

Self-Care Behaviours of Chemotherapy Patients

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Objective: To present study self-care behaviours and variables associated with self-care behaviors of cancer patients treated with chemotherapy.

Material and Method: This is a descriptive, cross-sectional study in cancer patients receiving chemotherapy in out-patient department of the National Regional Cancer Center in Chonburi City. Interview questionnaire was the data collection instrument for 133 purposive sampling.

Results: Survey result indicated that patients were highly aware of the support provided by staff on service supports, emotional supports and informational support. The present study results also found that the top 3 patient self-care knowledge are, avoiding those who have cold when the patients have low white blood cells, eating hot (cooked well with heat) food and knowing the effects of chemotherapy on causing low red blood cells, low platelets and low white blood cells. The top 3 self-care behaviours of the patients were, always eat cooked food, inquire and understand the instructions from health personnel for self-care and always check herself/himself to maintain good health. However, patients did not usually exercise at least 15 minutes every day, select the recreational activities adequately, and not finding ways to improve their own health. Results from hypothesis testing, indicated that only knowledge variable was associated with self-care behaviours of patients treated with chemotherapy. The demographic variables such as age, marital status, education level, income were not associated with self-care behaviours of patients treated with chemotherapy.

Conclusion: Knowledge is associated with self-care behaviours of cancer patients who received chemotherapy. Providing health promotion for patients is necessary for them to have better self-care behaviours.

Keywords: Self-care behaviours, Cancer patients, Chemotherapy

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Cancer is a group of diseases which the body's cells have abnormal DNA or genetic material. Cancer found in the human body contains several types. There are different methods of cancer treatment, depending on the organ type, which stage of the cancer condition and patients' conditions. The treatment also depends on the type and progression of cancer cells.

Some patients may need a variety of ways for cancer treatment. Chemotherapy is one way to treat cancer, which is commonly acceptable at present⁽¹⁾. Chemotherapy is a method which uses chemical agents or drugs to destroy cancer cells in the cell cycle or use of chemicals or drugs to inhibit the growth and spread of cancerous cells. Chemical agent will go through all the systems of the body. However, treatment with chemotherapy can cause side effects. The patient will

be affected by physical, mental, social conditions and complications, physically, mentally and socially, all of which affect patients' self-care behaviours.

The objective of chemotherapy is to stop the growth of cancer cells which abnormally divide rapidly. However, some normal cells will be affected by chemotherapy, such as cells lining the gastrointestinal tract, bone marrow cells and hair follicles. These side effects are commonly found in all patients. While receiving treatment, there are complications which the patient would suffer from uncomfortable feelings. Symptoms include fatigue, anorexia, nausea, vomiting, mouth sores and low white blood cell. Low platelets can cause abnormal bleeding⁽²⁾.

Health personnel are responsible for encouraging and promoting proper self-care of the patients being treated with chemotherapy. Self-care behaviours are preparation before receiving chemotherapy, self conduct during and after chemotherapy and self-care at home. This way, patients can return to normal life in their own environment and society⁽³⁾.

There are varieties of self-care behaviours

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depending on the objective of the investigation. For example, lung cancer patients in the present study to assess fatigue and self-care strategies in the United Kingdom, found that resting and taking it easy were the most popular intervention⁽⁴⁾.

Educating patient for self-care orientation is the main objective of intervention⁽⁵⁾. According to Foster and team⁽⁶⁾ cancer patient self-management is an individual's strategies for controlling disease conditions to maximize well being, or approaches chosen by an individual to optimize living conditions with cancer.

Normally, patients are informed from the very beginning of chemotherapy by health professionals about the common side effects, including fatigue. Different individuals experience various levels of fatigue, depending on various circumstances of life experiences. It is common that during chemotherapy, communication from health professionals is inadequate or absent. Therefore, information on self-care strategies should be implemented at the start of chemotherapy, with proper assessment and appropriate guidance throughout treatment process⁽⁷⁾.

