

CHAPTER 1

INTRODUCTION

Background and Significance of Research Problem

Breast cancer is the most common cancer in women. One out of eight American women will experience the disease during their lifetime (Porterfield & Love, 1995). It is the second leading cause of cancer-related death in women (Vorpahl, 1996). In Beijing, China, incidence rate of breast cancer demonstrates a trend of rapidly increasing. In 1992, morbidity of breast cancer was 27.2 per 100,000. This rate will be 36.3 per 100,000 by the year 2000 (Wang, Zhu, & Xing, 1995). It will be the second among the incidence rates of female cancer (Wang, Zhu, & Xing, 1995). The death rate of breast cancer will increase dramatically during the next ten years. In 1992, the mortality of breast cancer was 10.5 per 100,000. This rate will increase to 23.6 per 100,000 by the year 2001 (Wang, Zhu, & Yuan, 1995). Obviously breast cancer will be one of the major health problems which threaten the health and life of Chinese women, especially in Beijing.

The effective treatment for breast cancer has been developing in recent years. Surgery, radiotherapy, chemotherapy, immunotherapy and psychotherapy or the combination of these techniques are the major modalities of treatment. Mastectomy is the primary treatment for the

breast cancer (Ward, Heidrich, & Wolberg, 1989). Postmastectomy radiotherapy significantly proved the reduction of recurrence rate (Pierce & Glatstein, 1994). However, either mastectomy or radiotherapy has side effects which influence the patient's daily life activity (Hagopian, 1991).

After operation, the patient feels chest wall tightness, arm swelling, sensory changes or lymphedema (Vorpahl, 1996). The affected arm cannot move as freely as before, and the patient cannot perform self-care immediately after operation. The important point is that mastectomy is a stressful event to the woman because of the psychosocial implication of female breast. The female breast is viewed as a symbol of one's sexuality, femininity and/or attractiveness. The woman having mastectomy may experience the feelings of anxiety, depression, lethargy, inability to work, or social dysfunction associated with the loss of breast (Hughson, Cooper, McArdle, & Smith, 1987).

To prevent the local recurrence of cancer, radiotherapy is often administered following the mastectomy. The radiotherapy is also a stressful event to the patient due to its side effects. The common side effects are fatigue, skin irritation, esophagitis, tracheitis, and lymph nodes edema (Vorpahl, 1996). Side effects also can lead to emotional response, such as great uncertainty, hopelessness, anxiety (Christman, 1990), feeling of loss of control (Weintraub, 1992), and emotional upset after mastectomy may be increased with radiotherapy (Hughson, et al., 1987). These unpleasant feelings and side effects can interrupt normal life activities and cause disruption of self-care pattern (Oberst, Hughes, Chang, & McCubbin, 1991). All of these lead to the disruption of social and recreational activities

(Hughson, et al., 1987), and interruption of social role performance (Oberst, et al., 1991). The disturbance of quality of life may be the result. A low quality of life of the breast cancer patient receiving radiotherapy has been reported (Berglund, Bolund, Fornander, Rutqvist & Sjoden, 1991). If they are not properly managed, side effects can interrupt the treatment, making cancer cells more resistant and the treatment less effective (Peters & Ang, 1994; cited in Hagopian, 1996), all of which adversely affect the likelihood for cure or prolonged survival.

Postmastectomy radiotherapy is one of the common combined therapies for breast cancer. This combined therapy has physical and psychosocial impacts on the women, all of which require proper management. Postmastectomy radiotherapy is typically delivered at the outpatient department. As a consequence, most of the responsibilities for timely delivery of the treatment and the monitoring and management of side effects have shifted from the health professional to the patient and family (Oberst et al., 1991). Coupled with the feelings of loss of breast, the patients and their families have to monitor and manage the side effects of the treatment. Therefore, changes of setting and detail in treatment practice have markedly increased patients' self-care demands (Oberst et al., 1991). However, cancer patients receiving combined therapy could only perform few self-care activities (Dodd, 1984; Dodd, 1987).

Self-care is the performance or practice of activities that individuals initiate and act on their own behalf to maintain life, health, and well-being. When self-care is effectively performed, it helps to maintain structural integrity and human functioning (Orem,

1991). For the breast cancer patients receiving combined therapy at outpatient department, their ability in monitoring and managing side effects of the treatment is essential. If the patients can participate in monitoring and managing side effects, they help them to believe that they can control their health and outcomes of the treatment (Dodd & Ahmed, 1987). They then will develop low level of stress and cooperate with the treatment actively. The effect of combined therapy would also be improved.

