Observation of the Influence of Continuing Nursing on the Cancer-Related Fatigue and the Life Quality of Postoperative Breast Cancer Patients

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Keywords: Continuing nursing, Breast cancer operation, Cancer-related fatigue, Quality of life.

Abstract. Purpose: observe the influence of continuing nursing on the cancer-related fatigue and the life quality of postoperative breast cancer patients Method: choose 40 postoperative breast cancer patients received and cured in this inpatient department from January 15, 2016 to March 12, 2017; divide them into two groups in the way of random sampling: observation group – 20 cases (with continuing nursing) and control group - 20 cases (with usual nursing); observe the grades of the cancer-related fatigue, quality of life, anxiety and depression of the patients in the two groups. Results: the grades of the patients' cancer-related fatigue in the observation group (it is 5.01±1.25 1 month after operation and 3.54±0.45 2 months after operation) are less than that in the control group (P<0.05); the grades of the patients' quality of life in the observation group (role function: 91.44±6.33, body function: 90.26±6.25, social function: 88.43±5.45, and emotional function) are more than that in the control group (P<0.05); and the grades of the patients' anxiety (35.10±6.01) and depression (34.12±5.85) in the observation group are obviously less than that in the control group (P<0.05). Conclusion: the application of continuing nursing for postoperative breast cancer patients is significantly effective, which not only can improve the degree of the postoperative cancer-related fatigue effectively and the quality of life fundamentally, but also can alleviate the patients' negative emotions and improve the nursing satisfaction. Therefore, it is worth being popularized and applied clinically.

Introduction
Breast cancer is a relatively common malignant tumor clinically. If it is not treated in time, it will endanger the patient's life, and the cases are increasing by years clinically; usually, it is treated with radical operation, but it will cause much psychological burden to patients; in order to observe the influence of continuing nursing on the cancer-related fatigue and the quality of life of postoperative breast cancer patients, this hospital divides the postoperative breast cancer patients received and cured from January 15, 2016 to March 12, 2017 into two groups and researches them. See the details as follows:

Data and method
Clinical data
Choose 40 postoperative breast cancer patients received and cured in this inpatient department from January 15, 2016 to March 12, 2017; divide them into two groups in the way of random sampling: observation group – 20 cases (with continuing nursing) and control group - 20 cases (with usual nursing).
Observation group: from 25 to 65 years old with average age of (48.21±6.41) years old; neoplasm staging: 8 cases at stage I, 7 cases at stage II and 5 cases at stage III.
Control group: from 25 to 65 years old with average age of (48.21±6.41) years old; neoplasm staging: 8 cases at stage I, 7 cases at stage II and 5 cases at stage III.
staging: 7 cases at stage I, 5 cases at stage II and 8 cases at stage III.

All the 40 patients meet the diagnostic criteria of breast cancer, agree to participate in the research, sign the informed consent form and are approved by the Hospital Ethics Committee.

The patients in the observation group and the control group have no obvious difference in basic data (P>0.05), so they can be contrasted.

Method

Give usual nursing to the control group.

Give continuing nursing to the observation group, seeing the details as follows:

Preoperative mental nursing: after the patients are hospitalized, assess their psychological states, guide patients to pour out their emotions, and give targeted nursing interventions to comfort and support them spiritually so as to eliminate their negative emotions, such as tension, depression and anxiety.

Preoperative education: provide the patients with the publicity and education contents in popular and easy-to-understand language according to the features of their cultural levels, and introduce the related disease knowledge and operation notes to the patients and their family members; educate the patients once for 30 minutes everyday and ask them to repeat the education content on the next day, and correct the wrong contents they repeat to strengthen the patient's receptivity and reduce the stress reactions.

Postoperative rehabilitation training: assist the patient in placing the affected limb on the arm brace 6 hours after operation, and it shall be higher than the heart level so as to accelerate the lymphatic return in the body; assist the patient in active extention -flexion movements in the training course, such as digital joints and wrist joints, to accelerate backflow of the vein in the limb operated and avoid numbness and stiffness of joints.

