

# Day Surgery for Breast Cancer: Effects of a Psychoeducational Telephone Intervention on Functional Status and Emotional Distress

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**Purpose/Objectives:** To determine the efficacy of a nursing intervention based on self-regulation theory known as the Attentional Focus and Symptom Management Intervention (AFSMI) in enhancing physical and emotional well-being in women who underwent day surgery for breast cancer.

**Design:** Randomized clinical block trial; subjects were randomly allocated to the experimental group ( $n = 61$ ) or the usual care (control) group ( $n = 56$ ). Subjects in the experimental group received the AFSMI during two phone sessions, at 3–4 days and 10–11 days after surgery.

**Setting:** The convenience sample was drawn from five regional centers located in different geographic areas (urban and rural regions) in Quebec, Canada.

**Sample:** 117 patients with primary breast cancer who underwent day surgery as part of their initial treatment for cancer.

**Methods:** Data collection and nursing intervention via telephone interviews.

**Main Research Variables:** Functional status and emotional distress.

**Findings:** Significant differences between the experimental and control group were found at post-test on home management, total mood disturbance, confusion, and tension scores.

**Conclusions:** The AFSMI was effective in reducing emotional distress and enhancing physical functioning.

**Implications for Nursing:** Findings validate the use of the self-regulation model in designing individualized nursing interventions. Redirecting attention and focusing on concrete objective features hold potential in developing other innovative nursing interventions.

## Key Points . . .

- Pain, fatigue, and distress are not highly prevalent and disturbing symptoms immediately after day surgery for breast cancer, although a great deal of variability was observed in the sample of women in the present study.
- Emotional ventilation is beneficial immediately after day surgery for breast cancer, followed by redirection toward problem-solving activities.
- Short-term individualized telephone intervention based on self-regulation may be beneficial in relieving emotional distress and enhancing functioning after surgery for breast cancer.

simple to use, and reduces difficulty of emptying the reservoir for patients. Furthermore, with the recent restructuring of the healthcare system, length of stay in the hospital setting has been reduced. Outpatient surgery now is being implemented in most countries, including Canada. With outpatient surgery, patients have limited contact with healthcare professionals in the initial postoperative period. The admission process and physical preparation of patients take the majority of preoperative nursing time, leaving minimal opportunity for education, reinforcement of effective self-care strategies, and emotional support following surgery (Sladek, Swenson, Ritz, & Schroeder, 1999). No studies have examined the effects of an intervention in the immediate postoperative period on women who underwent lumpectomy for primary breast cancer in an outpatient setting. Studies are warranted in which the type of surgery and the time since surgery are controlled, functioning and emotional distress are measured, and the intervention is provided by nurses. Providing patients with psychoeducational support is an important feature of nursing care and has been shown to be beneficial in reducing emotional distress, pain, and fatigue (Cimprich, 1993; Devine & Cook, 1983; Johnson, Christman, & Stitt, 1985).

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On average, 407 Canadian women will be diagnosed with breast cancer and 100 will die of the disease every week. In 2006, an estimated 22,200 women were diagnosed with breast cancer and 5,300 died of it. An estimated 160 men will be diagnosed with breast cancer and 45 will die of it. On average, 429 Canadian women will be diagnosed with breast cancer every week. On average, 102 Canadian women will die of breast cancer every week. Since 1993, incidence rates for breast cancer have stabilized and death rates have declined steadily (National Cancer Institute of Canada, 2006). For the majority of women with primary breast cancer, surgery is the first treatment offered. Most women initially are treated with surgery, primarily lumpectomy, followed by radiotherapy. The main reasons for keeping women in the hospital after surgery traditionally have been nursing care, physical recovery, and drain-catheter management. However, a system such as the Jackson Pratt suction reservoir is available now, is