

## **Research on Women's Status in Contemporary Urban China**

### **Abstract**

Urbanization in contemporary China has been promoting social progress and improving the quality of life. However, it also lead to environmental pollution,the change of residents's life style and threatened their health. Unhealthy diet, lack of exercise, pressure lead to increased disease. Both males and females are influenced, but females play different role from males in work and they are discriminated in social systems and structures. So women's health status and social support network cause more attention.

The author applied literature, participation observation and in-depth semistructured interview to explore women's health status and social support network in contemporary urban China, taking mid-age breast cancer women for example. The author interviewed 30 female breast cancer patients from Nanhai People Hospital of Foshan city in Guangdong provinces in 2013.

The research shows breast cancer and treatment impact on their body, emotion, financial status, social interaction and relationship and sexual life. Many physical symptoms and negative mood appear. Their medical burden is heavy due to high medical fee and low income. Breast cancer women often participate in the leisure and entertainment activities alone. In general, they have good relationship. However, some cancer women suffered exclusion and discrimination from relatives or neighbour .In addition, the frequency of breast cancer women's sexual life reduce greatly even not any more and the quality of their sexual life decline.

Based on the research results, we should propose and help breast cancer women to obtain and use social support from their family, peer, hospital, community to meet their physical, psychological, social and spiritual needs.

### **Keywords**

women's health, social support network, urbanization, breast cancer

### **Background**

The relevance between urbanization and health has attracted more and more attention. Liao Yiling did an empirical economic study, which is based on Grossman's heath capital demand theory, using the data of the China Health and Nutrition Survey from 1991-2006. She compare the difference between the urban and rural samples, male and female samples to investigate the influencing mechanism of different factors on the demand for health. Her research indicates that the regression result of age, education, working status,insurance status, average income per capita, gender and martial status on health demand confirms to the Grossman's theoretical prediction.Urbanization level has significantly positive effect on the health demand, even after the author has controlled the effect of population density, road mileage per

capita and Beds per 10000 population. Urbanization process influenced the health status through increasing the income per capita, improving social security system and cultivating modern health awareness. The results of empirical research grouping by urban and rural areas indicated, education has a negative effect on the health status for people in urban areas, since working pressure has offset the positive effect of knowledge accumulation of health. Population density and road mileage per capita also have different influence on health demand. The results of empirical research grouping by gender indicated, with the sexual discrimination in Chinese traditional ideas, educated male people are significantly more healthy than those who are less educated, while there existed little difference between female people with different education years.<sup>[1]</sup> In a word, urbanization process influenced the health status.

Rapid urbanization makes good and bad effects on health. Urbanization increases income and health investment, improves social security system, cultivate modern health awareness so people have longer life expectancy and lower infant and maternal mortality rate. However, during the process of urbanization, the environment including noise, water and soil is polluted. Meanwhile, life style is changed. Unhealthy diet, smoking, alcohol abuse, lack of exercise, pressure lead to increased disease. Beside, high-density population causes traffic accident.

Both males and females are influenced, but females play different role from males in work and they are discriminated in social systems and structures. So women's health status and social support network cause more attention.

## **Literature Review**

### **1. the Risks of Chinese Female Breast Cancer**

As we know, breast cancer is the women's most common cancer in the world and in China's many cities. The researchers in and out of China explore the risk of female breast cancer through many methods such as case-control study and experimentation based on a large number of population these ten years. Their research results show the risks of Chinese female breast cancer are as follows.

The first one is biological factors, such as family history of breast cancer, family history of the other cancers. And history of benign breast disease is an important risk factor.<sup>[2,3,4]</sup> The second one is the factors which are related to endogenic estrogen such as later age at menopause, menstrual disorder, more years of menstrual, more years of menstrual before giving first birth, abortion times > 2, non-lactation. While factors as later menarche, lactate longer were protective factors for breast cancer.<sup>[5,6]</sup> The third one is the factors which are related to ectogenic estrogen such as oral contraceptive, hormone replacement therapy.<sup>[7]</sup> The fourth one is life style such as lack of exercise. Some research results show that smoking, alcohol abuse, using hair dye are risks of Chinese female breast cancer.<sup>[7]</sup> The fifth one is unhealthy diet. The risk factors of breast cancer include well-done meat intake, smoked food, too much milk product. While soybean food, vegetable, fruit, drink tea habit are protective factors for breast cancer.<sup>[7,8]</sup>

