship.

Discussion

The results of this study were discussed according to the objectives and hypotheses of the study.

Research objective 1. to identify the needs of postmastectomy patients at 3rd day and 7th day after surgery.

I. The patients reported that the total needs at 3rd day and 7th day after surgery were very important. And the five aspects of needs at 3rd day and 7th day after surgery were also very important (Table 2). This finding reflected that after surgery, the patients suffered both physical discomfort and emotional distress, which they were consistent with Johnson (1994) view that after surgery most patients have discomfort along the chest wall and in the affected arm, and altered body image. And were supported by Luckmann & Sorensen (1987) which stated that all human beings required basic human needs whether they were sick or well.

II. The patients ranked freeing of wound infection or necrosis, keeping drainage tube patency and freeing of accumulation of blood under wound, love and care from family and friends, love and care from nurses and surgeons, and feeling hope as the five most important needs at 3rd day after surgery (Table 3). These findings reflected that patients' major needs were keeping normal wound healing, getting emotional support from support system, especially family and

friends, and regaining hope to the future life at this time. After surgery, the patients usually experienced both physical and psychological distress. Wound healing was their most critical needs within three days after surgery. However, with the effects of emotional distress, they needed love and understanding by others. They still hoped to enjoy happy life in the future.

III. The patients ranked freeing of wound infection or necrosis, experiencing more laughter, freeing of stiffness of shoulder joint, doing regularly arm exercises, and love and care from family and friends as the five most important needs at 7th day after surgery (Table 3). These findings reflected that the patients also viewed normal wound healing as the most critical needs that must be met at 7th day after surgery. They had more desire to enjoy happy life with gradual relieving of physical difficulties. Prevention of stiffness of shoulder joint became their major needs, and they paid more attention to do postoperative exercises. Love and understanding by others was also helpful for their coping emotionally.

IV. Physical needs were reported as the least important needs at 3rd day and 7th day after surgery (Table 2). This finding reflected that patients paid less attention to meet physical needs although they had some physical difficulties several days after surgery. Because the patients

suffered from not only physical discomfort, but also emotional distress. With the loss of breast, they felt that they had lost their body image and femininity. This feeling might cause them very stressful. They needed help in coping with mastectomy emotionally. Merely meeting the physical needs can not meet their emotional needs. This result was not supported by Maslow (1970), that physical needs were more basic. A person can just pay attention to higher level needs after physical needs have been met.

V. Even though, physical needs were still reported as very important at 3rd day, and moderately important at 7th day after surgery (Table 2). This finding reflected that the patients still needed physical support at 3rd day and 7th day after surgery. However, patients needed more physical support at 3rd day than at 7th day after surgery. Because they had more physical sufferings, such as pain, limitation of motion, short of breath at 3rd day than those at 7th day after surgery. After those physical discomforts were met gradually at 7th day after surgery, their attentions for meeting physical needs gradually changed to the higher level needs. The result was consistent with the theoretical framework of this study, that physical needs are more basic than other needs (Maslow, 1970). A person can just pay attention to higher level needs only when physical needs have been met.

The patients reported that adequate nutrition was the head of the most important physical needs at 3rd day but the second most important physical needs at 7th day after surgery (Table 3, Table 4). This result indicated that the patients concerned more about nutrition immediately after surgery. According to the understanding of the patients, surgery had a great influence on their health conditions with the loss of blood. Wound healing needed more nutrients. Adequate nutritious compensation is very important to their physical recovery and wound healing.

The patients ranked doing regular arm exercises as most important physical need at 3rd day and 7th day after surgery (Table 3, Table 4). This finding reflected that the patients paid much more attention to arm exercises to prevent stiffness of should joint at both 3rd day and 7th day after surgery.

