

# Clinical Effects of Concept of Humanistic Care on Nursing of Patients with Advanced Breast Cancer

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## ABSTRACT

**Objective:** To explore the clinical effects of the concept of humanistic care on the nursing of patients with advanced breast cancer.

**Methods:** A total of 60 patients with advanced breast cancer were enrolled in our hospital from January 2017 to October 2019, and divided into 2 groups using a random number table (n=30). Routine nursing was given in control group, while humanistic care nursing was given in observation group. The mental status score, treatment compliance, cancer-related pain score, cancer-related fatigue score, quality-of-life score and nursing satisfaction were compared between the two groups.

**Results:** After nursing, the anxiety and depression scores declined in the two groups compared with those before nursing, while they were lower in observation group than those in control group (P<0.05). The total rate of treatment compliance was higher in observation group (93.33%) than that in control group (73.33%) (P<0.05). After nursing, the cancer-related pain score and cancer-related fatigue score declined in the two groups compared with those before nursing, while they were lower in observation group than those in control group (P<0.05). The quality-of-life score was higher in both groups after nursing than that before nursing (P<0.05), while it was also higher in observation group after nursing than that in control group (P<0.05). The overall satisfaction rate of nursing was 96.67% in observation group, which was higher than that in control group (80.00%) (P<0.05).

**Conclusion:** The concept of humanistic care applied in the nursing of patients with advanced breast cancer can effectively reduce the negative emotions of patients, improve the treatment compliance, help relieve the symptoms such as pain and fatigue, raise the quality of life, and make patients more satisfied with nursing services.

**Keywords:** advanced breast cancer; nursing; humanistic care

## INTRODUCTION

In women, breast cancer is a natural, malignant tumour that significantly threatens the health of women [1,2]. The preferred method of treatment for breast cancer at clinics is radical mastectomy. Patients with advanced breast cancer, however, lose their desire to endure drastic mastectomy, primarily by palliative chemotherapy care that can regulate the proliferation process and extend cancer cell

survival period to a certain degree [3,4]. However, certain women with advanced breast cancer experience insufficient compliance with medication and mental health, compromising chemotherapy and needing care. The idea of humanistic treatment emphasises on the "humanistic nature of caring" and highlights the humanised aspects of health-care practices during treatment. In this paper a randomised controlled trial for 60 advanced breast cancer patients was carried out in our hospital from January 2017 to October 2019 to investigate the therapeutic impact of the principle of humanistic treatment extended in consideration of advanced breast cancer patients.

## MATERIALS AND METHODS

### General information

From January 2017 to October 2019, a total of

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60 patients with advanced breast-related cancer were reported in our hospital, separated into 2 random number classes (n=30). In the control group, there were 16 cases in ASA form II, 14 in ASA category III, and the total in patients (51.23 ±10.14) in the control group is 30-74 years. In the study community, there were 17 cases of ASA class II, 13 cases of ASA class III, in which there were a total in 30-73 years of age (50.98 ± 10.32). Both categories were equal with the age and ASA levels of patients (P>0.05). The Medical Ethics Committee approved this research and the patients gave the analysis informed consent.

### Methods

Routine care in the control group was established, specific information was provided to patients with breast cancer chemotherapy, and improvements in vital signs were tracked.

Humanistic treatment nursing was provided in a set of findings, especially as follows : ( 1) psychological nursing: patients were able to interact effectively, to negotiate with the patients at the educational levels and the age; patients listened closely to their complaints; mentally noticed shifts in their words; and they were encouraged to give patients direction and comfortability. In addition, patients and their families were discussed appropriate information of breast cancer and chemotherapy in form of photographs and videos, stressed the value of chemotherapy in the treatment of advanced breast cancer and provided patients encouraging tips and promoted faith in chemical therapy. (2) Food nursing: focus has been put upon the value of a healthy diet. In general, the patients should have a healthy, easy-to-digestible diet and should consume more fresh fruit and vegetables. Regular salt consumption needs to be controlled, water intake improved and salty, spicy and other enticing foods stopped. (3) Living nursing: patients were advised of the value of healthy living habit for healing, their poor living habits were changed, and early hours were recommended, and an everyday daily routine was established. Every day should be guaranteed sufficient bed time and decent sleep consistency. Patients were often advised to exercise daily to enhance their physical health and to regulate their weight. (4) Environmental health: pleasant and harmonious atmosphere has been built for healing, regulated at 26 ° C and 60% of the temperatures and humidity of the indoor climate, with soft light and minimal noise to maintain a "secure, healthy, clean and relaxed" feel for patients.