Besides, social and environmental factors are important influencing factors. High

Body Mass Index, the level of radiation and pollution in job and life environment, psychological trauma, high pressure are risks of Chinese female breast cancer.<sup>[7]</sup> Some researches find breast cancer is closely interrelated to negative life events especially to family problems such as marriage or children problems.<sup>[9]</sup> While educational level is a comprehensive index. Some women who have high level education suffer from higher job pressure, marry at later age, breed and nurse less.<sup>[10]</sup> Their diet are more unhealthy, and many of them are lack of exercise.<sup>[6]</sup>

We can see most risks of Chinese female breast cancer are relevant to urbanization. Urbanization process caused environmental pollution, high pressure, the change of residents's life style and diet habit which led to the disease.

## **2. Health Needs of Breast Cancer Women**

Zhao Ying assessed the breast cancer's patients's rehabilitation needs by using a self-designed investigation questionnaire. It contains physiology needs, safety needs, society needs, self-respect needs, self-realization needs, information needs, aesthetic needs, totalled 46 items. Firstly, she found radical mastectomy for breast cancer patients have a wide range of needs during hospitalization. Different personal characteristics, there is great difference demands. Occupation, education level, mental state, the relationship with her husband, hospitalization frequency, self-care ability, the source of hospital fees, whether the recurrence and metastasis after radical mastectomy are most import influences for breast cancer patients. Secondly, she found the highest demand is the information needs in seven different aspects of needs, demand for the lowest degree is self-actualization needs. Receiving care and social identity, physical function, sexual education, are demanded much higher. In addition, as the same as other patients, the breast cancers have these needs: staff skill levels, attitude of nurse, environment of hospital. Thirdly, the result showed self-efficacy have a positive correlation with self-esteem needs, self-fulfillment needs and aesthetic needs.<sup>[11]</sup> Some researchers paid attention to breast cancer patients' information needs. Fang Qiong's research found information sorted by breast cancer patients' needs level in a descending order is about cure, body, disease, checkup and psychosocial information.<sup>[12]</sup> Besides, some researchers found breast cancer patients' other needs. For example, Xue Caoyi's research show community breast cancer survivors are expecting to return to the society, to get user-friendly rehabilitation and categorized health services, to obtain more economic support, to take part in more accessible, effective and various group activities, and to psychological care instruction.<sup>[13]</sup>

In short, breast cancer women's health needs include physical and psychological care, social identity and association, information needs and more economic support.

## **3. Impact of Social Support Network on Breast Cancer Women**

Based on these health needs, breast cancer women need social support. Many western research shows that social support network plays an important role in the gaining of resource, the relief of the pressure and the improvement of the life for breast cancer patients. From the form of social support, breast cancer patients get the

informal support and formal support. Informal support is from family members, relatives, friends, wardmates, Internet and books, folk hospital and the patients themselves. And formal support is from formal hospital, unit, community, social medical insurance and experts.<sup>[14]</sup>

The most important social support is from family for many breast cancer women. Lin wen-wen's research finds that informal support is the major and most important way for breast cancer patients to get social support. The support from the family members is the most important.<sup>[14]</sup> If the breast cancer patient can get psychological support from family especially from husband and adult children, the family support is good for prognosis of disease.<sup>[15]</sup> And Tang Li-li's research shows marriage state and social support may influence the recurrence and metastasis of breast cancer.<sup>[16]</sup> Good marriage status can make breast cancer patients feel safe and confident to confront disease and cure.

Peer support is also very important. Qiu Jia-jia recruited and trained some volunteers in a breast cancer group. The volunteers who passed final exams began their voluntary work in words of the hospital. She find breast cancer volunteers could improve coping manner of new postoperative patients, and the establishment of volunteer peer support is a beneficial method for breast cancer patients.<sup>[17]</sup> Peng Shanmin takes part in "Beauty of Life" group which is a support group based on how to recognize disease, especially understand illness, which aims to construct a positive self-image. This group focuses on explaining knowledge and skills, giving the freedom of expression and experience sharing. Research shows the group provides good emotional support for all the members, reduces the misunderstanding of breast cancer, increases the self-identity, and improves the quality of life.<sup>[18]</sup>

While the support and intervention from hospital and community is effective. Some clinical workers try to intervene and find it is effective to improve most breast cancer patients' psychological health status by cognitive therapy, behaviour therapy, relaxation training, music therapy, aerobic exercise and so on.<sup>[19]</sup>