Severe fatigue is common with chemotherapy patients, which can be very disruptive and distressing for the patients. Since very few studies investigate strategies for patients' self-care to cope with side effects of chemotherapy, the present study presents results from a study designed to monitor patients' fatigue condition and self-care measures by the patients. Since common sense self-care strategies are proven ineffective mostly, intervention studies, to evaluate best practice for health professionals to assist patients to live with fatigue condition appropriately are required⁽⁸⁾.

It is common for patients receiving chemotherapy to experience fatigue as distressing. It is unclear why certain patient chooses certain activity to cope with fatigue, or how effective the activities are. The objective of the present study is to explore current perspective on fatigue of chemotherapy recipients, in relations to health professionals' communication with patients, self-care activities and perceived effectiveness of the activities.

Chonburi Cancer Center is one of the six regional cancer centers of the National Cancer Institute, which provide medical services for cancer patients in the eastern region of Thailand. Medical services provide for the public include health examination for cancer screening, diagnosis, and treatment of cancer. Types of cancer treatment provided are, surgery, radiation therapy, hormone therapy and chemotherapy.

For chemotherapy procedure, treatment must be continued for at least one cycle of treatment, which means 4-8 times during 6-8 months period, according to medical opinion. The Chonburi Cancer Center provides chemotherapy for 800 patients per month on the average, with 260 out-patients and 540 in-patients. The present study focuses on self-care behaviours of cancer patients treated with chemotherapy, in order to promote appropriate self-care. This research aims to study the relationship between personal characteristics, including age, marital status, educational level income, knowledge and self-care behaviours of patients treated with chemotherapy.

Material and Method

This is a descriptive, cross-sectional study in cancer patients receiving chemotherapy in Out-Patient Department of the Cancer Center in Chonburi City. The data were collected during February 25 to March 15, 2011, by using an interview questionnaire. The questionnaire, which was examined by 2 experts for content validity, composed of 4 parts. The first part was demographic data of patients who participated in the present study. The second part dealt with support received from the health officials by the chemotherapy cancer patients, while the third part was self-care knowledge of patients and the fourth part was about self-care behavior of patients. Since there were approximately 260 patients per month in 2009, who underwent the treatment at the outpatient cancer center, the randomized sample size was 133 patients. This research study emphasized patient's rights. The researchers explained in details to all patients who were willing to participate in the present study. Those who signed the consent form could withdraw from the present study at anytime without any negative effects. The inclusion criteria of the samples are cancer patients who received chemotherapy, male or female, between 25-68 years of age and they were able to understand, can communicate and agreed to participate in the present study. This research study is approved by the ethical committee for human research: number MUPH2009-167.

Results

Self-care behaviour refers to the ability of individuals to perform activities or actions needed to achieve self-care needed, to maintain a healthy lifestyle and a better quality of life⁽⁹⁾. The result of data collected from 133 cancer patients receiving chemotherapy treatment, is summarized below.

Support received from the health officials by the chemotherapy cancer patients

At the start of the chemotherapy, patients in the present study were informed by their health professionals regarding fatigue, which they accepted and endured it. However, as the chemotherapy procedure was underway, no information provided by their clinicians to support their illness circumstances

and fatigue provided by their experiences.

From table number 2, survey results indicated that patients were aware of the support provided by the medical staff. The 100 percent was patients' perception that they received service support, also 100 percent was the perception that they received emotional support and 83.5 percent was a perception that they received informational support.

Table 1. Number and percentage of cancer patients receiving treatment with chemotherapy by sex, age, marital status, religion, education level, occupation, income, type of cancer and duration of illness (n = 133)

Characteristics	No.	%	Characteristics	No.	%
Sex			Household income per month		
Male	43	32.3	Less than 10,000	84	63.2
Female	90	67.7	10,000-20,000	39	29.3
Age			20,000-30,000	9	6.8
25-34	24	18.0	More than 30,000	1	0.7
35-44	36	27.1	Type of cancer		
45-54	32	24.1	Cervical cancer	42	31.6
55+	41	30.8	Uterine cancer	3	2.2
Marital status: Single	15	11.3	Ovarian cancer	2	1.5
Marital	116	87.2	Breast cancer	34	25.5
Widow	2	1.5	Lung cancer	14	10.5
Religion			Gastric cancer	2	1.5
Buddhist	132	99.2	Liver cancer	17	12.8
Christ	1	0.8	Colon cancer	11	8.3
Educational level			Nasopharyngeal cancer	1	0.8
Illiterate	4	3.0	Lymphoma	7	5.3
Primary	51	31.3	Cancer surgery		
Secondary	12	9.0	Yes	116	12.8
Technician	38	28.6	No	17	87.2
Bachelor	28	21.1	Sick Duration		
Occupation			1-3 months	34	25.6
Civil servant	22	16.5	4-6 months	64	48.1
Trade	19	14.3	7-9 months	27	20.3
Employee	48	36.1	10-12 months	8	6.0
Agriculture	38	28.6			
Other: housewife	6	4.5			

