APPENDICES

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APPENDIX A

THE DEMOGRAPHIC DATA TOOL

ID: ❑❑❑

Direction: The following questions are the question about you that will help us to understand the results of the study. Please respond to each item by filling out your answer in the black or into the block or placing ✓ on the chosen answer.

1. What is your age? ……years……month

2. Marital status?

1 ❑ Single

2 ❑ Married

3 ❑ Widowed/Divorce/Separate

3. Religion?

1 ❑ Buddhism

2 ❑ Christian

3 ❑ Other……..

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APPENDIX B

SELF-CARE BEHAVIOR LOG

Self-Care Behavior Log

Instruction: Please record problems or symptoms that make you feel uncomfortable as well as strategies that you use to relieve symptoms and their effecti and their effectiveness

Problems or uncomfortable symptoms	Severity / Suffering	Strategy for reliving symptoms	Effectiveness of strategy using to relieve symptoms	Information source of symptom relieving strategy
1. _____ Date	a) how severe? little severe 1 2 3 4 5 very severe b) How suffering? little suffering 1 2 3 4 5 much suffering	a. b. a. b.	not relieved at all 0 1 2 3 4 5 completely relieved 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	

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APPENDIX C

QUALITY OF LIFE BREAST CANCER (QOL-BC)

Directions: We are interested in knowing how your experience of having cancer affects your Quality of Life. Please answer all of the following questions based on your life **at this time.**

Please circle the number from 0 – 10 that best describes your experiences:

Physical Well Being

To what extent are the following a problem for you:

1. **Fatigue**

no problem 0 1 2 3 4 5 6 7 8 9 10 severe problem

2. **Appetite Changes**

no problem 0 1 2 3 4 5 6 7 8 9 10 severe problem

3. **Aches or pain**

no problem 0 1 2 3 4 5 6 7 8 9 10 severe problem

4. **Sleep changes**

no problem 0 1 2 3 4 5 6 7 8 9 10 severe problem

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APPENDIX D

ISSUES OF DISCUSSION IN A SELF-HELP GROUP

AND EXAMPLES OF SUBJECTS' SITUATION

Issues of Discussion in Self-help Group

Group / Issue	Experimental Group A: Chewit Mai Ruam Jai Su[a]	Experimental Group B: Prathum Tip Pya Chewit Satree[b]
Session 1	- Fear of cancer recurrence and fear of chemotherapy	- Fear of cancer recurrence and how to deal with it
Session 2	- How to live with breast cancer	- How to relieve uncomfortable symptoms, such as sleep problems, hot flashes, numbness and pain in the affected arm, cramps, and vaginal dryness affecting sexuality
Session 3	- Sleep problems and exercise	- Managing stress and sexuality problems
Session 4	- How to handle when cancer recurs	- Managing stress and fear of cancer recurrence

[a] Members of Group A named their group as Chewit Mai Ruam Jai Su referring to gain new life after diagnosis with breast cancer and they get together to fight against breast cancer

b Members of Group B named their group as Prathum Tip Pya Chewit Satree referring to they have magic breast for women lives

Additional Information Requested by the Subjects

Group / Issue	Experimental Group A:	Experimental Group B:
Session 1	- Breast cancer diagnosis and treatment information	- Breast cancer diagnosis and treatment information
Session 2	- Herbal treatments use among breast cancer survivors	- How to relieve symptoms including hot flashes, cramping and discomfort of affected arm
Session 3	- Sleep problem management	- Food for breast cancer survivors and the effects of treatment on sexuality

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EXAMPLES OF THE SUBJECTS' SITUATION

"My husband is a solider. His responsibility is at a border. He comes home every fifteen days, some months never come back because of earning perdium have more income. He decided to be there to receive more salary for supporting family. I stayed with my sons, look after them. Presently, I have an arm pain, my extremities get edema. I kind of afraid, afraid it will come back." (I.D.43)

"Good kid. After graduation, she had husband, husband transmitted AIDS to her. Death. And leave grandchild to me to look after since two years old. Then, her husband died and she died. I, our child died. I get crazy. Since I have no kid, I drink alcohol heavily. I couldn't sleep, it tenses. A lot of things, my husband is also drunker and loss control. I have to look after him too, otherwise he might fall down in the toilet with head injury. Sometime, he bangs his arm to the door, quite old 60 years old up. Get drunk and bangs here and there, and have bruise. Then, I have to take to the hospital." (I.D.105)

"I live with my husband. I have to take care him. Like, 2 A.M. he work up. He walked around the house. I afraid that he might fall down stairs. I locked the front door and the back door for keeping him inside the house. Then, I sleep during the time of keeping my eyes on him. I concern that he might fall down to the ground… Like I came to group session, I have to ask someone to take care him." (I.D.141)

" I can't work hard, will get tired. If I don't work, I don't know how to earn money for the family. I am a breadwinner. My husband has suffered from coronary heart disease, and cannot work hard. I have two kids. The elder got married. The young one did not attend school because no money to support. My kid looks after me and my husband. My son kinds of sympathize father and mother. My parents stay home without having anyone look after. Last year, I loaned money to work on farm… I frankly speak, I have a big debt." (I.D.40)

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APPENDIX E

HEALTH PROBLEMS AND CONCERNS WHILE PROVIDING TELEPHONE INTERVENTION

Health Problems and Concerns while Providing Telephone Intervention

(one subject discussed more than one health problem/concern)

Health problem and concern	Number	Percentage
Fear of cancer recurrence	11	68.8%
Sleep problems (difficulty in falling asleep, waking up early)	6	37.5%
Hot flashes	5	31.3%
Vaginal dryness (sensation of dryness or burning in vagina, difficulty with sexual intercourse)	3	18.8%
Pain in an affected arm	3	18.8%
Weight gain	2	12.5%
Headache	1	6.3%
Cramping	1	6.3%
Dry skin	1	6.3%
Fatigue	1	6.3%
Chest discomfort	1	6.3%
Vaginal itching	1	6.3%
Anxiety	1	6.3%
Irritability	1	6.3%
Stress related to work	1	6.3%
Back pain	1	6.3%
Muscle pain	1	6.3%
Eye problems	1	6.3%
Edema of affected arm when lifting heavy objects	1	6.3%
Tired easily and rapid breathing while exercising, climbing stairs, or walking	1	6.3%
Abdominal distention	1	6.3%

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APPENDIX F

HEALTH PROBLEM AND CONCERN ASSESSMENT

Direction: Please indicate your health problems or your concern that highly need help from nurse or health care providers. Thank you for your time.