Moreover, Internet are playing more and more important role. With the global popularization, Internet has been regarded as an effective access to obtain health information and emotional support for patients. Studies with the Internet as an intervention medium among breast cancer patients have been reported in western literature, most of which achieved positive results. In China, Huang Xiaoyan did the research. Her team developed an Internet-based support program for breast cancer patients. They found Internet-based breast cancer support program can provide abundant and targeted information, offer multi-disciplinary cooperated counselling, achieve real-time interactive interventions, thus it is an effective approach in reducing uncertainty to disease and level of depression for breast cancer patients. In addition, it is effective in improving the level of disease-related knowledge.<sup>[20]</sup>

## **Research Objective**

In the paper, the author wants to explore women's health status and social support network in contemporary urban China, taking mid-age breast cancer women

for example. On the one hand, breast cancer is the women's most common cancer in the world and in China's many cities. It is the most commonly diagnosed cancer among women all over the world. And the incidence is increasing recent years. Though China is the low-incidence country, the incidence of breast cancer was the first among the female malignant tumors in many lager cities remaining increasing. On the other hand, the author has known and set up relationship with some breast cancer patients through practice since September 2011, so it's convenient to do the research.

## Methods

The author applied literature, participation observation and deep semistructured interview to explore women's health status and social support network in contemporary urban China, taking mid-age breast cancer women for example. According to Chinese State Statistics Bureau's definition, the mid-age is 35-59 years old. In this paper the research object was mid-age breast cancer women who were hospitalized in Nanhai People Hospital of Foshan city in Guangdong province in 2011 or 2012 because mid-age covered the peak age of morbidity and the quantity of mid-age breast cancer women was large in the hospital. There were 271 mid-age breast cancer women who were hospitalized in the Class 3 first level general hospital.

The author interviewed 30 mid-age breast cancer women in their family or the hospital from end of July to early September in 2013. It took the author an average of 75 minutes to complete interviews which were recorded. The general situation of interviewees is shown in Table 1. In general, the lavel of the interviewees' education is low. No of them live alone and they live principally with their spouse, sons and daughters. Breast cancer women received surgery, chemotherapy(6-8 courses of treatment), radiotherapy, endocrinotherapy or traditional Chinese medicine treatment. Most interviewees go to hospital to get medicine once a month and reexamine once three or six months. There were four interviewees suffered the recurrence of breast cancer. Half of the interviewees were attacked by other disease and six of them were hysterectomized because of uterus tumor. Most interviewees found bossing not through physical examination but through touching themselves. Several breast cancer women delayed diagnosis and treatment due to uncertainty, disregard or local low medical level.

**Table 1 the General Situation of Interviewees**

	N	Percentage
<b>Age</b>		
35-44	9	30.0
45-54	18	60.0
55-59	3	10.0
Total	30	100
<b>Level of Education</b>		

under	Primary school and	10	33.3
		13	43.3
	Junior high school	5	16.7
	Senior high school	2	6.7
	Junior college and above	30	100
	Total		
<b>the First Year of Diagnosis of Breast Cancer</b>			
	2009 and before	5	16.7
	2010	5	16.7
	2011	13	43.3
	2012	6	20.0
	2013	1	3.3
	Total	30	100

## Research Results

### 1. the Physical Symptoms and their Impact on Breast Cancer Women

After treatment, breast cancer women suffered common physical symptoms such as baldness, nausea or vomit, fatigue, changes in sleep which had great impacts on the women. Especially, many breast cancer women's self-image became lower and they went out scarcely due to baldness and weight growth spurt. Some women's oophoron was influenced which lead to difficulty in sexual life. Though the symptoms decreased slowly, most breast cancer women couldn't work as usual for half a year because of the treatment and its side-effects.

**Table 2 Common Physical Symptoms after Breast Cancer Treatment**

	N	Percentage
Baldness	27	90.0
Nausea or vomit	21	70.0
Fatigue	19	63.3
Changes in sleep	18	60.0
Activity limitation of Upper limb	16	53.3
Arthralgia and pain in back or waist	16	53.3
Loss of appetite	14	46.7
Changes in menses	12	40.0
Dizziness	11	36.7
Changes in weight	11	36.7

### 2. the Psychological Status of Breast Cancer Women

After the patients knew they suffer breast cancer, minority of them had no emotion reaction. Some of them were optimistic because they found tumour early,

heard some cases of cancer rehabilitation or had no time to worry. However, most breast cancer women had emotion reaction. The most common emotion was worry and fear, especially about finance and tumour recurrence or metastasis.

