Journal of Clinical and Nursing Research, 2026, Volume 10, Issue 2
http://ojs.bbwpublisher.com/index.php/JCNR
Online ISSN: 2208-3693
Print ISSN: 2208-3685

The Impact of Motivational Nursing under a Focus-Resolving Model on the Health Behaviors of Bladder Cancer Surgery Patients

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Abstract: *Objective*: To analyze the impact of motivational nursing under the solution-focused approach on health behaviors in surgical care for bladder cancer patients. *Methods*: A sample of 72 bladder cancer patients who underwent surgical treatment from September 2024 to September 2025 was randomly divided into groups using a random number table. Group A received motivational nursing under the solution-focused approach, while Group B received conventional nursing. Health behavior scores and complication indicators were compared between the two groups. *Results*: Group A had higher scores on the Health-Promoting Lifestyle Profile II (HPLP-II) than Group B, with $p < 0.05$. The postoperative complication rate in Group A was lower than that in Group B, with $p < 0.05$. *Conclusion*: For bladder cancer patients undergoing surgery, receiving motivational nursing under the solution-focused approach can improve health behaviors, alleviate negative emotions, and is highly feasible and effective.

Keywords: Bladder cancer; Motivational nursing; Solution-focused approach; Health behaviors

Online publication: Mar 13, 2026

1. Introduction

Bladder cancer has a relatively high incidence among malignant tumors of the urinary system and often requires surgical resection for treatment. Traditional surgical methods involve extensive resection, which can increase intraoperative blood loss and pose higher risks [1]. With the continuous advancement of laparoscopic minimally invasive techniques, a new treatment option has been provided for bladder cancer patients, enabling reduced surgical trauma and fewer surgery-related complications [2]. However, minimally invasive surgical procedures still constitute invasive operations, necessitating enhanced perioperative care to improve patient prognosis [3]. Conventional nursing care for bladder cancer surgery primarily focuses on ensuring surgical safety, with a relatively limited scope of nursing interventions [4]. Motivational nursing aligns with modern psychological nursing concepts, continuously stimulating patients' motivation and enhancing their willingness to cooperate, thereby activating their positive potential. Problem-focused solution-oriented nursing centers on bladder cancer patients,

addressing existing issues related to bladder cancer surgery in a focused manner, which can mobilize patients' enthusiasm and strengthen their ability to cope with adverse events [5]. Nevertheless, there is limited clinical research on motivational nursing under the problem-focused solution-oriented model, and its value in improving patients' health behaviors in bladder cancer surgical care remains unclear. Based on this, this study explores the application value of motivational nursing under the problem-focused solution-oriented model by taking 72 bladder cancer patients who underwent surgical treatment from September 2024 to September 2025 as samples.

2. Materials and methods

2.1. Materials

A sample of 72 bladder cancer patients who underwent surgical treatment from September 2024 to September 2025 was grouped using a random number table. There were no significant differences in the baseline data of bladder cancer between Group A and Group B, with $p > 0.05$, as shown in **Table 1**.

Table 1. Analysis table of bladder cancer data

Group	n	Gender (%)		Age (years)		T stage (%)	
		Male	Female	Range	Mean ± SD	Ta	T1
Group A	36	25 (69.44)	11 (30.56)	52–73	62.21 ± 1.89	20 (55.56)	16 (44.44)
Group B	36	24 (66.67)	12 (33.33)	54–75	62.36 ± 1.96	21 (58.33)	15 (41.67)
χ^2/t	-	0.0090		0.3305		0.0566	
p	-	0.9243		0.7420		0.8119	

2.2. Inclusion and exclusion criteria

2.2.1. Inclusion criteria

(1) Diagnosis of bladder cancer confirmed by pathological examination;

(2) Surgical indications based on imaging assessments such as abdominal CT or pelvic MRI;

(3) Signed informed consent;

(4) Preoperative blood tests, coagulation function, and liver and kidney function tests meet surgical requirements.

2.2.2. Exclusion criteria

(1) Patients with distant metastasis of the lesion;

(2) Patients with severe cardiopulmonary dysfunction;

(3) Patients with a history of pelvic radiotherapy;

(4) Patients with an estimated life expectancy of less than one year.

2.3. Methods (Group A)

2.3.1. Motivational nursing

(1) Establish a bladder cancer nursing team

The head nurse serves as the team leader, responsible for training in motivational nursing knowledge, including using motivational techniques to alleviate the emotions of bladder cancer patients, such as goal-

setting motivation, role model motivation, or emotional motivation. Experienced specialist nurses act as team members, responsible for implementing motivational nursing measures after undergoing training and assessment.

