

Effect of Solution-Focused Approach on Anxiety-Depression Emotion and Living Quality of Cervical Cancer Patients after Radical Operation

Li Man¹, Liu Zixiang¹, Liao Meiwen¹, Cao Ting^{2*}

¹Department of Oncology, Jingzhou Central Hospital, the Second Clinical Medical College, Yangtze University, Jingzhou, Hubei 434020, China.

²Department Of Orthopedics, Tongji Hospital, Huazhong University Of Science And Technology, Wuhan, Hubei 430000, China.

*Corresponding Author: Cao Ting, e-Mail:350661399@Qq.Com

ABSTRACT. *Objective: to explore the effect of solution-focused approach on relieving patients' anxiety-depression emotion and improving living quality after radical hysterectomy. method: 90 patients who were received and treated by radical hysterectomy in our hospital from september 2017 to september 2019 were chosen, and classified into control group (45 cases) and observation group (45 cases) according to the random number table. the conventional nursing intervention was given for the control group, while the combination of conventional nursing and solution-focused approach was given for the observation group. sas and sds scores of both groups before the intervention and 1 month after the hospital discharge were compared, and gqol-74 scores of both groups after the intervention for 1 month were compared. results: (1) after the intervention, sas and sds scores of observation group were lower than those of control group, and the differences were statistically significant ($p < 0.05$); (2) after the intervention, physical function, mental function and social function in gqol-74 and total score of observation group were higher than those of control group, and the differences were statistically significant ($p < 0.05$). Conclusions: the solution-focused approach can ease patients' anxiety-depression emotion and improve their living quality after radical hysterectomy.*

KEYWORDS: *Radical hysterectomy, Anxiety, Depression, Solution-focused approach, Living quality*

1. Introduction

Cervical cancer is one of common malignant tumors for women. Among the morbidities of malignant tumors, the morbidity of cervical cancer is below that of

breast cancer. Gynecological routine physical examination, cervical cytological screening, colposcopy and human papilloma virus have been conducted widely. Thus, precancerous lesions of uterine cervix could be detected in the early stage, and patients can be treated as early as possible. As a result, the prognosis of cervical cancer improves obviously^[1]. However, people's attitudes towards sex change greatly, and unclean sex behaviors increase. Thus, more and more younger women suffer from cervical cancer. The combination of radical hysterectomy and chemoradiotherapy and other comprehensive treatment schemes are widely applied in the clinic treatment of cervical cancer, and the operative wound, postoperative radiotherapy and chemotherapy cause large pains to patients. Patients' worry about the disease, the loss of femaleness after operative treatment and pains from chemoradiotherapy bring about heavy psychological burden to patients. All these seriously reduce patients' living quality. Giving mental nursing for the patients receiving radical hysterectomy plays an important role in relieving patients' negative emotion and improving their living quality^[2-3]. The solution-focused approach is based on positive psychology, and it emphasizes individual resource and potential. It has been widely applied in improving patients' negative emotions. This study mainly explores the effect of solution-focused approach on easing patients' anxiety-depression emotion and improving their living quality after radical hysterectomy.

2. Data and Method

2.1 General Data

90 patients who were received and treated by radical hysterectomy in our hospital from September 2017 to September 2019 were chosen, and classified into control group (45 cases) and observation group (45 cases) according to the random number table. In the observation group, patients' age ranged from 45 to 65, with the average age of 50.52 ± 3.16 ; there were 19 patients with glandular cancer and 26 patients with squamous carcinoma; TNM staging is as below: 23 cases were in Phase I, and 22 cases were in Phase II. In the control group, patients' age ranged from 44 to 65, with the average age of 50.38 ± 3.28 ; there were 20 patients with glandular cancer and 25 patients with squamous carcinoma; TNM staging is as below: 24 cases were in Phase I, and 21 cases were in Phase II. Comparison of general data of both groups $P > 0.05$.

Inclusion criteria: ① knew their conditions of disease; ② received radical hysterectomy; ③ no reading, intelligence and mental disorders; ④ did not receive mental intervention before the operation.

Exclusion criteria: ① predicted lifetime < 12 months; ② combined with other tumors; ③ severe dysfunctions of important organs.

2.2 Method

The conventional nursing intervention was performed for the control group by referring to the conventional nursing measures in the literature^[4]. Except the conventional nursing intervention, the solution-focused approach was conducted for the observation group. the specific method is as below: ① describe problems: visit the patients 1d before the operation, explain the knowledge and prognosis of cervical cancer for the patients, help patients and their family members understand cervical cancer and operative treatment process; actively answer patients' doubts about operative treatment effect and pains, give patients targeted education and guidance for their negative emotion, anxiety and depression, and carry out individualized propaganda and education according to patients' conditions and mental state; affirm positive behaviors of patients and family members through distracting attention, believing in doctors, enhancing self-confidence and pacifying family members, and encourage patients to positively face the operation; ② set the feasible objective: deeply understand the expectation of patients and family members on the treatment, jointly set the feasible objective, encourage patients to detail the objective, encourage and affirm even small changes, thus promoting patients to be full of confidence in the whole treatment process; ③ probe into the exceptions: after setting the feasible objective, the nursing personnel should actively guide patients to rethink the methods to ease pains and guide them to control pains according to the previous successful experience; encourage patients to recall previous happy time, promote them to go out of the shadow of disease, thus enhancing their survival confidence and building up the confidence to conquer the disease; ④ feedback: combined the materials collected, collate resource advantages of family members and their efforts, and encourage patients and their family members, thus promoting them to be full of confidence in the treatment and making patients stick to the treatment objective; affirm the objectives set by the patients and make them achieve he objectives; ⑤ evaluate progress: the nursing personnel evaluate patients' mode of activity, functional exercise, emotional attitude, life style, treatment compliance and the measures for discomfort resulting from chemoradiotherapy; when the patients make efforts to achieve the objective, the nursing personnel and family members should affirm patients' efforts, and encourage them to positively face the operation and recovery; affirm patients' progress and make them positively face functional exercise and treatment to gradually reach the set objective.