Compared with older women, younger breast cancer women worried more. Most of them lost one breast and some had difficulty in sexual life so they felt incomplete and worried their spouse disliked them. Some interviewees felt other's peculiar eye and didn't know how to get along with others. Except the emotion shown in Table 3, minority patients were shocked,angry depressed as soon as they heard the cancer diagnosis.

**Table 3 the Psychological Status of Breast Cancer Women**

	N	Percentage
Emotional Reaction		
Worry or tension	21	70.0
Fear	14	46.7
Pessimism	11	36.7
Hopelessness	6	20.0
Doubt about diagnosis	5	16.7
<b>Something Breast Cancer Women</b>		
<b>Worry or Fear</b>		
Finance	16	53.3
Tumour recurrence or metastasis	10	33.3
Eye and attitude of people around	8	26.7
Care on the old and children	8	26.7
Side effects of treatment	7	23.3
Job	7	23.3
Sexual life	5	16.7
Relation with spouse	6	20.0

### **3. the Life of Breast Cancer Women**

#### **3.1 the Financial Status**

Firstly, medical fee is high and medical burden is heavy. Though most interviewees enjoyed health care, they paid ¥10000 to hundreds of thousands at their own expense. Secondly, medical insurance system isn't perfect and its coverage is limited. Medical insurance reimbursement ratio is 70%-90% generally, sometimes just 30%-40%. Besides, some rural residents can apply for reimbursement to their town government. Just few interviewees enjoy unit staff medical insurance or commercial health insurance. While the patients whose "hukou" aren't in the local bear heavier medical burden even pay entirely at his own expense. Thirdly, the income of breast cancer women and their family isn't high. More than half of interviewees' monthly average revenue was lower than ¥2000 last year. While asked average monthly family income last year, 13 interviewees gave a definite answer.

There were 3 interviewees whose average monthly family income was lower than ¥4000, another 3 interviewees' one was lower than ¥6000 and just 4 interviewees' one was higher than ¥10000.

Based on the situation, breast cancer women were faced with great financial pressure. In order to relieve the pressure, Some got financial aid or borrowed money from their relatives and friends. Some continued to work while they were under treatment or as soon as they finished treatment. Even one interviewee gave up chemotherapy and just received traditional Chinese medicine treatment. In a word, limited healthcare insurance system, low income, great financial pressure and returning to work early are all bad for breast cancer women's treatment and rehabilitation.

### 3. 2 leisure and entertainment

Most breast cancer women realize mood impacts on body greatly so they try to have a good time everyday. Except watching TV, walking and shopping, some breast cancer women do exercises such as dancing, riding bicycles, doing Tai Chi, running, playing ball, swimming, kicking shuttlecock, mountaineering and so on. These exercises help to release swelling of hands and feet, release worry and maintain interpersonal relationship. As seen from Table 4, more than half of interviewees go to sing or have tea with their family, relative, friends and wardmate sometimes. Those educated women do some reading or surf the Internet to relax themselves and increase information.

However, not all breast cancer women enjoy so colorful life and some take part in entertainment seldom. Health condition and side-effect of treatment, low level of education and income lead to activity limitation. Some women are busy with work, housework or in looking after children. In addition, there are few activity in some community.

Furthermore, breast cancer women often participate in these activities alone which decreases their interest in the leisure and entertainment. The same is even more true for those women who have few friends, bad interpersonal relationship or whose "hukou" aren't in the local.

**Table 4 the leisure and entertainment of Breast Cancer Women**

	N	Percentage
<b>leisure and entertainment</b>		
Watching TV	26	86.7
Walking	26	86.7
Shopping	25	83.3
Other exercises	19	63.3
Singing or dancing	18	60.0
Having tea	17	56.7



Travelling	14	46.7
Listening to music or broadcast	11	36.7
Reading	11	36.7
Planting flowers	10	33.3
Surf the Internet	9	30.0
Raising animals	8	26.7
<b>Frequency of others' company</b>		
No	12	40.0
Sometimes	9	30.0
Often	5	16.7
Occasionally	2	6.7
Always	2	6.7
Total	30	100

### 3.3 Social Interaction

The social interaction of breast cancer women isn't much, primarily through chat, phone and dropping around. More than half of interviewees had joined party or dining with friends or relatives but not often. Half of interviewees had never attended activities of community or corporation. Usually, urban residents close their doors as soon as they come back home so there are few occasions to contact each other. Besides, some worried about or suffered exclusion once so they avoid contact. The research result shows breast cancer women who have more social interaction are more optimistic and take part in activities of leisure and entertainment more actively.