Post-discharge nursing: establish personal return-visit files for patients after they leave the hospital, and the primary nurse shall follow up them by call regularly, including basic information, complication precaution, understanding of their own diseases, reasonable diet, etc; guide patients to conduct long-term and constant functional training and regular reexamination, and adjust the health education content according to the patients' health needs and disease changes in the follow-up visit course; the return-visit duration is 6 month.

Observation indexes

Observe the grades the cancer-related fatigue, quality of life, anxiety and depression of the patients in the two groups.

Grade the cancer-related fatigue: measure it with Pipre assessment form, including capacity, emotion, feel, cognition, etc; the total grade is 10, mild – grade 1 to 3, moderate – grade 4 to 6, and severe – more than grade 6.

Grade the quality of life: measure it with SF-36 survival therapy chart, including role function, body function, social function and emotional function. The higher the grade is, the better the patient's quality of life is.

Grade the anxiety: measure it with SAS assessment form, normal – less than grade 50, and obvious anxiety – more than or equal to grade 50.

Grade the depression: measure it with SDS assessment form, normal – less than grade 50, and obvious depression – more than or equal to grade 50.

Statistics standard

The data in this article are analyzed and processed with SPSS19.0 statistics, the measurement data (grades of cancer-related fatigue, quality of life, anxiety and depression) are expressed with (mean ± standard deviation), and t-test; when P is less than 0.05, there are some differences between the two groups in all data, and the statistics is significant clinically.
Results

Grade of the patients' cancer-related fatigue in the two groups

The grade of the patients' cancer-related fatigue in the observation group is less than the data of the control group (P<0.05) as shown in table 1:

Table 1. The contrast of the grades of the postoperative breast cancer patients' cancer-related fatigue between the two groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of cases</th>
<th>1 month after operation</th>
<th>2 month after operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation group</td>
<td>20</td>
<td>5.01 ± 1.25</td>
<td>3.54 ± 0.45</td>
</tr>
<tr>
<td>Control group</td>
<td>20</td>
<td>6.23 ± 1.85</td>
<td>4.89 ± 1.15</td>
</tr>
<tr>
<td>T-value</td>
<td></td>
<td>2.44</td>
<td>4.89</td>
</tr>
<tr>
<td>P-value</td>
<td></td>
<td>0.02</td>
<td>0.01</td>
</tr>
</tbody>
</table>

Notes: there are some obvious differences between the two groups in all data (P<0.05).

The patients' life quality in the two groups

The grade of the patients' cancer-related fatigue in the observation group is more than the data of the control group (P<0.05) as shown in table 2:

Table 2. The contrast of the grades of the postoperative breast cancer patients' quality of life between the two groups

<table>
<thead>
<tr>
<th>Item</th>
<th>Role function</th>
<th>Body function</th>
<th>Social function</th>
<th>Emotional function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation group Admission</td>
<td>61.25 ± 3.12</td>
<td>60.25 ± 3.07</td>
<td>61.22 ± 3.13</td>
<td>61.32 ± 3.15</td>
</tr>
<tr>
<td>Discharge</td>
<td>91.44 ± 6.33</td>
<td>90.26 ± 6.25</td>
<td>88.43 ± 5.45</td>
<td>90.35 ± 6.30</td>
</tr>
<tr>
<td>Control group Admission</td>
<td>61.23 ± 3.09</td>
<td>60.24 ± 3.06</td>
<td>61.21 ± 3.08</td>
<td>61.31 ± 3.17</td>
</tr>
<tr>
<td>Discharge</td>
<td>72.45 ± 4.25</td>
<td>70.15 ± 4.20</td>
<td>71.21 ± 4.22</td>
<td>75.34 ± 4.30</td>
</tr>
<tr>
<td>T-value when leaving the hospital</td>
<td>11.14</td>
<td>11.94</td>
<td>11.17</td>
<td>8.80</td>
</tr>
<tr>
<td>P-value when leaving the hospital</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
</tr>
</tbody>
</table>

Notes: there are some obvious differences between the two groups in all data (P<0.05).

