Effects of Internet Plus-Based Whole-Course Management Continuity Care Model on Recovery of Breast Cancer Patients

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Abstract: Objective To observe the effects of an Internet plus-based whole-course management continuity care model on the recovery of breast cancer patients. Methods A retrospective study was conducted. Forty-three breast cancer patients receiving routine care from January to December 2024 were enrolled as the control group, and another 43 patients treated with the Internet plus-based whole-course management continuity care model from January to December 2025 were enrolled as the observation group. Psychological status and health behaviors were compared between the two groups. Results After intervention, psychological resilience in the observation group was significantly higher than that in the control group (P<0.05). The health behavior score of the observation group was also higher than that of the control group after care (P<0.05). Conclusion The implementation of the Internet plus-based whole-course management continuity care model for breast cancer patients can effectively improve their psychological status and health behaviors.

Keywords: Internet Plus; Whole-Course Management; Continuity Care Model; Breast Cancer

1. Introduction

Breast cancer is one of the leading malignant tumors affecting women's health, with a relatively high incidence. The disease is characterized by certain concealment, and most patients have no typical symptoms in the early stage, leading to a relatively severe condition at diagnosis. Breast cancer is difficult to treat and cannot be completely cured in a short period of time[1-2]. During the treatment of breast cancer patients, it is necessary to focus on the characteristics of this group, provide comprehensive nursing guidance, help patients maintain healthy behavioral habits during recovery, improve their psychological status, and reduce the adverse impact of negative emotions. This study mainly analyzed the effects of the Internet plus-based whole-course management continuity care model on the recovery of breast cancer patients.

2. Materials and Methods

2.1 General Data

A retrospective inclusion method was adopted. Forty-three breast cancer patients who received routine nursing care from January to December 2024 were selected as the control group, and 43 breast cancer patients who received the Internet plus-based whole-course management continuity care model from January to December 2025 were selected as the observation group. In the control group, patients were aged 40–61 years, with a mean age of (52.58±1.74) years. In the observation group, patients were aged 38–62 years, with a mean age of (51.35±1.67) years. There was no significant difference in baseline data between the two groups (P>0.05).

2.2 Methods

The control group received routine nursing during treatment. Nurses explained in detail the precautions during the recovery period, guided patients to maintain good medical compliance and take medication on time, and provided targeted medication guidance according to each patient's specific regimen. Patients were encouraged to keep healthy living habits, including regular work and rest, scientific diet, and proper physical exercise.

The observation group received the Internet plus-based whole-course management continuity care model during treatment:

(1) Establishment of the Internet plus-based whole-course management platform. After patients were discharged, an Internet plus-based whole-course management platform was built based on WeChat groups, official accounts, and

hospital science popularization platforms. Patients were guided to participate in online continuous guidance and disease management during the out-of-hospital recovery period to achieve full-course disease management.

(2) Establishment of whole-course disease management files. Nurses established whole-course disease management files for each patient to accurately record treatment status, continuous guidance, disease changes, and behavioral habits during out-of-hospital recovery. Management measures were adjusted according to individual conditions.

(3) Determination of continuous nursing frequency. The time of continuous nursing was agreed upon by nurses and patients, with at least once a week and 30–45 minutes per session. During online continuous nursing, the out-of-hospital recovery status was accurately grasped, and individualized nursing guidance plans were formulated based on the patient's condition.

(4) Implementation of continuous nursing. During out-of-hospital recovery, nurses regularly provided breast cancer health education to help patients understand disease characteristics and treatment regimens, and distributed popular science materials on breast cancer treatment and rehabilitation. Scientific diet and exercise plans were formulated for each patient to encourage them to adjust daily behaviors accordingly. Patients were encouraged to maintain a positive and optimistic attitude, take appropriate outdoor activities, and reasonably release emotions. Communication with family members and friends was advocated to maintain a good mental state. Patients were required to record daily medication and upload it weekly. Nurses mastered the medication status, evaluated unreasonable medication behaviors, and provided timely corrections. Patients were instructed to raise questions about the disease online during recovery for prompt answers from nurses.

