

Impact of Empowerment Theory-Based Nursing Intervention on the Quality of Life and Negative Emotions of Patients Diagnosed with Brain Metastasis Post Breast Cancer Surgery [Letter]

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Dear editor

We are writing to express our appreciation for the recent publication of the study titled “Impact of Empowerment Theory-Based Nursing Intervention on the Quality of Life and Negative Emotions of Patients Diagnosed with Brain Metastasis Post Breast Cancer Surgery” in the Journal of Multidisciplinary Healthcare.¹ This study highlights the significant benefits of empowerment theory-based nursing interventions in improving the quality of life and psychological health of patients with brain metastasis following breast cancer surgery. It also emphasizes the crucial roles of family support and patient autonomy in this context. While applauding these insights, we wish to suggest further methodological enhancements to deepen the research's impact and applicability.

Firstly, the original study does not account for potential confounding variables through multivariate analysis. Factors such as age, existing comorbidities (diabetes, hypertension), socioeconomic status (education level, occupation, household income), and lifestyle habits (smoking, alcohol consumption) could significantly influence the outcomes. Incorporating these variables into regression models would refine the estimates of the intervention's unique effects.²

Secondly, the lack of subgroup analyses in the study is a missed opportunity for tailoring interventions. Differentiating the sample by age, comorbidities, educational levels, and other relevant criteria would enable the identification of differential effects of the intervention across various patient subsets. Understanding these nuances can lead to the development of customized nursing strategies that are more effective and responsive to specific patient needs. For instance, responses to nursing interventions can differ markedly between elderly and younger patients, and higher socioeconomic status is generally associated with better health outcomes and greater adherence to interventions.

Thirdly, the study's limitation to a single center, Bao Ding No.1 Central Hospital, could skew the results due to the homogeneity of the sample. Patient demographics vary widely across different geographic and socioeconomic settings, influencing health outcomes and intervention efficacy. To address these variations, future research should incorporate a multicentric approach, sampling participants from diverse hospitals that serve different populations. Such an expansion would not only improve the statistical power of the findings but also increase their generalizability across various patient groups, thus providing a more robust validation of the intervention's effectiveness.³

The implications of this study extend deeply into oncological practice. Patients with brain metastasis post-breast cancer surgery often require a comprehensive, multidisciplinary team involving oncologists (responsible for the overall treatment plan of the patient), nurses (administer daily care and interventions), psychologists (provide psychological counseling and support), rehabilitation physicians (restore physical fitness and functionality) and social workers (access social resources and support). Our research also highlights the need for diverse interventions—from emotional support by families to improvements in physical fitness and symptom management—to foster a more supportive therapeutic environment.⁴

In conclusion, this study presents evidence on the efficacy of empowerment theory-based nursing interventions on patients with brain metastasis post-breast cancer surgery. Collaborative efforts among physicians, nurses, and social workers are anticipated to further enhance the quality of life and psychological well-being of these patients.

Disclosure

The authors disclose no conflicts of Interest in this communication.

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