# Effect of Continuous Nursing on Self-Efficacy and Quality of Life of Patients with Inflammatory Bowel Disease

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**Abstract:** *Objective:* To implement continuous nursing for patients with inflammatory bowel disease, and to explore and analyze the self-efficacy of patients and its impact on the quality of life. *Methods:* From May 2019 to April 2020, 50 patients with inflammatory bowel disease in our hospital were selected as research subjects. The patients were divided into control group and observation group by drawing lots. The treatment effects and impact on quality of life of the two groups were compared and analyzed. The control group adopted routine nursing mode and the observation group adopted continuous nursing mode. *Results:* Compared with before admission, there was no significant difference in self-efficacy and quality of life between the two groups. After continuous nursing intervention, the scores of self-efficacy and quality of life in the observation group were better than those in the control group 6 and 12 months after discharge, and the negative emotions such as anxiety and depression were improved. There were significant differences between the two groups (P < 0.05). *Conclusion:* Continuous nursing for patients with inflammatory bowel disease can improve their bad mood, improve their sense of self-efficacy and quality of life, which is worthy of clinical application and promotion.

**Keywords:** Inflammatory bowel disease; Continuous nursing; Self efficacy; Quality of life

## 1. Introduction

Inflammatory bowel disease includes Crohn's disease, ulcerative colitis and so on [1]. The clinical manifestations are abdominal pain, diarrhea and chronic inflammation. It has the characteristics of high incidence rate and high mortality. The unclear etiology increases the difficulty of clinical treatment [2], affecting the therapeutic effect and reducing the quality of life. Therefore, while treating this disease, patients should also be given nursing intervention to improve the quality of life [3]. Continuous nursing is to formulate a reasonable and effective nursing plan for patients through scientific means, reduce patients' pain, dredge their bad emotions such as anxiety and depression, improve cooperation and improve self-efficacy. By applying continuous nursing in the treatment of inflammatory bowel disease, this paper explores and analyzes the impact of patients' self-efficacy and quality of life.

## 2. Materials and methods
### 2.1. General information
Fifty patients with inflammatory bowel disease treated in our hospital from May 2019 to April 2020 were selected as the research subjects. The patients were divided into control group and observation group by

drawing lots, with 25 cases in each group. The control group included 14 male patients and 11 female patients. The maximum age was 77 years old, and the minimum age was 26 years old. The average age was $51.5 \pm 3.5$ years old. The course of disease was 3–18 years, and the average course of disease was $10.5 \pm 4.5$ years. There were 15 male patients and 10 female patients in the observation group; the maximum age was 78 years old, the minimum age was 27 years old, the average age was $52.5 \pm 2.5$ years, the course of disease was 4–19 years, and the average course of disease was $11.5 \pm 5.5$ years. There was no significant difference in the basic data between the two groups ($P > 0.05$).

Inclusion criteria are as follows: (i) Patients who meet the diagnostic criteria of inflammatory bowel disease and have no contraindications and no history of drug allergies; (ii) Patients with severe liver and kidney insufficiency, myocardial infarction, malignant tumors, blood diseases, infectious diseases or mental disorders.

## 2.2. Methods
The control group took routine nursing mode to guide the patients in medication, diet and exercise, and did not take any special nursing measures. The patients in the observation group received continuous nursing on the basis of treatment given to control group. The specific implementation methods are as follows:

### 2.2.1. Establishment of nursing group
A continuous nursing group was established. The members of the group included 2 attending physicians, 1 chief nurse, 3 nurses and 1 researcher. The attending physician was responsible for the diagnosis and treatment of patients, the chief nurse was responsible for the formulation of continuous nursing plan, and was responsible for the supervision and guidance of nurses. Nurses were responsible for the implementation of continuous nursing operations, and researchers were responsible for the collection and management of patient data analysis and follow-up after discharge. Members of the group perform their respective duties and supervise each other.

### 2.2.2. Establishment of disease management archives
After the patient was admitted to the hospital, the basic situation of the patient was evaluated, and the disease management archives were established with the consent of the patient and his family members. The possible risks were evaluated, and corresponding preventive measures were formulated.

### 2.2.3. Health education
After admission, by organizing lectures, distributing manuals and watching videos, the patients would have an understanding of the occurrence and development of the disease, treatment plan, nursing measures and precautions so as to improve patients' awareness, enable them to cooperate with nursing work and improve treatment efficiency.

### 2.2.4. Psychiatric nursing
Inflammatory bowel disease has a long course and poor prognosis, which affects the normal life of patients, resulting in negative emotions such as anxiety, depression, upset and despair. At the same time, they worry about medical expenses and other problems, which increase the psychological burden. For this, nurses should communicate with patients, understand the real thoughts of patients, dredge bad emotions and alleviate the psychological pressure of patients. The patients should be comforted and encouraged to enhance their confidence in the treatment of diseases.

## 2.2.5. Life nursing

It is necessary to provide patients with a warm and comfortable ward environment with appropriate temperature and humidity. We should keep bedridden patients' abdomen warm, clean their skin with warm water, ensure that the skin around the anus is clean and dry [4], avoid ulcers and reduce the incidence of infection. It is also necessary to assist bedridden patients to turn over regularly to reduce the occurrence of pressure ulcer, and improve bed protection to avoid adverse events such as falling and falling off the bed.

## 2.2.6. Follow up after discharge

It is necessary to confirm the contact information to the patients and their families, inform them that they will be followed up after discharge, and formulate a return visit plan according to the specific situation of the patients. During the return visit, they will understand the medication, diet, exercise and other conditions in detail, evaluate the psychological state of the patients, and patiently and carefully answer their questions.