Health Problems

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Concerns

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Date and Appointment time: ……

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APPENDIX G

NURSING INTERVENTION RECORD

ID: ❑❑❑

Date…… **Time**……minutes

Assessment:

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Nursing Diagnosis:

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Intervention:

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Evaluation:

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APPENDIX H

A PACKAGE OF DOCUMENT

Invitation Letter (Experimental Group)

Month/ Date, 2003

Faculty of Nursing, Chiang Mai University
110 Inthawarorots Road ,Sriphum District ,
Muang. Chiangmai 50200

Dear

Subject Invitation to participate in "Promoting Women's Self-care and Quality of Life Project"

Attached File The description of the study

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According to my survey study in women post diagnosed with breast cancer one to three years, the findings revealed that these women have faced both physiological and psychological problems, such as fear of recurrence, anxiety and depression, menopausal symptoms, weight gain, and concern that female relatives may develop breast cancer. These problems resulted in decreasing happiness and satisfaction with their lives. To alleviate these problems, the researcher, Pratum Soivong, developed

the project, “Promoting Women’s Self-care and Quality of Life” to enhance women’ ability to handle with the consequences of treatment and disease as well as to promote happiness and satisfaction. The project will be conducted within two months. See attached details.

Therefore, I would like to invite you to participate in “Promoting Women’ Self-care and Quality of Life Project”. If you are willing to participate in this project, please fill out both the acceptance and informed consent forms. If you are unable to participate in this project, your rejection will have no any affect on your treatment or service at your visiting hospital. **Please return your document within two weeks after receiving this letter** in order to arrange the schedule of the project.

Sincerely,

Pratum Soivong

Doctoral student

Faculty of Nursing, Chiang Mai University

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Invitation Letter (Control Group)

Month/ Date, 2003

Faculty of Nursing, Chiang Mai University

110 Inthawarorots Road, Sriphum District,

Muang. Chiangmai 50200

Dear

Subject

Attached File The Demographic Data Tool

The Self-Care Behavior Log

The Quality of Life-Breast Cancer Questionnaire

A copy of permission from the administrator of the hospital

According to my survey study in women post diagnosed with breast cancer one to three years, the findings revealed that these women have faced both physiological and psychological problems, such as fear of recurrence, anxiety and depression, menopausal symptoms, weight gain, and concern that female relatives may develop breast cancer. These problems resulted in decreasing happiness and satisfaction with their lives. To alleviate these problems, the researcher, Pratum Soivong, had developed a project, title “Promoting Women’s Self-care and Quality of Life” to enhance women’ ability to deal with the consequences of treatment and disease as well as to promote happiness and satisfaction. Presently, I am studying the feasibility

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of this project, which will be lasting three to four months. As the project could help women's self-care ability and quality of life, I would like to invite you to participate in the project, which will be conducted in the future.

In the meantime, I would like to follow your self-care and quality of life using the questionnaires including the Self-care Behavior Log and the Quality of life Breast Cancer Questionnaire. The questionnaires will be mailed to you monthly for three consecutive months. In addition, this project has been reviewed and approved by the administrator of your visiting hospital as the attached file.

Therefore, I would like to invite you to kindly complete three questionnaires including the Demographic Data Tool, the Self-care Behavior Log, and the Quality of life Breast Cancer Questionnaire. If you are willing to accept, I ask that you **please fill the questionnaires and return your documents, informed consent form, and your contact address within two weeks after receiving this letter.** Your rejection to participate in this follow-up will no affect on your treatment or service at your visiting hospital.

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Sincerely,

Pratum Soivong
Doctoral student
Faculty of Nursing, Chiang Mai University

Consent for Participation in Research Study

Research Project Title The Effects of Supportive-educative Nursing Intervention on Self-care and Quality of Life Among Breast Cancer Survivors

Researcher Miss Pratum Soivong , doctoral student
Ph.D. Program
Faculty of Nursing, Chiang Mai University

I am (Mrs, Miss)……

address……

hereby consent to participate in the study as a volunteer in the above dissertation research project. I have clearly read or been informed of the information from the researcher before signing this consent form. The researcher has offered to answer any question I may have concerning the study which may emerge during the study period. As a participant, the researcher guarantees that my information will be kept confidential and the findings of this study will be published in terms of group data or shared with persons who directly related to this study for monitoring purposes only. No physical or emotional harm will occur during this study. The researcher is also welcome to provide good care for me if unforeseen problems occur from participation in this study.

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My participation in this project is voluntary. After giving consent, I may sill withdraw from the study at any time without affecting my treatment plan and service at my chosen hospital of admission. If I have any question or concern regarding the study, I can directly contact the researcher, Miss Pratum Soivong, at the following address:

Department of Medical Nursing, Faculty of Nursing Chiang Mai University, Muang. Chiang Mai 50200 Tel. 09-7006577

Consent signature:…….

Date: ……..

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The Description of the Study

Project Title Promoting Women' Self-care and Quality of Life

Research Project Title The Effects of Supportive-educative Nursing Intervention on Self-care and Quality of Life Among Breast Cancer Survivors

Researcher Miss Pratum Soivong , doctoral student
Ph.D. Program
Faculty of Nursing, Chiang Mai University

I, Miss Pratum Soivong, as researcher who would like to invite you to participate in the above research project as describes below. All questions related to this study and your rights are welcomed. Following acceptance to participate in this project, you will receive a description of the study and a completed copy of your informed.

