

Analysis of Humanistic Nursing Care in Regulating the Emotion, Satisfaction, and Sleep Quality of Inpatients with Hematologic Neoplasms

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Abstract: *Objective:* To explore the clinical application value of humanistic nursing care in the treatment of hematologic neoplasm inpatients. *Methods:* Fifty-two patients with hematologic neoplasms admitted to a hospital from May 2019 to February 2022 were selected as the research subjects. According to a random number table, they were divided into two groups: the control group (n = 25, routine clinical nursing) and the observation group (n = 27, humanistic nursing care). The negative emotion score, nursing satisfaction, and sleep quality were compared between the two groups under different nursing modes. *Results:* The SAS and SDS scores before and after nursing were compared between the two groups. There was no significant difference between the two groups before nursing ($p > 0.05$). However, the SDS and SAS scores in the two groups after nursing were lower than those before nursing, in which the observation group was slightly lower than the control group, and the difference was statistically significant ($p < 0.001$). In terms of nursing satisfaction, it was as high as 96.29% in the observation group, whereas in the control group, the satisfaction rate was only 72.00%; the PSQI scores were compared between the two groups before and after nursing, and there was no significant difference between the two groups before nursing ($p > 0.05$). However, the PSQI scores and total score of the observation group after nursing were lower than those of the control group ($p < 0.001$). *Conclusion:* In the clinical treatment of patients with hematologic neoplasms, the implementation of humanistic nursing care can significantly improve patients' anxiety, depression, other negative emotions, sleep quality, and nursing satisfaction, all of which have significance in promoting the prognosis of patients and improving their quality of life.

Keywords: Humanistic nursing care; Hematologic neoplasms; Anxiety; Depression; Quality of sleep

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1. Introduction

Blood cancers are a type of high-grade malignant tumor, and because they have high incidence rate and mortality rate, the patients' physiology and psychology may be affected. Therefore, in the clinical treatment of patients with blood cancer, in addition to the necessary drugs, radiation, and chemotherapy, they should be provided with humanistic nursing care. High quality nursing services should be provided to these patients to eradicate negative emotions and encourage them in such a way that they would actively cooperate with their treatment plan, thus improving the prognosis. In terms of the application value of humanistic nursing care in the treatment of patients with hematologic neoplasms, scholars hold different opinions and views. In order to explore the specific application value of humanistic nursing care in improving anxiety, depression, and other negative emotions in the treatment process of patients with hematologic neoplasms,

clinical trials were carried out. In one of the clinical trials ^[1], the selected subjects were divided into the control group and the experimental group, in which routine clinical nursing and humanistic nursing care were implemented, respectively. In the implementation of humanistic nursing care for patients in the experimental group, the service principles of patient-centered and meeting patients' needs were upheld. Department experts and psychologists conducted systematic training for the nursing staff, which not only improved their communication skills, but also their psychological nursing ability, thus ensuring that they can rely on their own professional quality and nursing experiences to offer solid psychological counseling while providing nursing services to patients; at the same time, by creating a WeChat platform, humanistic nursing care was expanded outside the hospital for routine follow-up, assisting patients in improving their self-care ability and knowledge of blood cancers, as well as advising them to maintain a regular lifestyle and develop exercise habits under the guidance and supervision of the nursing staff, in order to achieve a steady improvement in their quality of life. The results showed that after a period of time, the patients' anxiety, depression, and other negative emotions significantly improved; in addition, their treatment compliance also improved, which was found extremely beneficial in improving the prognosis of patients. Through another clinical research ^[2], Yang Zhiting and several researchers compared the emotional state (SDS and SAS scores), sleep condition (PSQI score), compliance, and other indicators of two groups of patients under routine clinical nursing and humanistic nursing care, respectively. The study found that all the indicators in the group that received humanistic care nursing were better than those in the group that received routine clinical nursing. The SDS, SAS, and PSQI scores as well as the total score of the humanistic nursing care group were significantly lower than those of the control group ($p < 0.001$). In terms of treatment compliance, the humanistic nursing care group (100%) was significantly higher than the control group (91%) ($p < 0.5$), which fully verified the application value of this nursing model in the clinical treatment of patients with hematological neoplasms. Based on the research results of numerous experts and scholars, this study aimed to explore the application value of humanistic nursing care in regulating the emotion, satisfaction, and sleep quality of hematologic neoplasm inpatients through a clinical trial.

2. Methods

2.1. Study population

A total of 52 patients with hematologic neoplasms admitted to a hospital from May 2019 to February 2022 were selected as the research subjects. They were divided into two groups, the control group and the observation group, based on a random number table. There were 25 cases in the control group, with 9 cases of leukemia, 5 cases of malignant lymphoma, 7 cases of multiple myeloma, and 4 cases of other blood diseases; the average age of the patients was 36.15 ± 11.88 , and all the patients received routine clinical nursing. There were 27 cases in the observation group, with 8 cases of leukemia, 10 cases of malignant lymphoma, 6 cases of multiple myeloma, and 3 cases of other blood diseases; the average age of the patients was 36.29 ± 12.12 , and they received humanistic nursing care during their treatment. There was no significant difference in the general data between the two groups ($p > 0.05$). The study was approved by the hospital ethics committee.

2.2. Study design

2.2.1. Control group

Routine clinical nursing was provided for the patients in the control group, strictly in accordance with the hospital oncology disease treatment specifications. Aseptic procedures were adhered to, in order to reduce the risk of infection. At the same time, the patients and their families were informed about the precautions of their condition, so that targeted rehabilitation training could be implemented.