## 2.3. Observation indexes

### 2.3.1. Anxiety and depression scores of patients before and after nursing

The anxiety and depression scores of patients were statistically analyzed by self-rating anxiety scale and self-rating depression scale. The score was 100 points. The higher the score is, the more serious the anxiety and depression of patients is.

### 2.3.2. Self-efficacy assessment

The efficacy of patients was evaluated and analyzed by inflammatory bowel disease self-efficacy scale. The score range was 29–290 points. The higher the score is, the stronger the patients' sense of self-efficacy is.

### 2.3.3. Quality of life score

The quality-of-life questionnaire was distributed to the patients after admission, and the statistical analysis was carried out. The patients were followed up after discharge, and the scores of the quality of life of the patients were counted. The higher the score is, the better the quality of life of the patients is.

## 2.4. Statistical analysis

The research data in this paper was calculated and analyzed by the statistical software SPSS 23.0. When $P < 0.05$, it indicates the existence of statistical significance. The measurement data is represented by $t$-test and mean±standard deviation.

## 3. Results

### 3.1. Comparison of anxiety and depression scores of patients between the two groups before and after nursing

Before nursing, there was no significant difference in the scores of anxiety and depression between the two groups. After continuous nursing intervention, the scores of anxiety and depression in the observation group were lower than those in the control group, suggesting that the negative emotions were significantly improved. There were differences between the two groups ($P < 0.05$), as shown in the **Table 1**.

### 3.2. Comparison of self-efficacy scores between the two groups

Compared with admission, the self-efficacy scores of patients in the observation group were better than those in the control group 6 and 12 months after discharge. **Table 2** shows the differences between the two groups ($P < 0.05$).

**Table 1.** Comparison of anxiety and depression scores between the two groups before and after nursing

| Group | Anxiety score | | Depression score | |
|---|---|---|---|---|
| | Before nursing | After nursing | Before nursing | After nursing |
| Control group (n = 25) | 69.58±4.42 | 59.26±2.37 | 65.39±4.87 | 47.26±3.36 |
| Observation group (n = 25) | 69.47±4.13 | 48.31±1.17 | 65.28±4.59 | 36.21±2.01 |
| t | 0.0909 | 20.7146 | 0.0822 | 14.1112 |
| P | 0.9279 | 0.0000 | 0.9348 | 0.0000 |

Data expressed as mean±standard deviation.

**Table 2.** Comparison of self-efficacy scores between the two groups

| Group | Number of cases | On admission | 6 months after discharge | 12 months after discharge |
|---|---|---|---|---|
| Observation group | 25 | 32.36±4.41 | 249.54±11.32 | 239.03±8.27 |
| Control group | 25 | 32.92±5.64 | 170.32±18.11 | 128.25±11.68 |
| t | - | 0.3911 | 18.5468 | 38.7035 |
| P | - | 0.6975 | 0.0000 | 0.0000 |

Data expressed as mean±standard deviation.

### 3.3. Comparison of quality-of-life scores between the two groups

Through the implementation of the two nursing modes, the quality-of-life scores of the two groups 6 and 12 months after discharge were significantly higher than those at admission, and the scores of the observation group were significantly higher than those of the control group (P < 0.05). The data are shown in the **Table 3**.

**Table 3.** Comparison of quality-of-life scores between the two groups

| Group | Number of cases | On admission | 6 months after discharge | 12 months after discharge |
|---|---|---|---|---|
| Observation group | 25 | 137.46±4.41 | 189.74±9.32 | 165.37±5.37 |
| Control group | 25 | 137.82±5.64 | 170.32±10.11 | 125.65±6.28 |
| t | - | 0.2514 | 7.0616 | 24.0352 |
| P | - | 0.8026 | 0.0000 | 0.0000 |

Data expressed as mean±standard deviation.

### 4. Discussion

The common clinical manifestations of inflammatory bowel disease are abdominal pain, diarrhea and chronic inflammation. The etiology of this disease is not clear, so the clinical treatment mostly focuses on controlling the disease [5]. Although the current treatment methods are relatively mature, postoperative patients may have serious complications such as intestinal obstruction and intestinal perforation due to less optimal nursing quality [6], which not only threatens the life safety of patients, but also reduces the quality of life of patients. Therefore, nursing intervention should be strengthened while clinical treatment is carried out.

Continuous nursing is to carry out reform and innovation on the basis of conventional nursing mode, to give humanistic care to patients, and to carry out nursing intervention on their psychology and physiology, so as to enable patients to obtain a sense of security and actively cooperate with the smooth development of nursing work so as to improve the treatment efficiency [7]. We can apply continuous nursing to

inflammatory bowel disease, organize and establish a continuous nursing team, establish disease management files for patients, provide health education, psychological and life guidance, and pay regular return visits to patients after discharge to understand their daily life, understand their medication, diet and exercise, evaluate the psychological state of patients, and answer their questions patiently and carefully, so as to improve patients' sense of self-efficacy and quality of life [8] . The results of this study showed that there was no significant difference in anxiety, depression, self-efficacy and quality of life between the two groups before nursing. Under the intervention of two different nursing modes, the scores of patients in the observation group were significantly better than those in the control group ($P < 0.05$). Our results verified the beneficial effects of the application of continuous nursing.

In conclusion, inflammatory bowel disease has a certain impact on the physiology and psychology of patients. In clinical treatment, nursing intervention should also be strengthened. Through the implementation of continuous nursing, adverse emotions such as anxiety and depression can be alleviated, so that the patient's sense of efficacy and quality of life can be significantly improved, which is worthy of clinical application and promotion.

## Disclosure statement

The author declares no conflict of interest.

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