(2) Adjust the motivational nursing plan based on the reasons for poor health behaviors

Some bladder cancer patients have insufficient awareness of their disease, leading to issues such as neglecting follow-up appointments or failing to take medications on time, resulting in poor adherence to health behaviors. Nurses can adopt diversified forms of science popularization, such as individualized educational brochures, one-on-one Q&A sessions, and promoting popular science articles via WeChat official accounts, to correct patients' cognitive biases. For patients who fear cancer recurrence and exhibit health behavior issues such as refusing social interactions or excessive dietary restrictions, nurses should individually assess the risk of disease recurrence to alleviate patients' concerns. Additionally, nurses can share past bladder cancer recovery cases, encourage patients with excellent disease control to share their anti-cancer experiences, and guide patients in mindfulness-based stress reduction training to help them correctly understand the risk of cancer recurrence and alleviate their fear. For patients who exhibit resistance to health behaviors due to side effects such as urinary pain or urgency after bladder instillation or hair loss and nausea after chemotherapy, nurses should explain potential adverse reactions and solutions related to bladder cancer treatment before surgery, guiding patients to prepare mentally and physically for the treatment. For patients who lack accompaniment during treatment or supervision for medication intake, leading to inadequate implementation of health behaviors during the perioperative period, nurses should emphasize family care training, instruct family members to supervise patients' rehabilitation exercises, and coordinate with community volunteers to assist in caring for solitary patients, providing emotional support. For patients with insufficient self-management abilities, such as being unable to persist with pelvic floor muscle training or not knowing how to use a urinary catheter, nurses can enhance patients' self-care abilities through hands-on teaching or video demonstrations and monitor patients' implementation through WeChat group follow-up check-ins, rewarding excellent performers and assisting poor performers in analyzing reasons and adjusting nursing plans.

(3) Communicate deeply with patients' family members

Instruct family members to show more care and respect for patients, enabling patients to feel the warmth of the family and thereby improving their cooperation.

(4) Discharge guidance

When bladder cancer patients meet the discharge criteria, nurses explain postoperative precautions, inform them of follow-up appointment times, and conduct telephone follow-ups for three months after surgery, patiently answering patients' questions during the follow-up period.

2.3.2. Problem-focused solution-oriented nursing

(1) Problem description

When communicating with patients, nurses should fully utilize the conversation techniques of the problem-focused solution-oriented model while respecting patients. They should frequently use "miracle questions" or "exception questions", such as guiding patients to talk about the problems they encounter or encouraging patients to describe the treatment outcomes they hope to achieve in the future, fully exploring problems that may be overlooked by patients and summarizing nursing experiences, enabling patients to

autonomously explore their abilities and improve their cooperation with surgical treatment.

(2) Goal setting

Adjust stage-specific nursing goals based on the content of the conversation. For example, if nurses find that patients are overly fearful of cancer recurrence, they can set alleviating patients' fear as a rehabilitation goal, using role models, science popularization, and other forms to motivate patients. After achieving this goal, nurses collaborate with patients to set the next stage's goal.

(3) Exception exploration

After clarifying nursing goals, guide patients to discover their problem-solving abilities, inform patients of the importance of active cooperation, and improve nursing measures based on past experiences.

(4) Feedback

After achieving stage-specific nursing goals, nurses should affirm patients' efforts, explore their potential abilities together with patients, point out deficiencies, and improve nursing measures.

(5) Evaluation

Encourage and praise patients who cooperate well with nursing.

2.4. Methods (Group B)

Before surgery, provide general knowledge about bladder cancer surgery and guide patients in completing preoperative examinations; during surgery, cooperate with doctors to complete surgical procedures and prepare soft pillows to place under patients' bony prominences; after surgery, monitor vital signs.

2.5. Observation indicators

2.5.1. Health behavior score

The HPLP-II (Health-Promoting Lifestyle Profile II) score is positively correlated with the health behaviors of bladder cancer patients. It consists of 52 items across six dimensions, with each item scored on a scale of 1 to 4.

2.5.2. Complications

Record postoperative infections, stoma retraction, stoma prolapse, and bleeding in bladder cancer patients.

2.6. Statistical analysis

Data processing was performed using SPSS 23.0. Categorical data were recorded as percentages (%) and analyzed using the chi-square (χ^2) test, while continuous data were recorded as mean ± standard deviation ($\overline{x} \pm s$) and analyzed using the *t*-test. Statistical significance was defined as $p < 0.05$.

3. Results

3.1. Health behavior scores

After nursing, Group A had higher HPLP-II scores than Group B, with $p < 0.05$, as shown in **Table 2** and **3**.