Objective of the Study

The aim of this study is to explore the effects of a supportive-educative nursing intervention on self-care and quality of life among breast cancer survivors, particularly women who were post diagnosis one to three years and with no evidence of cancer recurrence. The study period will be two months. Sixty women will participate in this study and be equally assigned to either the experimental or control group.

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Expected Outcomes

The study will be to your benefits in terms of promoting your ability to manage or deal with the side effects from treatment. Moreover, you will participate in a self-help group so that you have and opportunity to share your experiences and support each other among women being diagnosed with breast cancer. It is anticipated that the intervention give you hope and encouragement and an opportunity to share your self-care experiences with others and theirs with you. The study results will provide the suggestions for developing care among other breast cancer survivors in the future. The participation to this project will be free of charge.

Assumption of Participation in the Study

Upon acceptance to participate in this project, you will be randomly assigned to either an experimental group or a control group. All participants in both the experimental or control group will have similar characteristics, such as age and the stage of cancer. The randomization will be completed without bias. Participants in each group will receive the following activities:

Experimental group (30 persons)

You will receive a supportive-educative nursing intervention including group education, four sessions of a self-help group, and two intervention telephone calls. Group education will be provided on the first day of intervention. Four self-help group sessions will be provided in the consecutive weeks. The intervention telephone call will be provided in the first and the third week. Data collection or evaluation will

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be conducted three times: 1) before receiving intervention, 2) upon completion of the fourth self-help group session, and 3) one month thereafter. Evaluation will be completed using the Self-care Behavior Log and the Quality of Life Breast Cancer Questionnaire.

The participation in the study is on a voluntary basis. You will be provided reciprocal payment (150 Baht/attending a self-help group session) for transportation.

Control group (30 persons)

During the study, your primary care physician will provide your routine health care. Data collection will be conducted three times including: 1) the time of enrollment, 2) after one month, and 3) after two months. You will then receive three questionnaires in the mail to be completed by participant.

In Case of Refuse or Withdraw from the Study

Participation in this study is completely voluntary. You may refuse to participate or withdraw from this study at any time without affecting your treatment and service at your chosen hospital of admission.

Protection of Human Rights

All personal information will be kept confidential. Your name will be coded in a numeral form and will not be reported in the study. All data will be used for general discussion or publication of the study. In addition, you are entitled to access your personal information. If you would like to access this information, please contact the researcher.

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Further Question Related to This Project

If you need more information, please feel free to contact the researcher at the following address:

Miss Pratum Soivong

Department of Medical Nursing

Faculty of Nursing, Chiang Mai University

Muang, Chiang Mai

50200

Tel. 09-7006577

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APPENDIX I

CONFIRMATION OF SIMILARITY OF THE TWO GROUPS

The confirmation was completed twice due to the unequal number of subjects in each dependent variable. Among Self-care Behavior Log assessment, 21 subjects failed to complete SCB-Log questionnaire three times. As a result, the first set of analysis only included 16 subjects from the experimental group and 11 subjects from the control group. Among Quality of life Breast Cancer Questionnaire assessment, all 32 subjects in the control group completed the quality of life assessments three times each. Thus, the second set of analysis included 16 subjects from the experimental group and 32 subjects from the control group.

The first step of confirmation analysis is testing of the demographic characteristics, clinical characteristics, the baseline self-care behavior score, and the baseline quality of life scores which were tested by the *t* test, Mann-Whitney *U* test, or chi-square test. Variables, which were then found to have statistically significant different were classified as the covariant variables. In the next step, the covariant variables were entered into repeated measures analysis of covariance (ANCOVA) in order to explore the effect (linear correlation) of the covariant variables on each dependent variable. In case where the interaction effects were found, it can be postulated that there was inequality between the subjects in the experimental group and the control group at beginning of the study. These variables were entered as the covariance in testing the hypothesis. On the other hand, where no interaction effect

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(linear correlation) was found, these variables were excluded when testing the difference between the two groups over time. The statistical significant was set at p = .05. The details of the confirmation of similarity between the two groups in each dependent variable can be described as follows:

Self-care Behavior

The Chi-square test was used to test the variables of nominal and ordinal scale, including marital status, religion, educational level, career, family income per month, payment, menopausal status, staging of cancer, current treatment, chemotherapy regimen, and other health problems. It was found that some variables were dichotomized into two groups. The results showed no significant differences between the experimental group and the control group. The details were displayed in Table I1.

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Table I1

Comparison the Variable of Nominal and Ordinal Scale of the Two Groups

Variable	Experimental group 16=N		Control group 11=N		$\chi 2$
	Number	Percentage	Number	tagePercen	(p value)
Marital status					
Single, widowed, separated	4	25.00	3	27.27	0.02
Married	12	75.00	8	72.73	(617.)
Religion					
Buddhism	16	100.00	10	90.91	1.51[a]
Islam	0	0.00	1	9.09	(407.)
Educational level					
Primary school	9	56.25	4	36.36	1.03
> Primary school	7	43.75	7	63.64	(263.)
Occupation					
Non-government service	14	87.50	6	72.23	0.94
Government service	2	12.50	5	27.27	(316.)
Family income (baht per month)					
$\leq$ 10,000 baht/month	10	62.50	6	54.55	0.17 [a]
> 10,000 baht/month	6	37.50	5	45.45	(492.)
Medical expenditure					
30-Baht Health Care Plan	11	68.75	6	54.55	0.56
Total reimbursement	5	31.25	5	45.45	(363.)
Menopausal status					
Perimenopausal	11	68.75	4	36.36	2.77[a]
Postmenopausal	5	31.25	7	63.64	(102.)
TNM staging					
Stage 1	4	25.00	0	0.00	3.23[a]
Stage 2 + Stage 3	12	75.00	11	100.00	(104.)
Treatment					
Without anti-estrogen drug	5	31.25	2	18.18	0.58[a]
With anti-estrogen drug	11	68.75	9	81.82	(383.)
Chemotherapy regimen					
CMF	10	62.50	3	27.27	3.24
EC/AC/FAC	6	37.50	8	72.73	(079.)
Other health problem					
No	8	50.00	6	54.55	0.05
Yes	8	50.00	5	45.45	(408.)