### Observation indices

The score of mental wellbeing, compliance with care, pain score linked to cancer, tiredness score correlated with cancer, quality of life and happiness of nurses were contrasted between the two categories.

Usage status [5]: The anxiety scale (SAS), the depression scale (SDS), has been used (0-100 points). The results are directly related to the anxiety and depression stage.

Compliance with therapy: absolute conformity (a patient voluntarily co-operated with treatment), limited cooperation (a patient co-ordinated therapy under nurses' supervision) and non-compliance (a patient refused therapy). Compliance rate = Total enforcement rate + Default rate.

Cancer-related intensity ratings. For an assessment (0-10 points), quantitative rating system (NRS) is used. The ranking is equal to the magnitude of the suffering involved with cancer.

Exhaustion score linked to cancer: A short list of exhaustion was included in the measurement (0-10 points). The ranking is directly proportional to the exhaustion level [6].

Standard of living score: a condensed edition of the World Health Organisation (WHOQOL-BREF) used as a calculation. The scale encompasses the four dimensions (physiology, personality, climate and relationships). -- parameter is graded between 0 and 100, which is directly proportional to the quality of life [7].

Nursing satisfaction-The test was immediately used to measure nursing satisfaction, with a cumulative score of 100 points: extreme satisfaction (81-100 points), general happiness (60-80 points), and not satisfied (0-59 points). The total satisfaction rating is strong + total satisfactoriness score.

### Statistical analysis

All data were statistically analyzed by SPSS 22.0 software. The numerical data (n) were subjected to the  $\chi^2$  test, and the quantitative data ( $\bar{x} \pm s$ ) were subjected to the t test. P<0.05 was considered statistically significant.

## RESULTS

### Mental status scores

After nursing, the anxiety and depression scores declined in the two groups compared with those before nursing, while they were lower in observation group than those in control group (P<0.05) (Table 1).

### Treatment compliance

The total rate of treatment compliance was

higher in observation group (93.33%) than that in control group (73.33%) ( $P < 0.05$ ) (Table 2).

#### Cancer-related pain and fatigue scores

After nursing, the cancer-related pain score and cancer-related fatigue score declined in the two groups compared with those before nursing, while they were lower in observation group than those in control group ( $P < 0.05$ ) (Table 3).

#### Quality-of-life score

The quality-of-life score was higher in both groups after nursing than that before nursing ( $P < 0.05$ ), while it was also higher in observation group after nursing than that in control group ( $P < 0.05$ ) (Table 4).

#### Nursing satisfaction degree

The overall satisfaction rate of nursing was 96.67% in observation group, which was higher than that in control group (80.00%) ( $P < 0.05$ ) (Table 5).

### DISCUSSION

Breast cancer is a malignant tumour with elevated morbidity, and is scientifically normal. It also develops in women and it has the largest prevalence of malignant tumours in people. The prevalence of breast cancer has risen steadily in recent years and presented a significant challenge to women's lives [8].

The best way to cure breast cancer is by surgical mastectomy. Patients of recurrent breast cancer benefit from elevated rate with tumour invasion and, in addition, from metastasis and cancer cell discharge with lymphatic nodules, such that they do not require extreme mastectomy. But patients are badly managed and have a low mental state during palliative care because of their disease effects, and the life quality drops during their recovery, such that nursing operations are needed.

