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Changes and Predictors of Unmet Supportive Care Needs in Taiwanese Women With Newly Diagnosed Breast Cancer

Mei-Nan Liao^a, PhD, RN, Shu-Ching Chen^a, PhD, RN, Shin-Cheh Chen, MD, Yung-Chang Lin, MD, Ya-Hui Hsu, RN, BSN, Hsueh-Chih Hung, RN, BSN, Chao-Hui Wang, RN, MSN, Miin-Fu Chen, MD, FACS, and Sui-Whi Jane, PhD, RN

The incidence of breast cancer in women is increasing in Western and Asian countries, but the mortality rate is decreasing in the West but increasing in Asian countries (Leong et al., 2010; Yip, 2009). In Taiwan, breast cancer incidence increased from 6.23 per 100,000 in 1970 to 27.6 per 100,000 in 2000 for the entire population (Leong et al., 2010). In addition, the average onset age for breast cancer in Taiwanese women is 5–10 years earlier than for Western women, peaking at 45–49 years (Taiwan Cancer Registry, 2010). During the diagnostic and treatment phases of breast cancer, women may be anxious about the cancer diagnosis (Liao, Chen, Chen, & Chen, 2008) and need to make decisions about treatment modalities (Hwang & Park, 2006), cope with symptom distress (Tighe, Molasiotis, Morris, & Richardson, 2011), and request social support resources (Alqaissi & Dickerson, 2010). That situation, therefore, leads to women's perception of multiple supportive care needs.

Literature Review

Supportive care aims to optimize patients' comfort, function, and social support at all stages of their illness (Cherny, Catane, Kosmidis, & ESMO Task Force on Supportive and Palliative Care, 2003). The need for such care reflects a feeling experienced when subjective perceptions are inconsistent with a desired state (Endacott, 1997). Supportive care needs of patients with breast cancer are multidimensional and include

^a Joint first author

Purpose/Objectives: To investigate changes in unmet supportive care needs and factors affecting those needs in Taiwanese women with newly diagnosed breast cancer.

Design: Prospective longitudinal survey.

Setting: Two general surgery outpatient departments at a large medical center in northern Taiwan.

Sample: 124 women with newly diagnosed breast cancer.

Methods: Needs were assessed with the Supportive Care Needs Survey–Short Form at diagnosis (T1) and one month (T2), two months (T3), and three months (T4) after diagnosis.

Main Research Variables: Supportive care needs.

Findings: Women had moderate-to-high levels of unmet needs, with the highest being in the health system and information domain at each time point. Levels in the domains of psychological, health system and information, and sexuality needs were higher ($p < 0.001$) at T1 than at T2, T3, and T4. However, levels of unmet physical and daily living needs increased significantly over time ($p < 0.001$). Unmet supportive care needs were significantly predicted by younger age and higher levels of education, symptom distress, trait anxiety, state anxiety, and time since diagnosis.

Conclusions: Supportive care needs changed significantly over time and were predicted by personal characteristics, as well as physical and emotional factors.

Implications for Nursing: Oncology nurses should assess the needs of patients with breast cancer and provide them with individualized, culturally sensitive informational, social, and emotional support from breast cancer diagnosis through the first four months of treatment.

psychological, physical and daily living, patient care and support, health system and information, and sexuality needs (Minstrell, Winzenberg, Rankin, Hughes, & Walker, 2008).