[a] Fisher's exact test

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Shapiro-Wilk was used to examine the normal distribution of variables of interval scale including age, time from diagnosis, length of education, the baseline of self-care behaviors, the baseline of total quality of life, and the baseline of four dimensions of quality of life. The normal distributions of these variables were obtained, except time from diagnosis, length of education, and the social well-being dimension. Thus, the *t* test was used to determine the differences between the experimental groups and control group for the normal distribution of variables. The Mann-Whitney *U* test (non-parametric) was used to examine the differences between the experimental groups and control group for the continuous variables with not normal distribution. Table I2 displayed a comparison of the continuous variables with the normal distributions, including age, the baseline of self-care behavior, the baseline of total quality of life, the baseline of physiological well-being, psychological well-being, and spiritual well-being dimension, between the experimental group and control group. The results revealed that there were no significant differences of age, the baseline of total quality of life, and the three dimensions of quality of life. However, the baseline self-care behavior score of the experimental group was statistically significantly higher than that of the experimental group.

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Table I2

Comparison of the Continuous Variable with Normal Distribution between Two Groups

Variables	Group	n	Mean	S.D.	t	p value
Age	Experiment	16	47.47	7.49	-0.93	.359
	Control	11	50.07	6.54		
Self-care behavior	Experiment	16	1.85	0.70	-2.21	.037*
	Control	11	2.48	0.76		
Physiological well-being dimension	Experiment	16	6.04	1.64	-1.74	.093
	Control	11	7.11	1.46		
Psychological well-being dimension	Experiment	16	5.07	1.70	-1.02	.318
	Control	11	5.71	1.42		
Spiritual well-being dimension	Experiment	16	6.37	1.35	-1.41	.172
	Control	11	7.18	1.15		
Quality of life	Experiment	16	5.67	1.46	-1.26	.221
	Control	11	6.19	064		

* $p<.05$

The Mann-Whitney *U* test was used in the initial part of the analysis as the time from diagnosis, length of education, and social well-being dimension were not normally distributed. It was found that only the time of diagnosis was a statistically significant difference between the experimental group and control groups (See table I3).

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Table I3

Comparison of the Continuous Variables with not Normal Distribution between Two Groups

Variable	Group	n	Mean rank	Sum of ranks	Z	p value
Time from diagnosis	Experiment	16	16.47	263.50	-1.96	.025*
	Control	11	10.41	114.50		
Length of education	Experiment	16	12.75	204.00	-1.01	.156
	Control	11	15.82	174.00		
Social well-being dimension	Experiment	16	15.44	247.00	-1.13	.128
	Control	11	11.91	131.00		

* $p<.05$

During the next step of analysis, time from diagnosis was entered as covariant variables into the repeated measure ANCOVA. The results demonstrated that there was no linear correlation of two pairs (Wilks' $\lambda = .929$, $p = .188$); the first pair was between baseline self-care behavior and immediately post-intervention, and the last pair was between baseline and four weeks post-intervention. In addition, there was no linear correlation between time from diagnosis and all three times of self-care behavior evaluation (Wilks' $\lambda = .220$, $p = .804$). Therefore, the baseline self-care behavior score and time from diagnosis were withheld from the calculation by the repeated measure analysis. In conclusion, there were no significant differences between the experimental group and the control group before the beginning of the intervention.

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Quality of life

The variables of nominal and ordinal scale including marital status, religion, educational level, occupation, family income, payment, menopausal status, staging of cancer, current treatment, chemotherapy regimens, and other health problems were tested by using the Chi-Square test. The results demonstrated no significant differences between the two groups (see Table I4).

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Table I4

Comparison Between the Variables of Nominal and Ordinal Scale of the Two Groups

Variable	Experimental group 16=n		Control group 32=n		$\chi 2$
	Number	Percentage	Number	Percentage	(p value)
Marital status					
Single, widowed, separated	4	25.00	7	21.88	0.06[a]
Married	12	75.00	25	78.12	(539.)
Religion					
Buddhism	16	100.00	31	96.88	.511[a]
Islam	0	0.00	1	3.13	(667.)
Educational level					
Primary school	9	56.25	16	50.00	0.17
> Primary school	7	43.75	16	50.00	(341.)
Occupation					
Non-government service	14	87.50	21	65.63	2.58[a]
Government service	2	12.50	11	34.38	(101.)
Family income (baht per month)					
$\leq$ 10,000 baht/month	10	62.50	18	56.25	0.17
> 10,000 baht/month	6	37.50	14	43.75	(339.)
Medical Expenditure					
30-Baht Health Care Plan	11	68.75	19	59.38	0.40
Total reimbursement	5	31.25	13	40.62	(264.)
Menopausal status					
Perimenopausal	11	68.75	20	62.50	0.18
Postmenopausal	5	31.25	12	37.50	(335.)
TNM staging					
Stage 1	4	25.00	3	9.38	2.09[a]
Stage 2 + Stage 3	12	75.00	29	90.63	(156.)
Treatment					
Without anti-estrogen drug	5	31.25	5	15.63	1.58[a]
With anti-estrogen drug	11	68.75	27	84.38	(188.)
Chemotherapy regimen					
CMF	10	62.50	12	37.50	2.68
EC/AC/FAC	6	37.50	20	62.50	(051.)
Other health problem					
No	8	50.00	18	56.25	0.17
Yes	8	50.00	14	43.75	(341.)