**Table 5 Social Interaction of Breast Cancer Women**

Frequency Form	Chat		Dropping around		Letter		Phone		Party or dining		Playing chess or cards		Activities of community or corporation		Religious activities	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
No	1	3.3	6	20.0	13	43.3	0	0	11	36.7	24	80.0	15	50.0	18	60.0
Sometimes	0	0	7	23.3	2	6.7	1	3.3	3	10.0	1	3.3	3	10.0	1	3.3
Often	14	46.7	10	33.3	6	20.0	18	60.0	14	46.7	3	10.0	8	26.7	2	6.7
Occasionally	7	23.3	6	20.0	3	10.0	8	26.7	1	3.3	0	0	2	6.7	0	0
Nearly each day	7	23.3	0	0	1	3.3	1	3.3	1	3.3	0	0	0	0	0	0
Total	29	96.7	29	96.7	25	83.3	28	93.3	30	100	28	93.3	28	93.3	21	70.0

### 3.4 Relationship

In general, breast cancer women have good relationship but not so good with their sisters-in-law or brother-in-law. However, some cancer women suffered exclusion and discrimination from relatives or neighbour and were hurt deeply.

During all kinds of relationship, breast cancer women care most about

conjugal relations. Though most breast cancer women get along well with their husband and gain help and support from their husband, their sexual life has changed. Many breast cancer women have no desire or are afraid of sexual intercourse because treatment lead to exhaustion and colpoxerosis. Beside, in some Chinese' opinion, sexual intercourse will cause tumour recurrence or metastasis and accelerate death. So the frequency of breast cancer women's sexual life reduce greatly even not any more and the quality of their sexual life decline. Some breast cancer women's husband understand it and tolerate while some aren't satisfied.

### 3. 5 Work Situation

Most breast cancer women interviewed do hard even harmful work but gain low income due to low level of education. More than one third interviewees engage in the industries such as clothing, spinning, toy and hardware. Some of them return to the industries while not fully recovered. Such work environment where there are much odour and dust is bad for rehabilitation.

Breast cancer and treatment impact on the patients greatly. It usually takes cancer women half a year to receive treatment. Some women insist on working, some have to resign or be fired and some take a sick leave. During the period of sick leave, some units don't pay breast cancer women any salary but socical insurance. Some other cancer women worry about losing their jobs, so they go to hospital during paid leave time or make other excuses to leave. Because of physical state, some breast cancer women transfer to new jobs which are lighter or which schedule is more flexible.

**Table 6 Work Situation of Breast Cancer Women**

	<b>N</b>	<b>Percentage</b>
<b>Work Situation</b>		
Full-time job	11	36.7
Part-time job	3	10.0
Sick leave	2	6.7
Retirement	1	3.3
Housewife	8	26.7
No job	5	16.7
Total	30	100
<b>Monthly average revenue of the last job</b>		
¥2000 and under	12	54.5
¥2000-3999	8	36.4
¥4000-5999	2	9.1
Total	22	100
<b>Monthly average revenue last year</b>		
¥2000 and under	15	53.6

¥2000-3999	3	10.7
¥4000-5999	2	7.1
Not applicable	8	28.6
Total	28	100

#### 4. Social Support Network of Breast Cancer Women

Most breast cancer women got material, emotional support and health care and information from people around. The research found family members especially their spouse played the most important role in breast cancer recovery and offered most support while their friends, colleagues and neighbours also provided some help. In most interviewees' opinion, family members, relatives and friends have no duty to help them. And almost all interviewees were satisfied with others' help and support. Few interviewees got support from village committee, neighborhood committee, associations and non-governmental organization.

#### Conclusions

In conclusion, urbanization process influences women's health and Chinese female breast cancer are relevant to urbanization. Breast cancer and treatment impact on their body, emotion, financial status, sexual life, social interaction, relationship and jobs. We should propose and help breast cancer women to obtain and use social support from their family, peer, hospital, community to meet their physical, psychological, social and spiritual needs.