Table 2. Number and percentage of cancer patients with chemotherapy, categorized according to support received from health officials (n = 133)

Support	To get support from health workers					
	High		Moderate		low	
	No.	%	No.	%	No.	%
Information	111	83.5	22	16.5	0	0
Service	133	100	0	0	0	0
Emotional	133	100	0	0	0	0

The side effect of chemotherapy is affecting the lining of the digestive tract, causing symptoms like nausea, vomiting and anorexia. Symptoms may be caused by giving medication orally, or after absorption, or after injection. Drugs that cause nausea, vomiting and ulceration of the mucous membranes in the digestive tract are Nitrogen Mustard, Cyclophosphamide, Cisplatin and Doxorubicin. Medication which causes frequent symptoms include Methotrexate, 5-FU and Bleomycin.

Patients may perform self-care activities such as napping, sleeping more than usual, distracting themselves, or modifying their activities to conserve energy, as fatigue is unnoticed, unreported and untreated^(10,11). Results of the present study indicated that patients reported self-care activities half of the time. Modification of activity and rest pattern were most commonly reported (84%), changing of sleep-wake patterns reported by 37% and 25% reported on psychological strategies. Even though these activities provided partial relief, reasons for choosing these activities or their effectiveness were not clear⁽⁸⁾.

Patient-centered communication (PCC) is a critical element of patient-centered care, which the Institute of Medicine (Committee on Quality of Health Care in America, 2001) promulgates as essential to improving healthcare delivery. Consequently, the US National Cancer Institute's Strategic Plan for Leading the Nation (2006) calls for assessing the delivery of PCC in cancer care. In this US study, the team developed a comprehensive inventory of domains and sub-domains for PCC by reviewing relevant literature and theories, interviewing a limited number of cancer patients and consulting experts. The resulting measurement domains were organized under the six core functions specified in the PCC conceptual framework: exchanging information, fostering healing relationships, recognizing and responding to emotions, managing uncertainty, making decisions and enabling patient self-management. These domains represent a promising platform for operationalizing the complicated PCC construct. Although the present study focused specifically on cancer care, the PCC measurements are relevant to other clinical contexts and illnesses, given that patient-centered care is a goal across all health care. Finally, the team discussed considerations for developing PCC measures for research, quality assessment and surveillance purposes⁽¹²⁾.

Pain from radiation therapy (RT)-induced mucositis is a significant clinical problem for patients with head and neck cancer (HNC). The purpose of this

US study was to determine the pattern, severity and time course of RT-induced mucositis pain; self-care behaviours (SCBs) used to manage mucositis pain; and the effectiveness of these behaviors in relieving such pain. Forty-nine patients with HNC were assessed using the MacDibbs Mouth Assessment Tool to determine the severity of RT-induced mucositis pain over their course of RT and at a one-month follow-up visit. All patients developed pain due to RT-induced mucositis⁽¹³⁾.

Self-care knowledge of patients treated with chemotherapy

The present study found that patient self-care knowledge is as follow: 100% correct for the answer on when the patients have low white blood cells, they have to avoid those who have cold and they have to eat hot (cooked well with heat) food; 75.1% correct on the answer for chemotherapy causes low red blood cells, low platelets, and low white blood cells and 70% correct on the answer for checking blood cells count every time before receiving chemotherapy.

The top 3 questions which the patients did not have knowledge of, or the answer for, are as follow: treatment with chemotherapy may cause emotional changes (26.3%); treatment with chemotherapy may cause nausea, and vomiting (25.6%); and treated with certain chemotherapy drugs may cause diarrhea (24.1 percent).

