

CHAPTER 5

CONCLUSION AND RECOMMENDATION

The purposes of this descriptive study were to explore levels of self-care of postmastectomy women, to identify levels of health states, types of health care systems, and levels of adequacy and types of received information resources, and to determine the relationships between self-care and factors including health state, types of health care systems, and adequacy of received information resources. Ninety-five subjects were recruited and interviewed in three hospitals in Beijing, guided by an instrument. This instrument was based on literature review and incorporated three parts: demographic data assessment form (DDAF) covering demographic data, health and illness history, health state, and health care system; self-care questionnaire (SCQ); and information resources questionnaire (IRQ). Data were collected in the three hospitals from December 2003 to January 2004. The data were analyzed by using Statistics Analysis System (SAS) 8.0. According to the foregoing results and discussion, the conclusion, implications and recommendations as well as limitations of this study are presented here.

Conclusions

1. Self-care including total and specific activities performed by most of Chinese postmastectomy women was in moderate levels. The mean scores of self-care activities assessed to be commonly performed were seeing the doctor for follow-up, changing roles at home and at work, adjusting life style because of illness, and

accepting needed help and support from family members and friends in order to get through this illness and treatment.

2. Most women had moderate level of health states after surgery. They were able to perform better self-care. The most common health problems of postmastectomy women were restlessness or agitation, fatigue, hot flashes, stress or anxiety about illness and treatment, and difficulty sleeping.

3. After mastectomy, the majority of Chinese women used a combination of biomedical and alternative health care systems for their self-care.

4. Women had received relatively adequate information about types and all the possible side effects of conventional treatment, the process and duration of cure, the chances of cure and prognosis, and the extent of the disease. However, they received less information about psychological effects of treatment, and effects of treatment on family/friend. Regarding sources of received information: physicians, nurses and relatives/friends, and TV program were considered as the most important sources; medical journal or textbooks, newspaper, and popular science readings were also an important influence on them.

5. It was found that health states assessed by professionals and types of health care systems had positive and significant correlation with total self-care of postmastectomy women ($r = .43, p < .01$; $r = .27, p < .01$, respectively). However, health states perceived by patients and adequacy of received information resources had no correlation with total self-care of postmastectomy women. For the related factors and specific self-care activities, it was demonstrated that health states assessed by professionals, types of health care systems, and adequacy of received information resources had positive and significant correlation with activity in modifying self-

concept (and self-image) in accepting herself after mastectomy. Moreover, health states assessed by professionals had positive and significant correlation with activities in seeking appropriate medical assistance, and in being aware of and attending to the effects and results of mastectomy.

Implication and recommendation

There are four important implications for nursing practice, nursing education, nursing administration, and nursing research.

Nursing practice

The findings of this study have shown that health care team are an important source of information for women's illness and health, including oral and written information such as brochures. Professionals' attitude and advice may influence women's self-care. Therefore, several activities should be encouraged by: (1) giving women adequate information about their condition, their treatment, nutrition, and health care; (2) helping patients attain effective self-care by continuous monitoring of health states in order to take care of themselves at home, and to alleviate their suffering from this disease. (3) knowledgeable and comprehensive health care services as a multidisciplinary team approach to be organized in order to solve their problems, seek resources in appropriate ways, and support them to achieve optimal levels of self-care performance.

Nursing education

Based on the findings, moderate level of self-care has performed by most of the Chinese women postmastectomy. Information on effects of treatment on psychology and family/friends remains inadequate. An educational program

associated with breast cancer and self-care postmastectomy for both nurses and patients needs to be developed. Videotape should be developed for self-management for patients and their family members. In the teaching program, related factors such as health state, health care system, and information resources should be emphasized as they may be a part of enhancing the level of self-care of postmastectomy women at some levels. Instruction in holistic self-care models should also be included in the teaching programs.

Nursing administration

According to all findings of this study, a program of women's health promotion should be placed on nursing agendas, the program should then be evaluated and revised based on the individual situation. Nowadays, incidence of breast cancer is increasing rapidly in the world and in China. Therefore, self-care performance of postmastectomy women will be important to improve quality of life and increase happiness in the rest of their life.

Nursing research

It was shown that there were relationships between health states assessed by professionals, health care systems and self-care of postmastectomy women, and levels of self-care performed by postmastectomy women. Intervention should be developed for the women, according to their health states and selected health care system, in order to enhance their higher levels of self-care. Therefore, a longitudinal study will be required to observe outcomes of the intervention. Lack of data on why women perform more or less self-care, indicates the need for qualitative study.

Limitation of the study

The limitations of the study are: 1) this study assessed self-care at one point of time, but self-care may be dynamic; 2) most women in this study were living at urban or suburban area in Beijing, having different environment / social condition from others, especially those living in rural areas, so findings are limited and may not be generalized to all women in China; 3) reliabilities of some subscales in the Self-Care Questionnaire were rather low, indicating a need to adjust some items in future study.