However, the patients ranked doing regular arm exercises as the head of the most important physical need at 7th day but the second most important physical need at 3rd day after surgery (Table 3, Table 4). This result reflected that the patients concerned less about arm exercises at 3rd day after surgery because of the predominate physical suffering, and concerned much more about arm exercises to prevent stiffness of arm and shoulder at 7th day after surgery with the gradually relieving of physical discomfort. After

surgery, patients might experience pain with tissue trauma, pressured dressing and wound drainage tube insertion. Doing arm exercises would stress the suture line and increase the tension of wound. They might feel very painful when they did arm exercises inappropriately. There was a misunderstanding on arm exercises among the patients that doing exercises early will prevent wound healing. So some of them would try to avoid arm motion at this time. They would like to do exercises after wound healing.

With the removal of pressured dressing and wound drainage tube, and the gradual wound healing, patients' physical suffering decreased obviously. Their physical functioning became better. They had more willingness and energy to do arm exercises.

The patients ranked sleeping and resting adequately, and keeping ward environment quiet as very important at 3rd day and most important physical needs at 7th day after surgery (Table 3, Table 4). This results indicated that patients had difficulties in sleep and rest at both 3rd day and 7th day after surgery. However, they had more difficulties in rest, and more needs of help from nurses to improve their quality of sleep and rest at 7th day than at 3rd day after surgery.

After surgery, the predominant physical discomfort, such as pain and fatigue, anxiety and fear, and changed environment might influence their quality of sleep and rest.

Some patients could just go to sleep for two to three hours per day. This severely influenced their physical comfort. With the gradually relieving of physical discomfort 3 to 5 days after surgery, patients might face the changes of body image, the continuing treatment after surgery, and the life style changes in their future life. They usually had more severe emotional distress at 7th day after surgery than at 3rd day after surgery. Therefore, they might had more difficulties in sleep and rest, and needed more help for maintain normal sleep and rest.

The patients also ranked the safety needs, belonging and love needs, esteem needs, and self-actualization needs as very important at 3rd day and 7th day (Table 2). These findings reflected that although the patients had critical physical discomfort several days after surgery, they focused on not only physical needs fulfillment, but also emotional support needs. Because all of the patients were adult, their attention may have moved from seeking the meeting of physical needs to the fulfillment of those higher level needs with their growth and development. Merely meeting the physical needs can not satisfy their expectations of life. These findings were consistent with Maslow's (1970, cited in Ellis,& Nowlis, 1985) view that the growth can occur in individuals as they move from seeking the fulfillment of physical needs to seeking the attainment of higher needs.

The patients ranked freeing of wound infection or necrosis as the first most important safety needs at 3rd day and 7th day (Table 3, Table 4). They also ranked keeping drainage tube patency and freeing of accumulation of blood under wound as the second most important safety needs at 3rd day after surgery (Table 3). These results reflected that patients' major needs were keeping normal wound healing at both 3rd day and 7th day after surgery. After surgery, with the removal of lymph node, open wound and incisional drainage tube insertion within 3-5 days, patients had a high risk of wound infection or blood accumulation under incision, which would not only prevent wound healing but also made patients very painful. Patients usually viewed the wound infection or necrosis as a very unfortunate event to them.

The patients reported that freeing of stiffness of shoulder joint was the third most important, and the second most important safety need at 7th day after surgery (Table 3, Table 4). They also ranked getting instructions about preventions about prevention of arm exercises as the fourth most important safety need at 7th day, but less important at 3rd day after surgery. These findings reflected that the patients concerned less about postoperative arm exercises to prevent stiffness of shoulder joint at 3rd day than at 7th day after surgery because of the predominate physical suffering. With the gradually relieving of physical difficulties after 3

to 5 days after surgery, the patients had more energy and more willingness to do arm exercises. But because they did not know how to perform correct arm exercises. Therefore, they were eager to gain knowledge and skills on correct arm exercises at this time. These findings was consistent with the theoretical framework of this study that some needs are more basic and critical than other needs at one time. A person will try to meet those needs first, and then pay attention to other needs.