[a] Fisher's exact test

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Normally distribution variables consisted of age, baseline of the total of quality of life, and baseline of three dimensions including physiological well-being, psychological well-being, and spirituality well-being. The *t* test was then used to compare each continuous variable between the experimental and control groups. The results revealed that there were no significant differences on age, the total quality of life, and three dimensions as depicted in Table I5.

Table I5

Comparison of the Continuous Variables with Normal Distribution Between Two Groups

Variable	Group	n	Mean	S.D.	t	p value
Age	Experiment	16	47.47	7.49		
	Control	32	48.73	5.90	-0.64	.520
Total quality of life	Experiment	16	5.67	1.46		
	Control	32	6.36	1.32	-1.65	.106
Physiological well-being dimension	Experiment	16	6.04	1.64		
	Control	32	7.10	1.83	-1.96	.056
Psychological well-being dimension	Experiment	16	5.07	1.70		
	Control	32	6.04	1.64	-1.89	.060
Spiritual well-being dimension	Experiment	16	6.37	1.35		
	Control	32	6.81	1.37	-1.05	.300

The variables of interval scale which were not normally distributed were the time from diagnosis, length of education, social well-being dimension, and each item under quality of life. The Mann-Whitney *U* test was used to compare each variable

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between the two groups. It was found that there was a significant difference between the groups on time from diagnosis, the experimental group having longer length of time from diagnosis than the control group (see Table I6). However, the length of time from diagnosis–did not significantly influence the subjects' quality of life at baseline (Wilk's λ = .702, p = .501). Therefore, time from diagnosis was excluded from the repeated measure analysis of variance.

Table I6

Comparison of the Continuous Variables with not Normal Distribution by Group

Variable	Group	n	Mean rank	Sum of ranks	Z	p value
Time from diagnosis	Experiment	16	30.34	485.50		
	Control	32	21.58	690.50	2.05	.040*
Length of education	Experiment	16	23.41	374.50		
	Control	32	25.05	801.50	-0.40	.687
Social well-being dimension	Experiment	16	26.38	422.00		
	Control	32	23.56	754.00	0.65	.512

* p<.05

No significant difference on total quality of life and four dimensions between the two groups was apparent after calculating by the t-test or Mann-Whitney *U* test. However, the data in the experimental group appeared to have lower scores than the control group in most of the dimensions, except social well-being (see Table I5-I6). Therefore, in the next step a comparison was made on each item under quality of life between the experimental group and the control group by using Mann-Whitney *U* test. The findings demonstrated that the experimental group was statistically significantly

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lower scores than the control group in several items. They were fatigue (Z = -2.11, p< .017), perceived health status (Z = -2.75, p< .003), change in appearance (Z = -2.27, p< .016), depression (Z = -1.97, p< .024) depression, and fear of cancer metastasis (Z = -1.80, p< .037) (See Table I7). The experimental group had statistically significantly higher scores in the interference with activities at home (Z = 1.69, p< .045). Nevertheless, there were no significant differences on the total quality of life and four dimensions as depicted in Table I5 and I6.

Table I7

Comparison of the Quality of Life in Each Item by Group at Baseline

Variable	Group	N	Mean rank	Sum of ranks	Z	p value
Fatigue	Experiment	16	18.53	296.50		
	Control	32	27.48	879.50	-2.11	.017*
Perceived health status	entExperim	16	16.75	268.00		
	Control	32	28.38	908.00	-2.75	.003**
Change in appearance	Experiment	16	18.16	290.50		
	Control	32	27.67	885.50	-2.27	.016*
Depression	Experiment	16	18.94	303.00		
	Control	32	27.28	873.00	-1.97	.024*
Fear of cancer metastasis	Experiment	16	19.69	315.00		
	Control	32	26.91	861.00	-1.80	037*
Interfered activities at home	Experiment	16	29.25	468.00		
	Control	32	22.13	708.00	1.69	.045*

* p< .05, ** p< .01

In conclusion, there was similarity of demographic characteristics, clinical characteristics, and quality of life between subjects of the experimental group and control group before the beginning of the intervention.

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APPENDIX J

DEPICTION OF DIFFERENCE ON QUALITY OF LIFE BETWEEN THE EXPERIMENTAL AND THE CONTROL GROUP AND COMPARISON OF THE MEAN DIFFERENCE ON QUALITY OF LIFE

In order to demonstrate the differences between two groups, the mean scores of total quality of life and four dimensions were illustrated in the figure below. The mean scores of total quality of life of the experimental group slightly decreased from the baseline at Time 3, while those of the control group slightly decreased from the baseline at Time 2 and then slightly increased at Time 3 as illustrated in Figure 5.