Table 2. Analysis of health behavior scores ($\overline{x} \pm s$)

Group	Self-actualization (points)		Interpersonal relationships (points)		Health responsibility (points)	
	Before care	After care	Before care	After care	Before care	After care
Group A (n = 36)	19.02 ± 1.42	26.02 ± 1.78	19.42 ± 1.58	23.58 ± 1.84	16.98 ± 1.53	21.58 ± 2.11
Group B (n = 36)	19.09 ± 1.38	23.17 ± 1.61	19.38 ± 1.61	21.71 ± 1.43	17.02 ± 1.58	19.43 ± 1.83
t	0.2121	7.1247	0.1064	4.8147	0.1091	4.6186
p	0.8326	0.0000	0.9156	0.0000	0.9134	0.0000

Table 3. Analysis table of health behavior scores ($\overline{x} \pm s$)

Group	Nutrition (score)		Stress management (score)		Physical activity (score)	
	Before care	After care	Before care	After care	Before care	After care
Group A (n = 36)	20.23 ± 1.87	27.41 ± 2.18	17.12 ± 1.52	23.11 ± 1.87	17.88 ± 1.72	26.42 ± 2.11
Group B (n = 36)	20.31 ± 1.89	24.36 ± 2.01	17.16 ± 1.49	20.39 ± 1.62	17.91 ± 1.76	23.58 ± 1.89
t	0.1805	6.1716	0.1128	6.5963	0.0731	6.0155
p	0.8573	0.000	0.9105	0.000	0.9419	0.000

3.2. Complications

The complication rate in Group A was lower than that in Group B, with $p < 0.05$, as shown in **Table 4**.

Table 4. Analysis of complications (n, %)

Group	Infection	Stoma retraction	Stoma prolapse	Hemorrhage	Occurrence rate
Group A (n = 36)	1 (2.78)	0 (0.00)	0 (0.00)	0 (0.00)	1 (2.78)
Group B (n = 36)	2 (5.56)	2 (5.56)	1 (2.78)	1 (2.78)	6 (16.67)
χ^2	-	-	-	-	3.9560
p	-	-	-	-	0.0467

4. Discussion

Bladder cancer patients face a high risk of postoperative recurrence, and factors such as pain caused by postoperative bladder perfusion and patients' insufficient understanding of bladder cancer can easily lead to severe emotions such as fear, anxiety, and depression, which may affect their health behaviors. Therefore, it is essential to emphasize the nursing care for bladder cancer patients [6,7]. Conventional nursing primarily focuses on ensuring the successful completion of bladder cancer surgery, often neglecting patients' emotional changes and psychological interventions, thereby limiting the quality of care [8]. Motivational nursing emphasizes stimulating patients' motivation, fully mobilizing their internal enthusiasm and drive; the solution-focused approach focuses on mutual trust and respect between doctors and patients, addressing existing nursing issues, and tapping into patients' potential abilities, thereby fully mobilizing patients' enthusiasm [9,10]. Combining these nursing methods can enhance the quality of nursing care for bladder cancer surgery and contribute to a favorable prognosis.

Based on the data analysis in this study, after receiving motivational nursing under the solution-focused

approach, bladder cancer patients showed an increase in HPLP-II scores. The reasons for this are as follows: during the nursing period using the solution-focused approach, nurses employed communication techniques such as "miracle questions" and "exception questions" to encourage patients to actively express themselves and set health goals, thereby promoting their active participation in health management. In the exploration phase, nurses assisted patients in uncovering their strengths and provided positive reinforcement to those who performed well, enhancing patients' self-efficacy and making them more willing to take responsibility for their health. For patients with inadequate self-management skills, video demonstrations and one-on-one teaching methods were used to encourage exercise, ensuring the continuity of postoperative exercise. Diversified educational methods, such as educational brochures, one-on-one Q&A sessions, and WeChat-based science popularization, were employed to correct patients' misconceptions and guide them to recognize the importance of healthy eating habits. Sharing past successful cases of bladder cancer treatment and encouraging patients with good bladder cancer control to share their experiences helped rebuild patients' social confidence [11-13]. Another set of data indicated that after receiving motivational nursing under the solution-focused approach, the postoperative complication rate among bladder cancer patients decreased. The reasons for this are as follows: nurses proactively explained potential adverse reactions of bladder cancer surgery and informed patients of coping measures, preventing patients from refusing treatment due to fear. Emotional support was provided through goal motivation, role model motivation, and mindfulness-based stress reduction training, reducing patients' stress responses and lowering the risk of postoperative complications [14,15].

5. Conclusion

In conclusion, bladder cancer surgery patients who receive motivational nursing under the solution-focused approach experience improved health behavior scores and reduced postoperative complications, demonstrating its value for widespread adoption.

Disclosure statement

The authors declare no conflict of interest.

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