Self-care behaviour of patients treated with chemotherapy

Table 4 shows that the self-care behaviour of cancer patients receiving treatment with chemotherapy, the correct answer with highest score for the top 3 are as follow: No. 1 she/he always eat cooked food (97 percent), followed by No. 7 she/he inquire and understand the instructions from health personnel for self-care (92.5 percent) and No.9 she/he always check herself/himself to maintain good health (91 percent), respectively.

On the contrary, the lowest 3 answers not practiced self-care behaviour of cancer patients receiving treatment with chemotherapy, are as follow: No. 4 exercise at least 15 minutes every day (49.6%), No. 5 select the recreational activities adequately (27.8%) and No. 3 finding ways to improve their own health (25.6%). However, they can modify the tasks to suit themselves, when they feel weak or sick. There were three cases that failed to comply.

Results from hypothesis testing, indicated

Table 3. Number and percentage of cancer patients receiving treatment with chemotherapy. Categorized according to knowledge in self-care (n = 133)

Questions	Correct Answer	
	No.	%
1. Before receiving chemotherapy, patients need to check blood cells level in the body every time.	128	74.0
2. After treatment with chemotherapy, patient does not need to come for scheduled appointment.	14	8.1
3. Treatment with chemotherapy, would decrease the number of red blood, decrease platelets and decrease white blood cells.	130	75.1
4. When having one of the following symptoms, such as fever or cough, sore throat, burning sensation when urinate, or diarrhea patient should consult a physician before the appointment.	122	70.5
5. Chemotherapy may cause emotional changes.	98	73.7
6. Treated with certain chemotherapy drugs may cause diarrhea.	101	75.9
7. Treatment with chemotherapy may cause nausea and vomiting.	99	74.4
8. When having nausea and vomiting, I should eat soft diet, and avoid fatty or fried foods.	116	67.1
9. After receiving chemotherapy, I cannot live with other people normally.	24	13.9
10. Treatment with chemotherapy, I can still exercise.	122	70.5
11. Treatment with chemotherapy may cause fatigue, and tiredness.	126	72.8
12. When having low white blood cells count, patients should avoid people with colds, and eating cooked food with heat.	133	100

Table 4. Number and percentage of cancer patients receiving treatment with chemotherapy. Categorized according to the self-care behavior (n = 133)

Questions	Practical		Non-practical	
	No.	%	No.	%
1. I always eat only cooked it.	129	97.0	4	3.0
2. I maintain the cleanliness of the environment around myself.	107	80.5	26	19.5
3. I am trying to find a way to improve my health.	99	74.4	34	25.6
4. I exercise at least 15 minutes every day.	67	50.4	66	49.6
5. I choose to do recreational activities adequately.	96	72.2	37	27.8
6. I have good sleep at least 6-8 hours.	106	79.7	27	20.3
7. I inquire from health personnel and understand the instructions for self-care.	123	92.5	10	7.5
8. I observe changes in my body during chemotherapy.	120	90.2	13	9.8
9. I always check to see if I can take good care of my health,	121	91.0	12	9.0
10. I give myself adequate time to take care of daily routines.	116	87.2	17	12.8
11. I ask for help or seek advice from others, when I cannot take care of myself.	112	84.2	21	15.8

that only knowledge variable was associated with self-care behaviours of patients treated with chemotherapy. The demographic variables such as age, marital status, education level, income were not associated with self-care behaviours of patients treated with chemotherapy.

However, this research studied general self-care behaviours of cancer patients who were treated with chemotherapy. The researchers did not analyze in details of self-care behaviours for each gender, or for each cancer category, which are recommended for further study.

Discussion

Aranya Lamputtha⁽¹⁴⁾ found that personal factors such as marital status, education level, occupation, income and residence while being treated and health care providers for patients with cervical cancer receiving radiation therapy, had different influences on patient's self-care behaviours ($p < 0.05$). This has particular influence on medication treatment plan and finding ways to eat more, or when they were hungry. With the exception on the age difference factor, there were 3 different self-care behaviours ($p < 0.05$):

medication treatment plan, care for skin to remain dry where it is exposed to radiation and find ways to eat more food or when they are hungry. The bad behavior of patients which they never act on the most is applying soap or skin lotion on the area marked for x-ray radiation (85.9%).