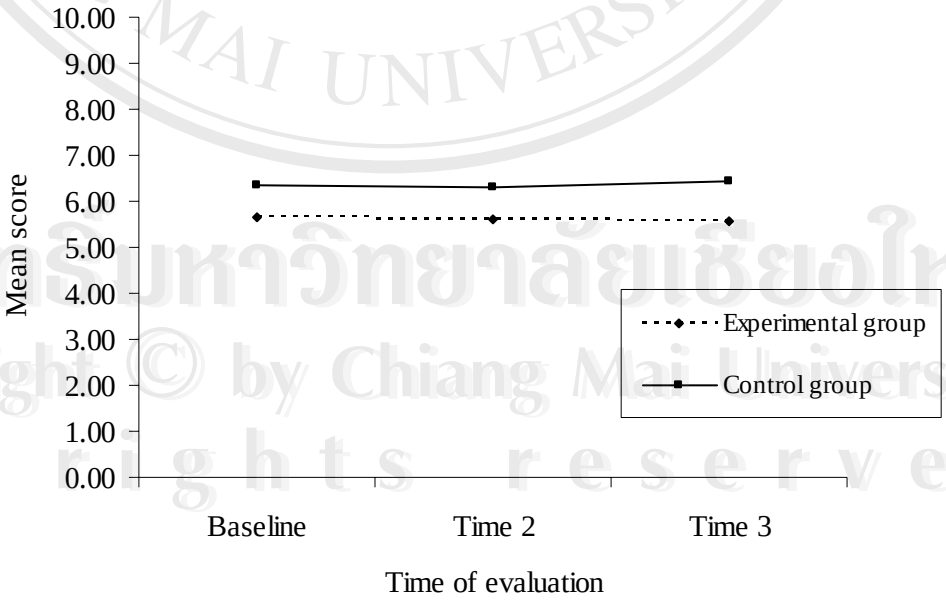

Figure 5. Comparison Mean Scores of Total Quality of Life Between Two Groups

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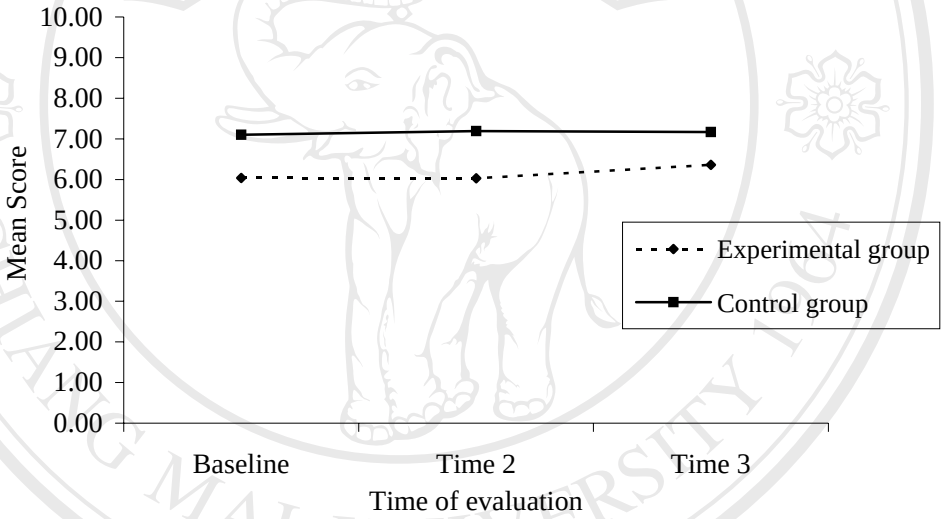
In addition, the mean score of each dimension of quality of life is illustrated in the following figures. Figure 6 compares the graph of mean scores of physiological well-being. The experimental group a slight decreased from the baseline (Time 1) to Time 2 and then slight increased at Time 3, whereas the graph of the control group was constant.



Figue 6. Comparison Mean Score of Physiological Well-being Dimension Between Two Groups

Figure 7 illustrates the mean scores of psychological well-being. The experimental group being slightly decreased from Time 1 to Time 3, while the control group slightly decreased from Time 1 to Time 2 and slightly increased from Time 2 to Time 3.

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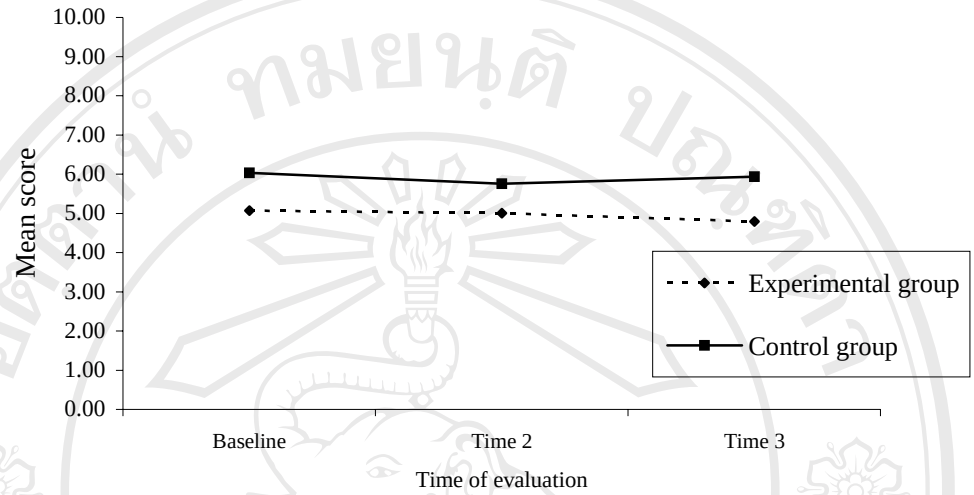

Figure 7. Comparision Mean Score of Psychological Well-being Dimension Between Two Groups

Figure 8 demonstrates the mean scores of social well-being. The graph slightly decreased from Time 1 to Time 3 in the experimental group, whereas the control group slightly increased from baseline to Time 3. In addition, Figures 8 shows the graph of mean scores of spiritual well-being, in which the experimental group slightly increased from Time 1 to Time 2 and slightly decreased from Time 2 to Time 3. In contrast, the graph of the control group slightly decreased from Time 1 to Time 2 and slightly increased from Time 2 to Time 3.

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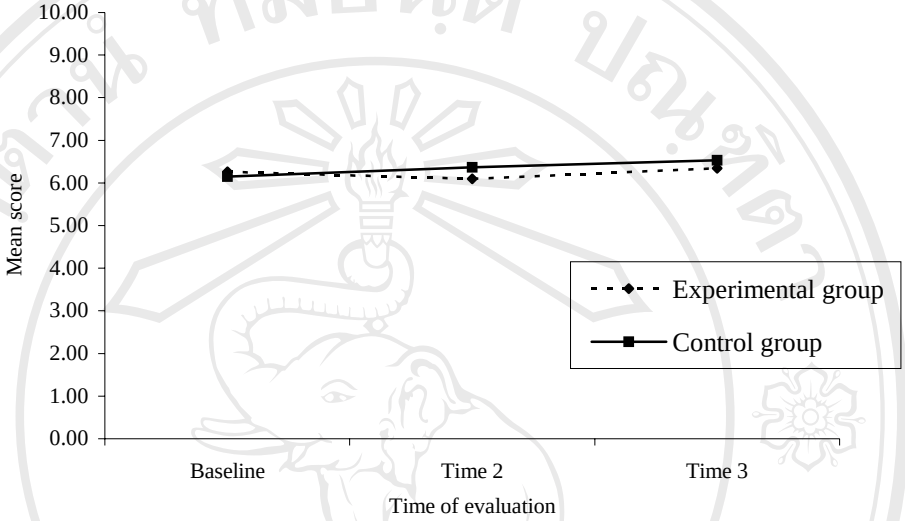

