

Satisfaction of women after mastectomy for nursing care

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Abstract

Purpose: The assessment of satisfaction of women after mastectomy for nursing care.

Material and methods: The research was carried out on a group of 217 patients after radical mastectomy and took place at Surgical Clinic of Świętokrzyskie Oncology Centre in Kielce. Authors' assessment scale was used in research.

Results: Tested patients assessed nurses' professional tasks in terms of therapy as very high. The lowest marks were given to nurses' tasks in terms of physical rehabilitation. On intermediate level in patients' assessment were nursing, prophylactic, psychosocial support and educational tasks. Patients after mastectomy in younger age group (less than 50 years) assessed nurses' therapy tasks ($p < 0.05$) significantly higher in comparison to group of women in the age of 50 and more. Married and professional active women assessed significantly higher therapeutic and nursing tasks. Moreover, therapeutic tasks were higher assessed by women with two-sided mastectomy.

Conclusions: 1) Patients assessed nurses' professional tasks realised in terms of therapy as very high, while nursing service as far as physical rehabilitation is concerned was assessed as very low. 2) The higher level of satisfaction from therapy tasks was seen in younger patients (under 50), married, professionally active, not longer than 1 year after the operation and with two-sided mastectomy.

Key words: mastectomy, nursing care, satisfaction.

Introduction

The application of comprehensive oncological treatment including surgery, chemotherapy, hormone therapy and radiotherapy became a great success of medicine in the fight against breast cancer [1,2]. Negative or positive measures of health determined in epidemiology as well as results of diagnostic and medical treatment are, above all, the basic methods of the assessment of such treatment effectiveness.

The assessment of effectiveness of curing patients after radical mastectomy covers the assessment of nursing care as well. It allows to identify these care fields in which patients' expectations are higher to what they had been given and it contributes to improvement of these fields.

Material and methods

The aim of the research was the assessment of satisfaction of women after mastectomy for nursing care. The research was carried out on a group of 217 patients after radical mastectomy and took place at Surgical Clinic of Świętokrzyskie Oncology Centre in Kielce.

The level of satisfaction from nursing in women after mastectomy was determined with the use of unaided assessment scale. Questions included in nursing care inquiry were divided into 6 categories: psychosocial support, nursing, educational, prophylactic, therapeutic and rehabilitation tasks. Nursing care questionnaire was checked in terms of reliability. The Alpha Cronbach index for each individual care category varied from 0.64 to 0.87 and the index for the whole scale was 0.93.

Collected data were subjected to statistical analysis. In statistical description of the obtained results the following characteristics were used: mean results and median as measures of central tendencies and standard deviation, bottom quartile and upper quartile as measures of dispersion. The relationship between categorical variables presented in charts were analysed

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Table 1. Characteristic of tested group

Attributes	Tested group	
	n	%
Age		
< 50 year of age	67	30.9
50 year of age ≥	150	69.1
Education		
Elementary school	20	9.2
Vocational secondary education	34	15.7
General secondary education	119	54.8
Higher education	44	20.3
Marital status		
Single	7	3.2
Married	158	72.8
Widow	32	14.7
Divorced	20	9.2
Professional status		
Intellectual job	21	9.7
Physical job	40	18.4
Dole	60	27.6
Pension	75	34.6
Retirement	21	9.7
Place of residence		
The country	53	24.4
Town (less than 100 thousand of people)	76	35.0
City (more than 100 thousand of people)	88	40.6

with Chi-square test. In order to assess differences between the level of tested characteristics in subscales non-parametric tests by U Mann-Whitney and Kruskal-Wallis were used.

Results

The tested group consisted of patient after radical surgical treatment for breast cancer – mastectomy (n=217), in the 28 to 81 age bracket. The most numerous age bracket was 51-60, with 36.8% of women. About 3/4 of patients (72.8%) were married and living in the city (75.6%). Most women (54.8%) had secondary education. Only 28.1% of patients after mastectomy were professionally active (Tab. 1). In tested group 92.6% patients underwent one-sided mastectomy while the rest of them had two-sided breast removal. About a 43% of patients were not longer than 6 months after the operation whereas 20.7% of them were longer than 5 years after mastectomy. For 16.6% of patients radical surgical treatment for breast cancer was the only method, the rest of them underwent supplementary treatment such as: chemotherapy, radiotherapy and hormone therapy.

Tested patients assessed nurses' professional tasks in terms of therapy as very high (average – 60.93). The lowest marks were given to nurses' tasks in terms of physical rehabilitation (average – 43.98). On intermediate level in patients' assessment were nursing, prophylactic, psychosocial support and educational tasks (Tab. 2).

Patients after mastectomy in younger age group (less than 50 years) assessed nurses' therapy tasks (p<0.05) significantly higher in comparison to group of women in the age of 50 and more. Results of the rest of criteria included in the questionnaire did not differ much as far as age is concerned.