The patients ranked love and care from family and friends as the head of belonging and love needs at 3rd day after surgery and 7th day after surgery (Table 3, Table 4). The patients also ranked staying with family members and getting their support as the third most important belonging and love needs at 3rd day and the fifth most important belonging and love needs at 7th day after surgery (Table 3, Table 4). These findings reflected that patients needed more understanding, loving and care from family and friends to help them coping with mastectomy emotionally. They were supported by previous studies (Pallson & Norberg,1994; Wong & Bramewell, 1992). They concluded that family support were helpful for coping with uncertainty.

The patients ranked love and care from nurses and surgeons as the second most important belonging and love needs at 3rd day and 7th day after surgery (Table 3, Table 4). They

also ranked having more communication with nurses and surgeon as the third most important belonging and love at 7th day, and the fifth most important at 3rd day after surgery (Table 3, Table 4). These findings reflected that patients needed considerable emotional support from health care personnel to help them coping with mastectomy. They were supported by several studies (Pallson & Norberg, 1994; Wong & Bramewell, 1992). The stated that professional support were important for postmastectomy patients' emotional coping.

The need of being visited by other patients who had the same surgery was reported as most important only at 7th day after surgery (Table 4). These findings reflected that the patients need support from those patients who had the same surgery in coping with mastectomy, and supported by Pallson & Norberg (1994). They concluded that confirming relationship with women who had undergone mastectomy were needed to meet patients' psychological needs.

After surgery, patients would experience both physical discomfort, such as pain, limitation of activities, inadequate sleep and rest, altered bowel movement, and emotional distress (Long & Phipps, 1993; Monahan et al, 1994). Anxiety and fear might produce because of the unknown treatment effectiveness, unexpected prognosis of the disease, and possible shortened life span (Northouse, 1989). Depression might appear with the loss of body image, loss of self-esteem and self-worth, as

well as the decreased sense of self-control over their life and increased sense of dependency needs (Feather & Wainstock, 1989; Long & phipps, 1993). Therefore, they needed to be understood and loved by others (Northouse, 1989).

The patients reported receiving touching and comfort when they were in difficult conditions as the fourth most important belonging and love needs only at 3rd day (Table 3). This finding reflected that patients needed more tender care and comfort when they were severely suffered from physical and psychological difficulties.

The patient reported that to be sure of themselves; to be respected when giving them care; to be valued by family, nurses and surgeons; and to have self-respect as most important esteem needs at 3rd day and 7th day after surgery (Table 3, Table 4). These findings indicated that the patients needed to be self-confidence and self-respect. They also concerned about the attitudes of others to them, such as respect or value, and this result was supported by Northouse (1989), that attitudes were important for postmastectomy patients. The postmastectomy patients may experience loss of body image and loss of self-esteem with the loss of breast. Respect them as a human being instead of an object could meet their self-respect needs. Appreciation and encouragement for their coping could improve their self-esteem. Providing more current information about breast cancer, the treatment and its

side-effects during hospitalization and after discharge, the test results, the prognosis of the disease, copping strategies, and the schedule of follow-up after discharge can prepare their self-care ability could improve their self-confidence and self-control over disease. Facilitating the involvement of patients into decision-making of their actions and treatment could also improve their sense of self-control, self-worth and self-esteem.

But when asking them questions about willingness of taking part in decision-making of treatment, most patients reported that it was difficult for them, because they had no knowledge about the disease and treatment. They believed in surgeons and would prefer the surgeons to make the decisions about the therapy. This supported the finding of Pallson & Norberg (1994) that patients had difficulties in decision-making about treatment. Therefore, to facilitate patients' involvement in medical treatment decisions probably need more time, support and knowledge.

The patients ranked feeling hope to their future life as the head of the most important self-actualization needs at 3rd day and the second most important one at 7th day after surgery (Table 3, Table 4). They also ranked experiencing more laughter which had a positive effect to their state of mind as the head of the most important self-actualization needs at 7th day, and the second most important one at 3rd day

after surgery (Table 3, Table 4). These findings reflected that the patients were more desirable to enjoy happy life if they had less physical sufferings and more hope. They wanted to live in a pleasurable and light-hearted environment for maintaining an optimal state of mind. This supported the finding of Pallson & Norberg (1994) that giving hope is necessary for postmastectomy patients.