Although regular nursing interventions dominate vital sign monitoring and basic health education in the palliative care of patients with advanced breast cancer, nursing initiatives are less focused and systematic, and thus the results of the intervention on patients are unsatisfactory. The principle of humanistic treatment has, in recent years, increasingly been incorporated into professional nursing centred on the paradigm of humanistic treatment. In this model, the goal of serving the nursing needs of patients is promoted, and when designing nursing strategies, it is thoroughly taken into consideration the real needs and specific preferences of patients, displaying

complete humanistic spirituality and humanised nursing characteristics [11,12]. [11,11]. The research was conducted in an interviewer population in humanistic healthcare. It was noted that (1) distress and depression were fewer than the control group after breastfeeding, and the overall therapy response rates were higher (93,33%) than the control group (73,33%). Humanistic treatment may also be seen to further enhance the social state and constructive engagement of women with advanced breast cancer. The key explanation is that psychiatric support should interfere specifically with the deteriorating mental health of patients in the humanistic care strategy, enable them overcome behavioural issues and alleviate their aversion to palliative therapy such that patients can be handled in a more supportive way [13]. (2) After nursing, in the study community the pain and fatigue-related pain ratings is lower than in the control group, meaning that pain and fatigue-related symptoms of elderly breast cancer patients could be minimised by humanistic medical care. The key explanation is that humanistic clinical care offers patients with better rehabilitation facilities, increases conformity with the medication and tends to manage patients' physical pain [14]. (3) The standard of life value during nursing was above in the assessment category and total nurse satisfaction was 96.67%, above the average in the evaluation community (80.00%). This is primarily because humanism decreases the emotional and physical distress of patients, reducing their impact on the quality of life through mental and physical dissatisfaction and rendering them happy with nursing care.

Finally, humanistic care of nursing to advanced breast cancer patients will successfully decrease patient's negatory feelings, increase consistency with medications, help mitigate complications, such as discomfort and exhaustion, enhance quality of life and enhance patients' happiness with nursing facilities.

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Table 1. Mental status scores ( $\bar{x} \pm s$ , point)

Group	Time	Anxiety score	Depression score
Control (n=30)	Before nursing	54.57±6.91	55.28±6.74
	After nursing	47.23±5.47 <sup>#</sup>	48.37±5.86 <sup>#</sup>
Observation (n=30)	Before nursing	54.43±6.95	55.16±6.80
	After nursing	41.68±4.83 <sup>**</sup>	42.50±5.19 <sup>**</sup>

Compared with the same group before nursing, <sup>#</sup>P<0.05; compared with control group, <sup>\*</sup>P<0.05.

Table 2. Treatment compliance [case (%)]

Group	Case No.	Full	Partial	Non	Total compliance rate
Control	30	11 (36.67)	11 (36.67)	8 (26.67)	22 (73.33)
Observation	30	15 (50.00)	13 (43.33)	2 (6.67)	28 (93.33) <sup>*</sup>

Compared with control group, <sup>\*</sup>P<0.05.

Table 3. Cancer-related pain and fatigue scores ( $\bar{x} \pm s$ , point)

Group	Time	Cancer-related pain score	Cancer-related fatigue score
Control (n=30)	Before nursing	7.58±1.82	7.35±2.07
	After nursing	5.74±1.36 <sup>#</sup>	5.28±1.32 <sup>#</sup>
Observation (n=30)	Before nursing	7.41±1.85	7.19±2.10
	After nursing	4.49±1.08 <sup>#*</sup>	3.95±1.13 <sup>#*</sup>

Compared with the same group before nursing, <sup>#</sup>P<0.05; compared with control group, \*P<0.05.

Table 4. Quality-of-life scores ( $\bar{x} \pm s$ , point)

Group	Time	Physiology	Psychology	Environment	Social relation
Control (n=30)	Before nursing	69.56±5.09	70.38±5.20	69.27±4.81	70.09±5.18
	After nursing	77.09±6.53 <sup>#</sup>	78.12±6.17 <sup>#</sup>	76.35±5.03 <sup>#</sup>	77.94±5.23 <sup>#</sup>
Observation (n=30)	Before nursing	69.68±5.04	70.52±5.13	69.38±4.75	70.20±5.04
	After nursing	83.45±6.37 <sup>#*</sup>	84.39±6.28 <sup>#*</sup>	82.46±5.14 <sup>#*</sup>	83.57±5.69 <sup>#*</sup>

Compared with the same group before nursing, <sup>#</sup>P<0.05; compared with control group, \*P<0.05.

Table 5. Nursing satisfaction degrees [case (%)]

Group	Case No.	High	General	No	Overall satisfaction rate
Control	30	11 (36.67)	13 (43.33)	6 (20.00)	24 (80.00)
Observation	30	15 (50.00)	14 (46.67)	1 (3.33)	29 (96.67)*

Compared with control group, \*P<0.05.