

乳癌病患與主要照顧者對於醫療照護及社會支持需求的看法:探索性研究

The Needs of Medical Care and Social Supports in the Views of Patients With Breast Cancer and Their Caregivers: An Exploratory Study

中文摘要

研究目的：探討乳癌病患及其主要照顧者於不同治療期別、癌症期別與居住區域，對於醫療照護及社會支持需求的看法。

研究方法：本研究為橫斷式研究設計，採半結構之個別訪談收集資料，以立意取樣方式北中南東各一家醫學中心的住院病患，選取 13 位乳癌個案、11 位主要照顧者，訪談內容以內容分析法加以整理分析。

研究結果：在四個治療期別(診斷初期、積極治療期、結束治療期與復發期)乳癌病患及其主要照顧者對於需求共通的看法，與生理有關層面包括：需要飲食與身體活動指導；與醫療資訊有關：需要提供相關治療的解釋；與醫療照護有關：需要中醫為輔的治療。心理靈性方面包括：面臨死亡的恐懼，需要心理諮商和宗教支持。社會支持方面：因疾病使生活受影響，需要親友與病友的支持及婚姻諮商。經濟方面：自費藥物和治療費用負擔過重，需要減少自費品項。

不同癌症期別(Stage 0-stage II、Stage III-stage IV)病患對於需求看法①Stage 0-stage II：雖然癌症期別屬於早期階段，但是初獲知診斷時內心仍是焦慮與不安，需要病友的分享與支持。②Stage III-stage IV：此期的病患接受乳房較大範圍的切除，引起身體心像更大改變，需要更多的心理支持。

不同區域乳癌病患及其主要照顧者對於需求的看法①北部：由於醫療品質參差不齊，北上求醫過程面臨無可輪替照顧的家人。②中部：多透過病友團體，獲得情緒支持及正確的飲食與疾病相關照護指導。③南部：期望獲得更多的醫療資訊。④東部：先生會因與乳癌太太的性關係而死亡的迷思，因而需要性方面諮詢。

結論：本研究結果中除了可藉由親友、宗教與病友團體支持需求可獲得滿足外，其餘大部分議題需求滿足情況較不夠，可能是因為目前多採衛教照護模式，病患及家屬多有實際執行照護上的困難，因此建議未來以諮詢照護模式以強調互動式學習來滿足各層面的需求。

英文摘要

The aim of this study is to explore the needs of breast cancer patients and their caregivers in the conditions with different cancer stages, from different living areas of the nation and during the different treatment stages. The study adopts cross-section design using semi-structured individual interviews to collect data. The purposive sampling method was used to recruited inpatients of the medical centre from north, middle, south and east areas of the nation. The data based on 13 patients and 11 their caregivers were analyzed by using content analysis. During different treatment stages, with regard to physical domain, they commonly need information about dieting, physical exercises, medical treatments, and integrated traditional Chinese medicine treatment. With psycho-spiritual domain,

they need counseling and religious supports to cope with fear of death. With regard to social supports, they need supports from families, friends and other peers, and couple counseling to deal with life difficulty. With economic domain, they hope they could pay less for medical expense.

For patients with cancer stage 0-stage II, they need sharing and supports from peers as they were anxious and uncertain at the time of just being diagnosed. For stage III-stage IV, patients need mental supports as the changes of body images caused by surgery. About the different perspectives from different living areas, for those who live in south area and leave home to seek treatment in north area, there is a lack of help in sharing family care from other family members. Most patients from middle area experience emotional supports and advice from peers. In south, they want to learn more medical information. In east, the sexual counseling is needed to manage the myth of the death of husband for their sexual relationship with sick wife.

The results conclude that patients and caregivers have the difficulty in applying the information learnt from health professionals in their daily lives. The consulting-oriented caring model emphasizing interaction learning needs to be developed to meet their needs of each domain.