But patients reported maintaining better standards of living, and meeting some expected goals that were important for them as less important at 3rd day and 7th day after surgery (Table 3, Table 4). These findings implied that patients had decreased hope to their future life. Therefore, providing hope and value in life is necessary to increase their positive expectation of life, and improve their confidence of coping with the disease (Palsson & Norberg, 1994).

An important finding is that most of the patients reported that offering help to other patients who are experiencing the same surgery was important to them (Table 3, Table 4). This finding reflected their desires of making contribution to others. Providing them chances to offer support and positive models to others cay help them regain the sense of self-worth, and establishing new goals for future life to cope more effectively with mastectomy.

Hypothesis 1. There is a relationship between needs of postmastectomy patients and age.

The negative correlation of age with total needs, physical needs, and belonging and love needs (Table 7) implied that older patients had less total needs, physical needs and belonging and love needs than younger patients. This result was consistent with the theoretical framework of this study that age can influence patients' needs. Patients in different age groups have different needs (Maslow, 1970, cited in Ellis & Nowlis, 1985). Also, the hypothesis 1, there is a relationship between age and needs was supported by this finding.

The finding of negative correlation of age with physical needs indicated that older patients had more physical needs than younger patients. Therefore, the hypothesis 1 was supported by the finding. The result was consistent with the theoretical framework of this study that age can influence patients' needs (Maslow, 1970, cited in Ellis & Nowlis, 1985), but was different from the finding of Vinokur et al. (1988). In Vinokur et al, older women had more physical difficulties in adjusting to mastectomy, and may need more physical support. Possible explanation of this result may be the imbalanced older age group (>60 Yrs) related to the purposive sampling used in this study. Because there were just 12.5% of older patients included in this study, the population studied

tended to be younger than 60 years old. With the improved living standards and health status in Chinese population, there were not so much physical difficulties for women younger than 60 years. Also with the changing in health concepts, older women usually pay more attention to regular exercises in their spare times. So, they may cope better with physical discomfort after surgery. However, younger patients usually keep busy with study or work, they have not enough time to do regular exercise. Therefore, they may have lower tolerance to physical discomfort after surgery. Lower physical recovery expectations of older patients may be another factor that decrease the physical needs of older patients. Old people unusually view their health condition as declined. Their physical recovery after surgery should be slower than those of younger people. So, they will not pay so much attention to the physical difficulties following surgery. The hypothesis 1 was supported by the finding.

The finding of negative correlation of age with belonging and love needs implied that younger patients had more needs in emotional support than younger patients. So, the hypothesis 1 was supported by the finding. This result was consistent with the theoretical framework of this study that patients with different age have different needs (Maslow, 1970, cited in Ellis & Nowlis, 1985), and the suggestion of Jamison et al. (1978) and Vinokur et al. (1988) that younger

women had more difficulties in psychological coping on mastectomy, and need more emotional support.

The finding of no relationship between age and safety needs (Table 7) implied that age had no influence on patients' safety needs. Patients with different age had no difference in safety needs. Therefore, the hypothesis 1 and the theoretical framework of this study that age can influence patients needs ((Maslow, 1970, cited in Ellis & Nowlis, 1985) were rejected by the finding).

The finding of no relationship between age and esteem needs (Table 7) reflected that patients with different age had no difference in esteem needs. So, the hypothesis 1 and the theoretical framework of this study was not supported by the finding. According to Maslow's view, with the growth of a person, the older the esteem needs they have (Maslow, 1970, cited in Ellis & Nowlis, 1985). The result was also against with Feather and Wainstock (1989). They concluded that being older (60-69 Yrs) was related to higher self-esteem. Possible explanation of this result might be the imbalanced age group population. Only 12.5% of the subjects were older than 60 Years might decrease the accuracy of this finding. Basing on the suggestion of Feather & Wainstock (1989) and Lederer (1980), that having more than a college education is related to higher self-esteem, and need satisfaction was influenced by socioeconomic status, occupation and education, the lower

social economic conditions of the subjects, such as most of them were farmer, most of them had lower family income might be another related factors of this result.