Based on the results, the author makes suggestions as follows. Firstly, physical examination should be popularized to prevent and treat the cancer. Secondly, we should strengthen propaganda and education to raise women's health consciousness. Thirdly, the government should improve medical insurance policy further to reduce cancer patients' medical burden and psychological pressure. Fourthly, we can appeal to more organizations to provide help and support to cancer women while relatives continue to play important role in patients' recovery. What's more, the community and society should respect and accept cancer patients to promote their comprehensive rehabilitation.

#### References

- [1] 廖一龄. 城市化对居民健康需求影响的实证分析. 硕士论文. 复旦大学. 2. 2009.
- [2] 王春霞, 周永生, 黄向明等. 深圳宝安地区女性乳腺癌危险因素的初步分析[J]. 中国现代实用医学杂志, 2005, 4(8): 35 — 37.
- [3] 贾卫华, 王继先, 李本孝等. 乳腺癌家族聚集性的遗传流行病学研究危险因素、分离比、遗传度分析[J]. 肿瘤, 2000, 20(4): 245~245.
- [4] 左文述, 路平华, 刘翠玲. 女性乳腺癌病因学的研究现状[J]. 中国预防医学杂志, 2002, 3(4): 336~339.

- [5]韩定芬, 马骏, 周新, 邱晖, 方黎, 黄妹. 武汉地区女性乳腺癌危险因素病例对照研究[J]. 中华流行病学杂志, 2004, 25 (3): 256.
- [6]李霓. 女性乳腺癌、子宫颈癌病因学及流行病学研究. 博士论文. 中国医科大学. 10, 43-45. 2006.
- [7]何嵘. 农村妇女乳腺癌预防知识行为现状及系统化健康教育的效果研究. 硕士论文. 中南大学. 摘要 I-II, 41-45. 2008.
- [8]王启俊, 李玲, 祝伟星, 刑秀梅, 郭瑾. 北京市乳腺癌危险因素病例对照研究[J]. 中国慢性病预防与控制, 2000, 8 (4): 165-167.
- [9]赵春英, 方琦, 谈柯岚, 路向前. 乳腺癌与负性生活事件及细胞免疫的关系[J]. 中华医学杂志, 2002, 82 (18): 1235.
- [10]邹斌, 沈福民, 沈镇宙等. 上海市女性乳腺癌的遗传流行病学及病例对照研究[J]. 中国预防医学杂志, 1994, 28(2): 72-74.
- [11]赵颖. 乳腺癌根治术患者康复需求与一般自我效能感的调查研究. 硕士论文. 吉林大学. Abstract 3-4. 2009.
- [12]方琼, 吴蓓雯, 金秋燕, 张男, 装艳, 沈冲炜. 乳腺癌患者信息需求及其影响因素调查与分析[C]. 中华护理学会全国肿瘤护理新进展研讨会论文汇编, 2012: 288-289.
- [13]薛曹怡. 上海社区乳腺癌患者生命质量现状及社区干预对策研究. 硕士论文. 复旦大学. Abstract 4. 2009.
- [14]林雯雯. 关于乳腺癌病患的社会支持研究. 硕士论文. 中山大学. Abstract. 2009.
- [15]黄海珊, 张静平, 邓小梅. 乳腺癌患者的心理问题及护理[J]. 护理研究, 2005, 19: 945-947.
- [16]唐丽丽, 张延龄. 婚姻社会支持对乳腺癌复发、转移的对照研究[J]. 中国肿瘤临床与康复, 2002, 9(2): 101-102.
- [17]裘佳佳, 胡雁, 黄嘉玲, 陆箴琦. 乳腺癌康复互助志愿者病友支持方式的应用及效果[J]. 中华护理杂志, 2008, 43 (8): 690.
- [18]彭善民, 顾晓丹. “生命之美”: 疾痛视域中的乳癌小组工作探索[J]. 华东理工大学学报, 2012, 1: 39.
- [19]周丽娟, 郭巧红, 任小红, 刘琳. 乳腺癌患者术后心理问题护理干预的研究进展[J]. 中华现代护理杂志, 2009, 15 (13): 1294.
- [20]黄晓燕. 网络支持项目对改善乳腺癌患者疾病不确定感和抑郁的效果研究. 硕士论文. 复旦大学. Abstract 3-4. 2009.