According to Orem (1991), the individual's ability to engage in self-care is influenced by basic conditioning factors. One of the basic conditioning factors is family system. Support from the family can be incorporated into family system (Orem, 1983; cited in Whall & Fawcett, 1991). Therefore, family support can influence the individual's performance of self-care behaviors. Performance of self-care behaviors need motivation, knowledge and skills (Orem, 1991).

Family support was defined as perceived needs of support, information and feedback fulfilled by family (Procidano & Heller, 1983). Family support may facilitate self-care behaviors of the individual by enhancing motivation, providing information and feedback. Some theorists described the significant role of family in facilitating the self-care behaviors of family members (Orem, 1991; Pesznecker, Zerwekh, & Horn, 1989; Taylor, 1989).

Family has been cited as one of the most important supporting resources for the cancer patients (Dodd & Dibble, 1993; Hanucharurnkul, 1988; Norbeck, Lindsey, & Carrieri, 1981). Some researchers indicated the

family support as the social support from family members (Hanucharurnkul, 1988; Procidano & Heller, 1983). Chaitechik and associates (Chaitechik, Kreidler, Rapoport, & Algor, 1992) stated that social support, in general and of family members in particular, played an important role in determining cancer patients' quality of life. The conditioning effects of family on self-care behaviors can be explained within the context of the relationship between social support and self-care behaviors.

The study of Hanucharurnkul (1988) showed a positive relationship between social support and self-care ($r = .59$, $p < .001$). The relationship between social support and self-care can be explained as enhancing motivation to engage in self-care. Support from others may serve to encourage a person to sustain or redouble his/her self-care behaviors (Schaefer, Coyne, & Lazarus, 1981). There are evidence that the family support is particularly important for breast cancer patients who face a difficulty and a long course of treatment. Graydon (1994) found that married women with breast cancer experienced less disruption in their usual activities than unmarried women during the course of treatment. Northouse (1989) reported that emotional and informational support could help the breast cancer patients to cope with the effects of illness. In the study of Northouse (1989), husband and other closed family members were cited as the primary source of support by the breast cancer patients. Family support will play the very important role in the promotion of self-care behaviors of the breast cancer patients.

In China, the reform of health care delivery system is ongoing with the changes of free medical care. Patients are increasingly being treated

as outpatients. Most of the patients receive postmastectomy radiotherapy at outpatient department. This reform necessitates the increase of the self-care ability of cancer patients receiving combined therapy. It is also set an additional responsibility of the family in the caring for the patient. At present, home care and community care are in the developing process of health care delivery system in China. Most of the Chinese consider family as their most important source of support, especially when they are ill (Tong, 1990).

There is a small number of nursing research report on the study about the relationship between family support and self-care behaviors in China. Since the outcome of the family support is essential for self-care, the investigator was interested to examine the relationship between them among the breast cancer patients receiving combined therapy. The information derived from the study on relationship between family support and self-care behaviors would encourage the Chinese oncology nurse to use family support as an effective approach to increase the patient's self-care ability, and further increase the quality of life of the patients.

Objectives of the Study

The objectives of this study were:

1. to identify the family support perceived by breast cancer patients receiving combined therapy.
2. to identify the self-care behaviors of breast cancer patients receiving combined therapy.

3. to examine the relationship between family support and self-care behaviors of breast cancer patients receiving combined therapy.

Hypothesis

There was a positive relationship between family support and self-care behaviors of breast cancer patients receiving combined therapy.

Assumptions

1. The common treatment modality for breast cancer patient is surgery combined with others, for example, radiotherapy, chemotherapy, psychotherapy, and immunotherapy.
2. Combined therapy always produces unpleasant feelings and side effects.
3. Patient receiving combined therapy has increasing demand for self-care with decreasing self-care behaviors.
4. Self-care behaviors can be facilitated and promoted by the family support.
5. There is relationship between family support and self-care behaviors among the breast cancer patients receiving combined therapy.

Definition of Terms

Family support is perceived needs for support, information and feedback fulfilled by family members including parents, siblings, spouse, children and close relatives. It can be measured by the instrument modified by the investigator from Perceived Social Support from Family (PSS-Fa) Scale developed by Procidano and Heller (1983).

Self-care behaviors are actions each person performs to meet the universal and health deviation self-care requisites resulting from being diagnosed with breast cancer and receiving combined therapy. It can be measured by the instrument modified by the investigator from the Self-Care Behavior Questionnaire (SCBQ) developed by Hanucharurnkul (1988).

Breast cancer are persons diagnosed of having cancer of the patients receiving breast and undergoing modified radical mastectomy combined therapy followed by radiotherapy at least for two weeks at outpatient department.