The finding of no relationship between age and self-actualization needs (Table 7) implied that age had no influence on patients' self-actualization needs. Therefore, the hypothesis 1 and the theoretical framework of this study that were rejected by this result. Basing on Maslow's point (1970, cited in Ellis & Nowlis, 1985), older patients may have more needs in self-actualization. The related factor of this result might be the effects of predominate physical discomfort and emotional distress immediately after surgery. Their major concerns focused on survival of the disease and physical recovery during hospitalization. They may pay more attentions on self-actualization after passing this critical period.

Additionally, the significant positive correlation of age with the need of getting help from nurses when sitting on the bed, changing positions or getting out of bed at 3rd day and 7th day ($r3=.25$, $p<0.05$; $r7=.32$, $p<0.05$) reflected that older patients had more difficulties in physical activities. This result was supported by the finding of Vinokur et al (1988) that older women had more physical difficulties in adjustment to mastectomy. Nurses should pay attention to this need and provide support to them.

The significant negative correlation of age with the

need of getting information about prostheses choosing and breast reconstruction at 3rd day and 7th day ($r3=-.27$, $P<0.05$; $r7=-.33$, $P<0.05$) enhanced the suggestion of Feather & Wainstock (1988) that younger women concerned more about appearance, and need more suggestions related to prostheses selection and garment design that can enhance or normalize their appearance. As health care providers, nurses should be more care about this need. Providing adequate information about prosthesis choosing will help them to improve body image.

The significant negative correlation of age with the need of discussing with nurses and spouse about the return to sexual activities and getting nurses' instruction at 3rd day and 7th day ($r = -.58$, $p<0.001$) reflected the different attitudes toward sexual problem discussion between younger and older women group. Nurses should pay attention to meet younger patients' needs. Discussion and instructions about sexual problem are necessary to prepare their coping abilities to postoperative sexual problems and reduce the negative influence of mastectomy on their sexual relationship in the future.

The significant negative correlations of age with the need of receiving touching and comfort when in difficult conditions at 3rd day ($r=-.25$, $p<0.05$); and being helped with receiving breast cancer diagnosis at 3rd day and 7th day ($r3=-$

.34, $p<0.01$; $r7=-.29$, $p<0.05$) reflected that older patients had less needs in emotional support than younger patients. This results were supported by the findings of Jamison et al (1978). They suggested that older patients coped better with mastectomy and needed less emotional support than younger patients.

Hypothesis 2. There is a relationship between the needs of postmastectomy patients and family relationship.

The significant negative correlations of family relationship with physical needs at 3rd day (Table 8) indicated that family relationship can influence patients' physical needs. Patients with better family relationship had less needs in physical support. So, the hypothesis 2 and the theoretical framework of this study that familial environment may influence patients' needs (Maslow, 1970) were supported by the finding. The result was also consistent with the conclusion of Primomo et al (1990) that higher level of support from the family are related to better level of physical functioning and improved physical recovery.

The finding of no relationship between family relationship and safety needs indicated that family relationship have no influence on patients' safety needs. Therefore, the hypothesis 2 was not supported by the finding. The theoretical framework of this study that family

environment may influence patients' needs (Maslow, 1970) was also rejected by the result. Possible explanation of this result might be the majority of the subjects were married, and the total family relationship of the subjects were good. Most of the patients could get adequate support from their families to provide information and suggestions about treatment, make decisions about their treatment, help them understand the disease and the treatment effectiveness, and contact with health care providers. This might help them improving sense of safety and security. So the difference in safety needs could not show up. The small sample size might be another factor which influence the obtaining of true information.