Figure 8. Comparision Mean Score of Social well-being Dimension between Two Groups

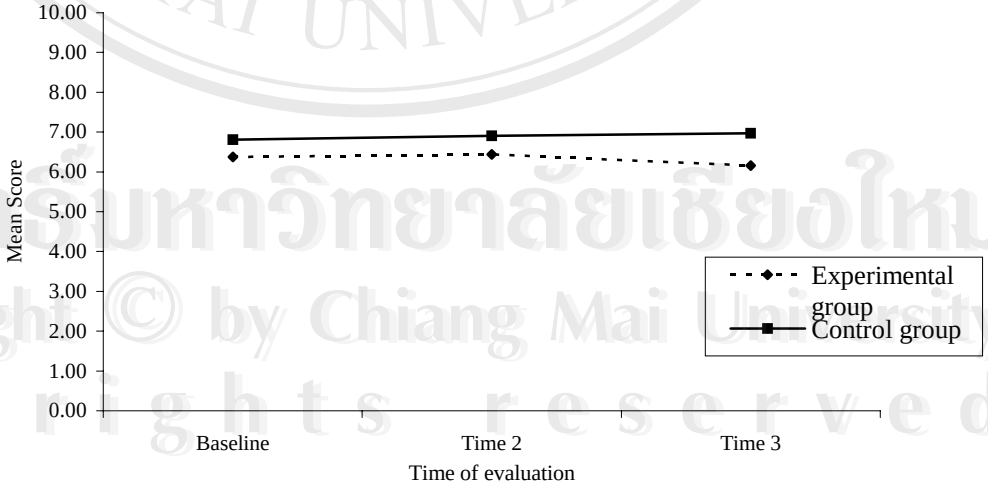

Figure 9. Comparision Mean Score of Spiritual Well-being Dimension between Two Groups

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Table J1

Post Hoc Comparison of Quality of Life by Group

Variables/Group	Experimental group (n=16)		Control Group (n=11)		t	p value
	Mean	SD	Mean	SD		
Total quality of life						
1Time	5.67	0.37	6.37	0.23	1.65-	.106[ns]
2Time	5.61	0.31	6.30	0.21	1.83-	.072[ns]
3Time	5.58	0.32	6.42	0.23	2.16-	.036*
Physiological well-being dimension						
1Time	6.04	0.41	7.10	0.32	1.96-	.056[ns]
2Time	6.03	0.48	7.19	0.27	2.28-	.027*
3Time	6.36	0.50	7.17	0.29	1.50-	.140 [ns]
Psychological well-being dimension						
1Time	5.07	0.42	6.04	0.29	1.89-	.060*
2Time	5.01	0.36	5.76	0.28	1.61-	.115 [ns]
3Time	4.79	0.30	5.93	0.30	2.38-	.022*

[ns] = not significant, *p<.05

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APPENDIX K

LIST OF MATERIAL VALIDATORS FOR BREAST CANCER SURVIVORS

The following qualified persons examined the content validity of materials, namely fatigue management, menopausal symptom management, fear of recurrence management, stress management, and sexuality and body image.

1. Professor Varachai Ratanatharathorn
   Department of Medicine, Faculty of Medicine, Ramathibodi Hospital
   Mahidol University, Thailand
2. Associate Professor Adune Ratanwichitrasin
   Department of Surgery, Faculty of Medicine, Siriraj Hospital
   Mahidol University, Thailand
3. Assistant Professor Hongsin Trakultivakorn
   Department of Surgery, Faculty of Medicine
   Chiang Mai University, Thailand
4. Miss Manmana Jirajarus
   Department of Nursing, Faculty of Medicine, Ramathibodi Hospital
   Mahidol University, Thailand
5. Mrs. Petchara Harnsiriwattanakit
   Nursing Division, Maharaj Nakornchiangmai Hospital
   Faculty of Medicine,
   Chiang Mai University, Thailand

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APPENDIX L

LIST OF EXPERTS FOR CONTENT VALIDITY OF A SELF-HELP GROUP PLAN

The content validity of a self-help group plan was determined by three consulting experts:

1. Assistant Professor Sombat Tapanya
   Department of Psychiatry, Faculty of Medicine,
   Chiang Mai University, Thailand
2. Mrs. Rodchared Samamoto
   Nursing Division, Maharaj Nakornchiangmai Hospital
   Faculty of Medicine, Chiang Mai University, Thailand
3. Mrs. Cholthida Simawong
   Suanprung Hospital, Department of Mental Health,
   Ministry of Public Health, Chiang Mai, Thailand

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APPENDIX M

LIST OF VALIDATORS FOR BACK TRANSLATION OF SCB LOG

The back translations of Self-Care Behavior Log were determined by three qualified persons:

1. Assistant Professor Dr. Acharaporn Sripusanapan
   Department of Fundamental Nursing, Faculty of Nursing
   Chiang Mai University, Chiang Mai, Thailand
2. Instructor Dr. Pratima Budtharovat
   Department of Obstetrical and Gynaecological Nursing, Faculty of Nursing
   Chiang Mai University, Chiang Mai, Thailand
3. Instructor Dr. Hunsa Sethabouppha
   Psychiatric Nursing Department, Faculty of Nursing
   Chiang Mai University, Chiang Mai, Thailand

