

Table 1. Compliance comparison of two groups of patients before and after treatment (case%).

Group	Observation group		The control group	
	Before treatment	After treatment	Before treatment	After treatment
Good compliance	10 (28.57)	24 (68.57)	11 (31.42)	13 (37.14)
Partial compliance	15 (42.85)	9 (25.71)	15 (42.85)	16 (45.71)
Noncompliance	10 (28.57)	2 (5.71)	9 (25.71)	6 (17.14)

Table 2. Comparison of SAS and SDS scores of two groups of patients before and after treatment ($\bar{x} \pm s$).

Group	Cases	SAS (scores)		SDS (scores)	
		Before treatment	After treatment	Before treatment	After treatment
Observation group	35	59.6 ± 6.2	45.0 ± 3.1	62.1 ± 9.8	44.7 ± 6.4
Control group	35	58.3 ± 5.4	53.1 ± 7.9	62.5 ± 7.9	53.5 ± 8.0

benign, and it is a common female malignancy. Currently, the main method of treating breast cancer with surgery, to some extent, will cause the breast surface scarring or even the entire breast to be removed, which is bound to give patients a strong mental stimulation. Before surgery, most patients don't have the correct understanding of breast cancer surgery. They often appear pessimism, despair, fear, anxiety and other negative emotional, which seriously affects the health and quality of life of patients and their families. This is not a conducive environment for surgical treatment and after surgery recovery. With the changing pattern of modern nursing, personalized care model has become more widely used in clinical care. Nurses gradually take an important nursing care role when patients are in hospital [5].

Judging from the SAS and SDS findings before treatment, most patients with breast cancer have a severe psychological burden, therefore, it is necessary to provide regular professional care and personalized care simultaneously.

In recent years, the traditional medical model began to change to the biology-psychology-social medical model. More medical workers began to realize the treatment and rehabilitation role in promoting of personalized care for patients with breast cancer. From the large number of patients with breast cancer survey, anxiety and depression in patients is a common psychological reaction. Sensitivity to pain is also one of psychological problems in patients. These negative emotions can cause sympathetic nerve activity and neurotransmitter changes in the body, thus causing a series of physiological changes of heart, blood vessels and blood flow dynamics, resulting in patients with high blood pressure, rapid heart rate, rapid breathing, etc^[6].

Personalized care is the way which refers to health education and psychological intervention combined and evidence-based care throughout the treatment. Previous study had surveyed on quality of lives of 97 cases of breast cancer patients. The researcher found out that education, occupation type, health care, family support and drug reactions have a significant impact on the quality of life of patients. In conclusion, if the caregiver can develop targeted, per-

sonalized care measures and give the patient an effective psychological intervention, it can significantly improve the quality of patient's life. From the results of this study, the observation group of patients with personalized care measures of treatment and care compliance was significantly higher ($p < 0.05$). The improvement of anxiety and depression in the observation group were better than those in the control group ($p < 0.05$). It shows that personalized care measures will enable patients to get a good mental state, improve patients' treatment compliance and reduce the unpleasant feelings of patients. This relatively good results are worthy for tremendous health care promotion.

Conflicts of interest

These authors have no conflicts of interest to declare.

Authors' contributions

These authors contributed equally to this work.

References

1. Yuan M, Liang S, Ma L. Research of nursing intervention on the compliance of chemotherapy in patients with initial breast cancer. *Chin J Misdiagnostics*. 2009;(26):6548-6549.
2. Zhang R, Liu Y, Liu L. Self-efficacy Influence Factor Analysis and Nursing Intervention Experience of Patients with Breast Cancer. *Chin J Misdiagnostics*. 2009;(26):6358-6359.
3. Hong S. Effects of individualized nursing intervention on emotion and quality of sleep in patients with breast cancer. *Pract Prev Med*. 2014;21(10):1237-1238.
4. Cao H, Tan H, Huang W, et al. The correlation analysis between postoperative quality of life in patients with breast cancer and anxiety and depression. *Mod Clin Nurs*. 2009;8(7):1-3.
5. Lu P. Application of individual nursing patterns in nursing after breast cancer surgery. *Jilin Med J*. 2013;34(32):6869-6870.
6. Li J, Wang Z, Chen A. Effect of psychological intervention on anxiety and depression in patients with malignant cancer. *J Clin Med Pract*. 2010;14(2):11-12.