Nantaporn Pichaya⁽¹⁵⁾ suggested that providing counseling for self-care at home for experimental group, their self-care behaviour was significantly much better than group with routine advice, at statistical level of 0.05. Results of the research will be used as guidelines for training and educating public health workers and also as guidelines for providing services for cancer patients in the community.

Analyses indicated that, overall, patients and caregivers were relatively low in self-efficacy for managing pain, symptoms and function and that there were significant associations between self-efficacy and adjustment. Patients with low self-efficacy reported significantly higher levels of pain, fatigue, lung cancer symptoms, depression and anxiety and significantly worse physical and functional well being, as did patients whose caregivers were low in self-efficacy. When both patients and caregivers had low self-efficacy, patients reported higher levels of anxiety and poorer quality of life than when both had high self-efficacy. There were also significant associations between patient and caregiver self-efficacy and caregiver adjustment, with lower levels of self-efficacy associated with higher levels of caregiver strain and psychological distress⁽¹⁶⁾.

For patients' with cancer pain, teaching should be provided to all cancer patients as it helps them to gain knowledge, increase participation in self-care and reduce the physical, psychological, emotional and social problems⁽¹⁷⁾.

The present study found that knowledge about the disease and treatment is associated with self-care behaviour. This means that providing information support is a crucial importance for the care of cancer patients. Therefore, format of activities should promote informational support to patients, with emphasis on educating patients about the side effects of treatment with chemotherapy. This includes the distribution of pamphlets about self-care and quality of life of cancer patients treated with chemotherapy to every patient in Out-patient department; providing one-on-one health education session; providing easy to understand pamphlet on health education & self-care. Other research results indicate that marital status and knowledge about cancer have a significantly positive

relationship with self-care behaviour in preventing cervical cancer⁽¹⁸⁾.

In helping cancer patients coping with the side effects of chemotherapy, providing education and information on self-care are necessary. Health care providers can effectively empower patients' coping efforts during cancer treatment through using of Therapy-Related Symptoms and Self-Care (TRSC-Thai version) to assess patients' symptom⁽¹⁹⁾.

With the trend on out-patient chemotherapy (The Kerr Report 2005), the concept of self-care should be considered for a prominent role. Empowering patients toward effective self-care can be done through providing knowledge and understanding⁽²⁰⁾.

Oral problems, such as mucositis and any deterioration of oral health, are common for cancer patients with chemotherapy. The patients' well-being is significantly affected. Increasing participatory role in patients' self-care is becoming important as the trend for shorter hospital stay and increasing out-patient chemotherapy are common. Coping with oral health problems at home, without on-hand support of oncology health personnel resulting in patients effectively coping with post-chemotherapy self-care improvement through awareness of oral symptoms and other related oral care⁽²¹⁾.

Cancer patients reported that complimentary management was a form of self-care strategy which was helpful. This is not considered as 'alternative medicine⁽²²⁾'. Complementary therapies which were used as supplement approaches to mainstream medical care, have been reviewed and were considered different from 'alternative' medicine. Using of complimentary management by patients were influenced by several factors: perceived benefits; feeling in charge to take care of their illness; feeling responsible and increase awareness in addition to their treatment regimens; feeling the need to be hopeful; the thought that complimentary management modalities are safe and nontoxic; these therapies have easy access. Use of complimentary management among adults with cancer is 7-64%, with 31.4% average prevalence, according to systematic review results. Complimentary management is widely used by cancer patients in Europe, Asia, the Americas and Australia⁽²³⁾. Many reported similar findings^(24,25).

Aranya Lamputtha⁽¹⁴⁾ studied the relationship between family support and self-care behaviours of patients with cervical cancer receiving radiation therapy. The results indicated that behavioral self-care of majority of patients with cervical cancer receiving radiation therapy, were very good. These behaviours

included never miss appointment (92.4%) for the radiation therapy, followed by taking care to make sure that skin exposed to radiation was always dry (89.1%). Bad behaviour of patients, which was mostly never done were applying soap or lotion at the target area for radiation (85.9%), followed by holding off urination while receiving radiation treatment and treatment with homebrew medication or alternative medicine together with radiation treatment⁽¹⁴⁾.