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APPENDIX N

ETHICS COMMITTEE PERFORMA

No. 20/2003

ETHICS COMMITTEE (EC) Proforma 1

Name of Ethics Committee : Research Ethics Committee, Faculty of Medicine, Chiang Mai University Address of Ethics Committee : 110 Intavaroros Street, Amphoe Muang,Chiang Mai, Thailand 50200	
Principal Investigator : Miss. Pratum Soivong Faculty of Nursing, Chiang Mai University	
Clinical trial Protocol title : The Effects of Supportive-educative Nursing Intervention on Self-care and Quality of Life Among Breast Cancer Survivors	
Documents filed	**Document reference** (e.g., footer reference, or date of issue/version no., date of issue/edition no., date of issue, or other document identifier.)
Research protocol	ref : number 0604(1.2)/5901 Date: 9-Dec-2002 ref : number 0605(1.2)/643 Date: 27-Jan-2003
Amendment Protocol	-
Informed consent documents	-
Investigator brochure	-
Principal Investigator Curriculum vitae	Present
Financial information - payments to subjects, expenses	-
Advertisements : (if any)	None
Other	-

DECISION : By [ ] Full Committee review process - Date: -
[/] Expedited review process

Opinion of the Ethics Committee/Institutional Review Board : PLS. CHECK ONE

___/___ Approval
---------- Modifications required prior to approval (pls. Specify on space below)
---------- Disapproval

Date of Review : January 30, 2003 Expiration Date: January 30, 2004

This Ethics Committee is organized and operates according to GCPs, the applicable laws and regulations.

Signed : ..... Mr.Kumpol Klunklin, M.D.
(Chairperson Faculty of Medicine)

Signed : ..... Mr.Supot Wudhikarn, M.D.
(Dean Faculty of Medicine)

Modifications needed :

-

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เอกสารเลขที่ 20/2546

เอกสารรับรองโครงการวิจัยในมนุษย์

ชื่อคณะกรรมการจริยธรรมการวิจัย : คณะกรรมการจริยธรรมการวิจัย คณะแพทยศาสตร์ มหาวิทยาลัยเชียงใหม่

ที่อยู่ : 110 ถนนอินทวโรรส ตำบลศรีภูมิ อำเภอเมือง จังหวัดเชียงใหม่ 50200

ชื่อหัวหน้าโครงการวิจัย : นางสาวประทุม สร้อยวงค์

สังกัด : คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่

ชื่อเรื่องโครงการวิจัย : ผลของการพยาบาลระบบสนับสนุนและให้ความรู้ต่อการดูแลตนเองและคุณภาพชีวิตของผู้รอดชีวิตจากมะเร็งเต้านม	
เอกสารที่รับรอง	**เอกสารอ้างอิง** (เอกสารอ้างอิง, หรือ วันที่อ้างอิง/ฉบับที่., วันที่)
โครงการวิจัย	หนังสือที่ ทม 0604(1.2)/5901 ลงวันที่ 9 ธันวาคม 2545 หนังสือที่ ทม 0604(1.2)/643 ลงวันที่ 27 มกราคม 2546
ส่วนปรับปรุงแก้ไขโครงการวิจัย	-
หนังสือแสดงความยินยอม	-
เอกสารคู่มือผู้วิจัย	-
ประวัติส่วนตัวหัวหน้าโครงการ	อยู่ในโครงการวิจัย
รายละเอียดทางด้านงบประมาณ ค่าใช้จ่ายให้กับอาสาสมัคร, ค่าใช้จ่ายอื่น ๆ	-
เอกสารประชาสัมพันธ์ : (ถ้ามี)	-
อื่น ๆ	-

กระบวนการพิจารณาโครงการวิจัย :[ ] ในที่ประชุมคณะกรรมการฯ ครั้งที่ - วันที่ -

[√] เร่งพิเศษ (Expedited Review)

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ผลการพิจารณา

คณะกรรมการจริยธรรมการวิจัย ได้พิจารณาแล้ว เห็นว่าโครงการฯ ดังกล่าว ไม่ขัดต่อสวัสดิภาพและไม่ก่อให้เกิดภยันตรายแก่ผู้ถูกวิจัยแต่ประการใด

จึงเห็นสมควรให้ดำเนินการวิจัยในขอบเขต ที่เสนอได้

อนุมัติ ณ วันที่ 30 **เดือน** มกราคม **พ.ศ.** 2546 **มีผลถึงวันที่** 30 **เดือน** มกราคม **พ.ศ.** 2547

คำแนะนำ :

- การเปลี่ยนแปลงส่วนใด ๆ ในโครงการวิจัย ต้องจัดทำส่วนปรับปรุงแก้ไขโครงการวิจัย (Amendment) เพื่อขอรับรองจากคณะกรรมการจริยธรรมการวิจัย
- เมื่อเสร็จสิ้นโครงการวิจัย ต้องสรุปผลการวิจัยแจ้งคณะกรรมการจริยธรรมการวิจัย

ลงชื่อ : ..... (ศาสตราจารย์นายแพทย์กำพล กลั่นกลิ่น)

ประธานคณะกรรมการจริยธรรมการวิจัย

ลงชื่อ : ..... (ศาสตราจารย์นายแพทย์สุพจน์ วุฒิการณ์)

คณบดีคณะแพทยศาสตร์ มหาวิทยาลัยเชียงใหม่

ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่
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CURRICULUM VITAE

Name	Miss Pratum Soivong
Date of Birth	29 May 1969
Place of Birth	Chaing Mai, Thailand
Education	1993-1995 Master of Nursing Science (Adult Nursing) Mahidol University, Thailand 1986-1990 Bachelor of Nursing Science (Honor) Chiang Mai University, Thailand
Experiences	1990-1991, Nursing Staff, Surgical Private Ward, Maharaj Nakorn Chiang Mai Hospital, Department of Medicine, Chiang Mai University 1991- present Lecture, Department of Medical Nursing Chiang Mai University, Thailand

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