The finding of no relationship between family relationship and belonging and love needs indicated that family relationship have no influence on patients' belonging and love needs. Therefore, the hypothesis 2 was rejected by the finding. The theoretical framework of this study that family environment may influence patients' higher level needs (Maslow, 1970) was also rejected by the result. The result was different from Primomo et al (1990) that higher level of family support are related to better level of psychosocial functioning. Possible explanation of this result might be the majority of the subjects were married, and the total family relationship of the subjects were good. Most of the patients could get adequate emotional support from their families, so

the difference in love and belonging needs could not show out. The small sample size might be another factor which influence the obtaining of true information.

The finding of no relationship between esteem needs and family relationship (Table 8) indicated that family relationship had no influence on patients' esteem needs. So, the hypothesis 2 was rejected by the finding. This result was not consistent with the theoretical framework of this study that family environment may influence patients' higher level needs meeting (Maslow, 1970). It was also against with the suggestion of Primomo et al (1990) that better family relationship was related to higher self-esteem. Because the majority of the subjects were married and the total family relationship of the patients were all good, the difference of their esteem needs could not show out. The small sample size might be another factor which influence the obtaining of true information.

The finding of no relationship between self-actualization needs and family relationship (Table 8) indicated that family relationship had no influence on patients' self-actualization needs. Therefore, the hypothesis 2 was rejected by the finding. This result was not consistent with the theoretical framework of this study that family environment may influence higher level needs meeting (Maslow, 1970). This might be the effect of the predominate physical

sufferings and emotional distress on every patients during the critical period immediately after surgery. Their major concerns of survival of the disease and physical recovery might depress their desires of self-actualization during hospitalization. The majority of the subjects were married, the total family relationship of the patients were all good, and the small sample size might be related factors which influence the obtaining of true information.

The finding of no relationship between total needs and family relationship (Table 8) indicated that family relationship had no influence on patients' total needs. So, the hypothesis 2 was rejected by the finding. This result was not consistent with the theoretical framework of this study that family environment may influence patients' needs (Maslow, 1970). It was also against with the suggestion of Primomo et al. (1990) that higher level of support from family was related to improved physical recovery, and lower illness demands. Because the majority of the subjects were married and the total family relationship of the patients were all good, the difference of their needs could not show out. The small sample size might be another factor which influence the obtaining of true information.

Additionally, the significant and negative correlation of family relationship with the needs of having more contact and communication with nurses and surgeons at 3rd day (r=-.29,

$p<0.05$); and being helped with receiving of breast cancer diagnosis by nurses and surgeons at 3rd day ($r=-.29$, $p<0.05$) implied that patients with worse family relationship could not get adequate emotional support from family, and had more difficulties in coping with mastectomy. Therefore, they wanted to seek more emotional support from health personnel.

As a health care provider, nurse should pay more attention to meet their support needs, and try to enhance their family relationship to improve their coping. Involvement of family members into decision-making of patients' treatment and psychological care, such as encouraging speaking out their feelings; listening to them; understanding and accepting their feelings; helping them to understand the disease, to accept the diagnosis of breast cancer, to accept the changes that occurred on them, and to find alternative coping strategies to the disease and mastectomy may provide strong psychosocial support to the patients.

Summary of the results:

1. The total nees of postmastectomy at 3rd day and 7th day were very important. The highest rank of needs at 3rd day and 7th day after surgery were self-actualization.

2. The five most important needs at 7th day after surgery included: freeing drainage tube patency, recieving love, and care from family and friends, recieving love and

care from nurses and surgeons, and feeling hope. The five most important needs at 7th day after surgery included: freeing of wound infection or necrosis, experiencing move laughter, freeing of stiffness of shoulder joint, doing regular arm exercises, and recieving love and care from family and friends.

3. There was a relationship between needs and age of the postmastectomy patients.

4. There was partially relationship between family relationship and needs of postmastectomy patients.