Level of education influenced significantly one category of nurses' professional tasks, these were physical rehabilitation tasks. It was seen that patients with lower education level (primary and vocational) assessed the level of satisfaction from rehabilitation tasks much higher in comparison to women with secondary and high education.

Married women reported higher level of satisfaction from nursing tasks (p<0.05) and therapeutic tasks (p<0.05) in comparison to unmarried women. The difference on the limit of gravity level (p=0.050) applied to education tasks.

Professionally active women obtained statistically significant higher results in terms of nursing tasks (p<0.01) and therapeutic tasks (p<0.001) in comparison to unemployed women.

Women living in the village obtained also statistically significant higher results in terms of psychosocial support from nurses (p<0.01), educational tasks (p<0.05) and rehabilitation tasks (p<0.001) in comparison to patients living in the cities.

Analysis, using Kruskal-Wallis test, proved that women after two-sided breast removal obtained significantly higher results in terms of nursing therapeutic tasks in comparison to patients after one-sided mastectomy at the level of significance p<0.05 ($\chi^2=6.299$).

Period since the operation appeared to be the variable significantly diversifying the patients' assessment of nurses' professional tasks. It was observed that women in the period till 1 year after mastectomy evaluated higher nursing tasks (p<0.001), psychosocial support (p<0.01) and participation in therapy (p<0.01) in comparison to women being over 1 year after mastectomy.

Discussion

Research reported that patients evaluated best nurses' professional tasks provided during therapy, and worst – those referring to rehabilitation tasks. Similar results were obtained

Table 2. Statistical description for the results of the scale of satisfaction level from nursing care of patients after radical mastectomy

Scale of satisfaction level from nursing care	Average	Median	Quartile I	Quartile III	Minimum	Maximum
Nursing tasks	56.75	60.71	50.00	67.86	3.53	75.00
Psychosocial support	53.14	55.56	44.44	66.67	0.00	75.00
Educational tasks	52.24	53.33	46.67	60.00	5.00	75.00
Prophylactic tasks	56.41	60.00	50.00	65.00	15.00	75.00
Therapeutic tasks	60.93	62.50	54.17	70.83	8.33	75.00
Rehabilitation tasks	43.98	43.75	25.00	62.50	0.00	75.00

by Jankowiak et al. [2]. According to their research, nursing staff performs most frequently their duties regarding therapeutic tasks (100% of the questioned), nursing (95%), and prophylactic tasks (85%). The most rarely, in nurses' opinions, rehabilitation, educational and health promotion tasks are undertaken. There are numerous publications of conceptual nature that dwell on significance and the range of professional duties in care taking of an oncological patient [3-6], nevertheless there are scarcely few empirical publications which aim is to measure the level of satisfaction from the realisation of these duties. In the study of books [7] dedicated to the assessment of quality of care taking of patient after surgical treatment for lung cancer in Chest Surgery Clinic of Medical University in Gdańsk and in Chest and Cancer Surgery Clinic of Regional Oncology Centre in Bydgoszcz the level of satisfaction from nursing care in both these clinics was evaluated as high. Indexes were accordingly 59.98 and 64.42 and the differences between them appeared to be statistically important ($p < 0.001$). Similar results as far as this matter is concerned were reached by Reguła et al. [8] while they assessed patients' and patients' families' satisfaction from palliative care in stationary ward. Issues dealing with nursing care were evaluated as very good (average 4.85, marks range 2-5).

As Razavi and Delavox claim, nowadays the most important aspect is to support patients with cancer by multidisciplinary team, and an educated nurse should be its member [9]. In Stępień and Wrońska's research [10] significant percentage of women after mastectomy (78%) expected above all emotional support from nurses: kindness, warm-heartedness, understanding problems of psychological nature, leniency, honest talk about emotions experienced during an illness, concern and smile. More than half of women (55%) were interested in providing them informational support. Also it was expected that nurses would involve more in providing information on planned and executed nursing and caring procedures, making patients aware of dangers and threats which are linked to conducted treatment and making patients aware of ways to prevent these threats, and in proper communication in patient-nurse relation. 24% of opinions pointed out the need for self-esteem support which reflects in patient's strive for acceptance among nursing staff in their altered health state. Numerous publications point out the need for taking basic psychotherapeutic care of patients with cancer [3,11,12]. In the light of presented literature and authors' research, patients with breast cancer perceive nursing care not

only as medical-instrumental or technical tasks, but also as personal contact that is to bring psychical support, together with composure, care, understanding and hope.

Conclusions

- 1) Patients assessed nurses' professional tasks realised in terms of therapy as very high, while nursing service as far as physical rehabilitation is concerned was assessed as very low.
- 2) The higher level of satisfaction from therapy tasks was seen in younger patients (under 50), married, professionally active, not longer than 1 year after the operation and with two-sided mastectomy.

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