

Qualitative Research on Mental States of Nonparous Patients in the Pathological Waiting Period after Breast Biopsy

Li Hongbin (Tianjin Medical University Cancer Institute & Hospital ,China)

Background: The incidence of breast cancer rank first in China among the malignant tumors of women and it tends to increase annually. So far, no domestic qualitative research data concerning the mental states of nonparous patients with breast tumor in the pathological waiting period after the biopsy are available. Therefore, the mental states of 13 nonparous patients in the pathological waiting period after breast biopsy were analyzed by the qualitative research method to understand their mental states, so as to provide the basis for given target mental support to these patients.

Hypothesis: Patients with breast tumor bear the special mental pressure from body-image changes, dysfunction of affected limbs, fertility problems and so on, among which the mental problems of patients with different marital status are varied.

Methods: Nonparous patients with breast tumor undergoing regional resection under local anesthesia and waiting for rapid pathological results in the operating rooms of Tianjin Medical University Cancer Institute & Hospital were selected from June, 2015 to September, 2015 using the purposive sampling method. Guided by the phenomenological method of qualitative research, the face-to-face in-depth interviews were adopted to collect data. The research employed the semi-structured interview outline, which was preliminarily formulated through consulting literature and experts and was then finalized by the pre-interviews of two patients. The interview outline was as follows: (1) What is the problem you are worrying about most now? (2) What is your actual mental state? (3) What is your planning for the future? (4) What do you think about family members and social relationships? (5) What is your most wanted help from medical staff? In what way do you want to obtain this help? The time for each interview was controlled within 15-25min and the contents of interviews were recorded simultaneously. Colaizzi's seven-step analysis method and the informed consent principle were followed.

Results: The data were divided into the following six categories: (1) anxiety and fear; (2) sense of disease-derived shame; (3) fluke mind; (4) needs for support from family members and the society; (5) perception of benefit from the disease and (6) the concern about the fertility problem. Therefore, medical staff should provide supportive mental nursing, help patients build the positive way of coping, decrease the experience of disease-derived shame sense and increase the perception of benefit from the disease so as to improve the quality of clinical nursing.