2.3 Observation Indexes and Evaluation Criteria

Patients' anxiety and depression before the intervention and 1 month after hospital discharge were observed. Zung's self-rating scale anxiety and self-rating depression scale (SAS and SDS) were applied. The structures of the two scales are similar, and both include 20 items. Each item is given 1-4 scores. The standard score was gained after 20-80 scores multiply by the conversion coefficient 1.25. The higher standard score indicate more serious anxiety and depression.

The living quality scores of patients after the observation were observed. Generic Quality of Life Inventory-74 (GQOL-74) was used to evaluate living quality from four dimensions: physical function, mental function, social function and material life. The total score of each dimension is 100. The higher total score means the higher living quality.

2.4 Statistical Treatment

The data were processed with SPSS23.0 software. The measurement data conforming to normal distribution were expressed with $\bar{x} \pm s$, and tested with *t* test. Inspection level $\alpha=0.05$.

3. Results

3.1 Comparison of patients' Anxiety and Depression Before and after the Intervention

Before the intervention, the comparison differences of both groups in SAS and SDS scores had no statistical significance ($P>0.05$). After the intervention, SAS and SDS scores of observation group were lower than those of control group, and the differences were statistically significant ($P<0.05$), as shown in Table 1.

Table 1 Comparison of Negative Emotion ($\bar{x} \pm s$, Mark)

Group	n	SAS		SDS	
		Before intervention	After intervention	Before intervention	After intervention
Observation group	45	53.43±10.62	43.51±6.63	55.64±10.31	44.64±5.50
Control group	45	54.30±10.37	50.65±5.94	55.93±10.67	51.62±4.43
t	-	0.393	5.381	0.131	6.630
P	-	>0.05	<0.01	>0.05	<0.01

3.2 Comparison of Living Quality Scores after the Intervention

After the intervention, physical function, mental function and social function in GQOL-74 and total score of observation group were higher than those of control group, and the differences were statistically significant ($P<0.05$), as shown in Table 2.

Table 2 Comparison of Living Quality Scores after the Intervention ($\bar{x} \pm s$, Mark)

Group	n	Physical function	Mental function	Social function	Material life	Total score
Observation group	4	62.46±10.	67.46±11.	64.40±15.	53.53±10.	246.61±20.
	5	50	50	20	40	25
Control group	4	54.56±9.3	55.56±11.	52.64±10.	52.29±10.	211.31±20.
	5	5	43	64	27	14
t	/	3.769	4.923	4.252	0.569	8.292
P	/	<0.05	<0.05	<0.05	>0.05	<0.05

4. Discussion

The comprehensive treatment mode of operation plus chemoradiotherapy is a major scheme for malignant tumor treatment, and it contributes to reducing postoperative recurrence, controlling patients' conditions of disease and extending the lifetime. After radical hysterectomy, patients will lose fertility function, and some patients have fear, agitation, anxiety and depression due to the worry about the loss of femaleness, and their mental stress disorder is severe. The negative emotion inevitably affects patients' postoperative rehabilitation and postoperative living quality. Giving patients effective mental intervention plays an important role in easing negative emotion and reducing the impacts of negative emotion on living quality.

The solution-focused approach has been applied widely in recent years. The solution-focused approach develops on the basis of positive psychology. The approach belongs to a new mental nursing intervention mode. It respects individuals and stresses the belief in individual potential. Different from previous mental nursing intervention measures formulated by the nursing personnel for patients, the solution-focused approach emphasizes patient-centered, focuses on patients' positive aspects, fully explores individual and team strength and potential, firmly believes patients can solve problems, looks for exceptions, discovers exceptions applies exceptions, and motivates patients; self-confidence in triumphing over illness, and forms the expectation for the future^[5-6].

In this study, after the patients underwent solution-focused approach intervention after radical hysterectomy, their SAS and SDS scores were lower than those of patients receiving conventional nursing, and the differences had statistical significance, indicating that the solution-focused approach has better effect than the conventional nursing mode in terms of easing patients' anxiety and depression. After the intervention, physical function, mental function and social function in GQOL-74 and total score of observation group were higher than those of control group, and the differences were statistically significant, indicating that the effect of solution-focused approach on improving patients' living quality is significant. This, this study holds that the solution-focused approach can obviously relieve anxiety

and depression of patients after radical hysterectomy and improve their living quality. Hence, its application value is high.

In conclusion, the solution-focused approach can ease patients' anxiety-depression emotion and improve their living quality after radical hysterectomy.

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