The patients' anxiety and depression in the two groups

The grades of the patients' anxiety and depression in the observation group are less than the data of the control group (P<0.05) as shown in table 3:

Table 3. The contrast of the grades of the postoperative breast cancer patients' anxiety and depression between the two groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of cases</th>
<th>The grade of anxiety when the patients are admitted</th>
<th>The grade of anxiety when the patients are discharged</th>
<th>The grade of depression when the patients are admitted</th>
<th>The grade of depression when the patients are discharged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation group</td>
<td>20</td>
<td>43.85 ± 7.45</td>
<td>35.10 ± 6.01</td>
<td>44.37 ± 7.52</td>
<td>34.12 ± 5.85</td>
</tr>
<tr>
<td>Control group</td>
<td>20</td>
<td>43.84 ± 7.44</td>
<td>42.31 ± 7.35</td>
<td>44.36 ± 7.51</td>
<td>40.25 ± 7.10</td>
</tr>
<tr>
<td>T-value</td>
<td></td>
<td>0.01</td>
<td>3.39</td>
<td>0.01</td>
<td>2.98</td>
</tr>
<tr>
<td>P-value</td>
<td></td>
<td>0.99</td>
<td>0.01</td>
<td>0.99</td>
<td>0.01</td>
</tr>
</tbody>
</table>

Notes: there are some obvious differences between the two groups in all data (P<0.05).
Discussion

Breast cancer is a relatively common malignant tumor clinically, the typical clinical features of which are the abnormity of nipple and mammary areola, breast mass, nipple discharge, etc. If it is not treated in time, it will endanger the patient's life. Malignant tumor has following features clinically: ① the growth rate of tumor tissue is fast; ② the infiltrative growth will adhere to the surrounding tissues; ③ no boundaries; ④ it will transfer to the surrounding tissue if it is touched by hand; ⑤ weight loss and anemia. Usually, it is treated with radical operation, but for women, this treatment method is a major physical and mental hit to cause the patients' negative emotions to continue to rise, so it is bad for operative treatment and postoperative recovery. The patients' negative emotions are shown as follows: ① the uncertainty of the operative treatment effect, ② the strangeness and fear of the operation process, ③ the deficiency of breast after operation. Moreover, the postoperative patients will have the signs of cancer-related fatigue and others, and the cancer-related fatigue mainly means that the patients' psychological states will be tired with the sense of subjectivity after treatment so as to induce related dysfunction and result in low quality of life. Therefore, this hospital takes the continuing nursing, which gets the people-oriented nursing idea through the entire nursing process, and which is widely used clinically in recent years and consented by the domestic and overseas experts unanimously. During the nursing process, it not only can effectively improve the patients' self-protection ability, but also can increase their health consciousness.Different from the usual nursing models, it can get through the whole process: admission – discharge – being at home; its main purpose is to dredge the patients' mental state contrapuntally, so as to effectively alleviate their negative emotions. Meanwhile, guide the patients to do scientific and reasonable exercise and have adequate sleep, so as to fundamentally solve the postoperative fatigue in order to improve their quality of life and achieve the desired treatment effect.

In the research results: the grades of the patients' cancer-related fatigue in the observation group (it is 5.01 ± 1.25 1 month after operation and 3.54 ± 0.45 2 months after operation) are less than that of the control group (P<0.05); the grades of the patients' quality of life in the observation group (role function: 91.44 ± 6.33, body function: 90.26 ± 6.25, social function: 88.43 ± 5.45, and emotional function 90.35 ± 6.30) are more than that in the control group (P<0.05); and the grades of the patients' anxiety (35.10 ± 6.01) and depression (34.12 ± 5.85) in the observation group are obviously less than that in the control group (P<0.05). All above show that the application of continuing nursing for postoperative breast cancer patients is significantly effective, which not only can improve the degree of the postoperative cancer-related fatigue effectively and the quality of life fundamentally, but also can alleviate the patients' negative emotions and improve the nursing satisfaction. Therefore, it is worth being popularized and applied clinically.

References