Potential conflicts of interest

None.

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พฤติกรรมการณ์ดูแลตนเองของผู้ป่วยมะเร็งที่ได้รับยาเคมีบำบัด

ฉัตรสมน พฤตมิถุน, กมลทิพย์ ไหมเขียว, นิตศัน ศิริโชติรัตน์

วัตถุประสงค์: ศึกษาพฤติกรรมการณ์ดูแลตนเองและตัวแปรที่มีความสัมพันธ์กับพฤติกรรมการณ์ดูแลตนเองของผู้ป่วยมะเร็งที่ได้รับการรักษาด้วยเคมีบำบัด

วัสดุและวิธีการ: การวิจัยเชิงพรรณนาแบบภาคตัดขวาง ศึกษาที่ศูนย์มะเร็ง ชลบุรี โดยใช้แบบสัมภาษณ์ผู้ป่วยเป็นเครื่องมือในการเก็บข้อมูล ใช้การสุ่มตัวอย่างแบบเจาะจง มีขนาดของกลุ่มตัวอย่างเท่ากับ 133 คน

ผลการศึกษา: ผู้ป่วยรับรู้ว่าการสนับสนุนจากเจ้าหน้าที่ด้านบริการ อารมณ์และด้านข้อมูลข่าวสารสูง ส่วนความรู้ในการดูแลตนเองของผู้ป่วยที่ได้รับการรักษาด้วยยาเคมีบำบัด 3 อันดับแรก พบว่าเมื่อมีภาวะเม็ดเลือดขาวต่ำ ผู้ป่วยต้องหลีกเลี่ยงจากคนที่เป็นหวัด ต้องรับประทานอาหารเพื่อปรุงสุกด้วยความร้อน และทราบถึงผลกระทบของการรักษาด้วยยาเคมีบำบัด ส่วนพฤติกรรมการณ์ดูแลตนเองของผู้ป่วยมะเร็งที่ได้รับการรักษาด้วยยาเคมีบำบัด โดยเรียงลำดับคะแนนเฉลี่ยรายข้อจากมากไปน้อย 3 อันดับแรกคือ รับประทานอาหารที่ปรุงสุกแล้วเสมอ ได้สอบถาม และทำความเข้าใจเกี่ยวกับคำแนะนำในการดูแลตนเองจากเจ้าหน้าที่และตรวจสอบสิ่งต่างๆ ให้ถูกต้องเสมอเพื่อรักษาสุขภาพตามลำดับ อย่างไรก็ตาม ผู้ป่วยไม่ค่อยออกกำลังกายต่อเนื่องอย่างน้อย 15 นาทีทุกวัน เลือกทำกิจกรรมเพื่อการพักผ่อนหย่อนใจได้อย่างเพียงพอ และไม่ค่อยพยายามหาวิธีดูแลสุขภาพตนเองให้ดีขึ้นตามลำดับ ผลการทดสอบสมมติฐานทางสถิติพบว่ามีความสัมพันธ์กับพฤติกรรมการณ์ดูแลตนเองของผู้ป่วยมะเร็งที่ได้รับการรักษาด้วยยาเคมีบำบัด ส่วนตัวแปรอายุ สถานภาพสมรส ระดับการศึกษา รายได้ พบว่าไม่มีความสัมพันธ์กับพฤติกรรมการณ์ดูแลตนเองของผู้ป่วยมะเร็งที่ได้รับการรักษาด้วยยาเคมีบำบัด

สรุป: ความรู้มีความสัมพันธ์ต่อพฤติกรรมการณ์ดูแลตนเองของผู้ป่วยมะเร็งที่ได้รับการรักษาด้วยเคมีบำบัด การส่งเสริมสุขภาพให้ผู้ป่วยมีพฤติกรรมการณ์ดูแลตนเองที่ดีจะต้องให้ผู้ป่วยมีความรู้ในการดูแลสุขภาพ