2.3 Observation Indicators

(1) Psychological status assessment. Psychological resilience was evaluated using the Connor-Davidson Resilience Scale before and after nursing, including three dimensions: optimism (4 items), strength (8 items), and tenacity (13 items). Each item was scored 1–3 points. Higher scores indicated stronger psychological resilience.

(2) Health behavior assessment. Health behaviors were evaluated using the Self-Rated Abilities for Health Practices Scale (SRAHP) before and after nursing, including health responsibility, exercise, psychological comfort, and nutrition. Higher total scores indicated better health behaviors.

2.4 Statistical Methods

Data were analyzed using SPSS 26.0 software. Measurement data were expressed as mean ± standard deviation ($\bar{x}\pm s$) and compared using the t-test. Enumeration data were expressed as percentage (%) and compared using the chi-square test. A P-value <0.05 was considered statistically significant.

3. Results

3.1 Comparison of Psychological Status

After nursing, the psychological resilience scores in the observation group were significantly higher than those in the control group (P<0.05), as shown in Table 1.

Table 1. Comparison of Psychological Resilience between the Two Groups ($\bar{x}\pm s$)

Group	Number of Cases	Tenacity		Self-improvement		Optimism	
		Before Nursing	After Nursing	Before Nursing	After Nursing	Before Nursing	After Nursing
Observation	43	21.05±2.22	27.25±2.05	16.25±1.05	22.42±1.05	4.22±0.35	6.02±0.23
Control	43	21.11±2.17	25.23±1.74	16.23±1.11	17.35±1.12	4.21±0.25	5.22±0.32
t	-	0.120	6.084	0.115	13.589	1.425	10.713
P	-	>0.05	<0.001	>0.05	<0.001	>0.05	<0.001

3.2 Comparison of Health Behavior Scores

After nursing, the health behavior scores in the observation group were significantly higher than those in the control group (P<0.05), as shown in Table 2.

4. Discussion

Breast cancer has severe negative impacts on patients' physical and mental health, with a long treatment cycle. To promote better recovery, targeted nursing guidance should be provided to help patients maintain healthy behaviors.

Table 2. Statistics of Blood Glucose Level, Postoperative Stress Response Level, Infection, and Postoperative Nutritional Level in the Two Groups ($\bar{x}\pm s$)

Group	Number of Cases	Health responsibility		Exercise		Psychological comfort		Optimism	
		Before Nursing	After Nursing	Before Nursing	After Nursing	Before Nursing	After Nursing	Before Nursing	After Nursing
Observation	43	17.22±1.23	23.85±2.05	15.45±2.12	22.68±1.23	14.05±1.35	21.22±1.55	8.02±1.22	13.58±1.23
Control	43	17.18±1.23	20.23±1.85	15.21±2.23	17.58±1.52	14.11±1.45	16.35±1.65	8.05±1.34	11.44±1.31
t	-	0.122	5.894	0.097	9.816	0.181	12.008	0.161	7.782
P	-	>0.05	<0.001	>0.05	<0.001	>0.05	<0.001	>0.05	<0.001

The Internet plus-based whole-course management continuity care model is a new clinical nursing program for patients with chronic diseases and long treatment cycles. Based on Internet technology, it integrates continuity care and whole-course management concepts to provide comprehensive nursing support, breaking the temporal and spatial limitations of traditional continuity care[3-4]. When applied to breast cancer patients, this model provides regular online guidance, monitors recovery progress, and offers targeted support to help patients maintain good behavioral habits[5]. Meanwhile, timely psychological guidance during follow-up care helps relieve stress and maintain a positive mood.

In this study, the psychological resilience and health behavior scores of the observation group were significantly improved and higher than those of the control group, indicating that this care model can effectively enhance the nursing effect for out-of-hospital breast cancer patients and promote recovery.

In conclusion, the Internet plus-based whole-course management continuity care model can be applied in the nursing of breast cancer patients to improve their mental state and health behaviors.

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