2.2.2. Observation group

Humanistic nursing care was provided for the patients in the observation group. First of all, the department established a humanistic nursing care team. The team consisted of a head nurse and four other experienced nurses, all of whom gained understanding of the concept of humanistic nursing care and were well-versed with the psychological nursing method, tumor nursing essentials, and effective communication through intensive training and independent learning. Second, there was an increase in health promotion frequency by using the ward television to share information to the patients about the methods of drug use for tumors, the routine examinations, the related complications, and the preventive measures, in order to deepen the understanding of the patients and their families on blood cancers. Thirdly, after their nursing work, the team members effectively communicated with the patients, comprehended their needs emotionally and psychologically, introduced them to successful cases with positive outcomes, and assisted them in building confidence to overcome their illness, so that they would be more cooperative with the treatment plan. Last but not least, the team provided financial support for patients with family issues by raising funds, comforted the patients, allayed their concerns, and lessened the impact of their negative emotions.

2.3. Observation indicators

The Self-Rating Anxiety Scale (SAS) and Self-Rating Depression Scale (SDS) were used to evaluate the anxiety and depression of patients before and after nursing. The total score was 100 points. The lower the score, the lesser the anxiety or depression. The Pittsburgh Sleep Quality Index (PSQI) was used to evaluate the patients' sleep quality, with a total score of 21 points. The lower the score, the better the sleep quality. The overall satisfaction of the patients was evaluated by means of a questionnaire survey. Three options were given, namely very satisfied, satisfied, and dissatisfied. The patients were asked to tick (√) the corresponding columns based on their actual feelings. Statistical analysis was performed to gauge the overall satisfaction rate of the two groups of patients.

2.4. Statistical analysis

The data were processed by using SPSS 19.0. The enumeration data were expressed in rate (%) and by χ^2 test; the measurement data was expressed in $\bar{x} \pm s$ and tested by using t-test; $p < 0.05$ was considered statistically significant.

3. Results

3.1. Comparison of SAS and SDS scores between the two groups before and after nursing

Comparing the SAS and SDS scores of the two groups before and after nursing, there was no significant difference between the two groups before nursing ($p > 0.05$). However, after nursing, the SDS and SAS scores of the two groups were lower than those before nursing, and those of the observation group was slightly lower than those of the control group, in which the difference was statistically significant ($p < 0.001$), as shown in **Table 1**.

Table 1. Comparison of SAS and SDS scores between the two groups before and after nursing (points, $\bar{x} \pm s$)

Group	SAS				SDS			
	Before Nursing	After Nursing	t	p	Before nursing	After nursing	t	p
Control group (n=25)	74.88 ± 5.52	51.63 ± 5.28	15.2187	0.0000	73.06 ± 6.82	52.34 ± 4.73	12.4824	0.0000
Observation group (n=27)	75.01 ± 5.48	42.33 ± 3.95	25.1377	0.0000	72.67 ± 6.67	43.92 ± 4.72	18.2826	0.0000
t	0.0852	7.2271			0.2084	6.4206		
p	0.9325	0.0000			0.8358	0.0000		

3.2. Comparison of nursing satisfaction between the two groups

By observing the nursing satisfaction of the two groups, the nursing satisfaction of the observation group was significantly higher than that of the control group (93.02% versus 71.79%). The chi-square test results was $\chi^2 = 36.5433$, and the difference was statistically significant ($p = 0.0412$), as shown in **Table 2**.

Table 2. Comparison of nursing satisfaction between the two groups of patients (n/%)

Group	Very satisfied	Satisfied	Dissatisfied	Satisfaction
Control group (n = 25)	7 (28.00)	11 (44.00)	7 (28.00)	18 (72.00)
Observation group (n = 27)	18 (66.67)	8 (29.62)	1 (3.70)	26 (96.29)
χ^2				4.1679
p				0.0412

3.3. Comparison of PSQI scores between the two groups before and after nursing

Comparing the scores of each dimension of PSQI between the two groups before and after nursing, there was no significant difference between the two groups before nursing ($p > 0.05$). However, the PSQI scores and total score of the observation group after nursing were lower than those of the control group ($p < 0.001$), as shown in **Table 3**.

Table 3. Comparison of PSQI scores before and after nursing between the two groups (points, $\bar{x} \pm s$)

Dimension	Nursing	Control group (n = 25)	Observation group (n = 25)	t	p
Sleep quality	Before nursing	2.08 ± 0.49	2.04 ± 0.47	0.3004	0.7651
	After nursing	1.45 ± 0.35	0.91 ± 0.15	7.3274	0.0000
Sleeping time	Before nursing	2.00 ± 0.20	2.00 ± 0.29	0.0000	1.0000
	After nursing	1.32 ± 0.34	0.95 ± 0.20	4.8264	0.0000
Sleep efficiency	Before nursing	2.32 ± 0.25	2.31 ± 0.23	0.1502	0.8812
	After nursing	1.63 ± 0.33	1.22 ± 0.20	5.4646	0.0000
Sleep disorder	Before nursing	1.91 ± 0.33	1.88 ± 0.38	0.3029	0.7632
	After nursing	1.46 ± 0.24	1.02 ± 0.16	7.8329	0.0000

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Dimension	Nursing	Control group (n = 25)	Observation group (n = 25)	t	p
Hypnotic drugs	Before nursing	1.83 ± 0.44	1.84 ± 0.43	0.0829	0.9343
	After nursing	1.30 ± 0.32	0.62 ± 0.18	9.5365	0.0000
Total PSQI score	Before nursing	10.14 ± 1.6	10.07 ± 1.97	0.1545	0.8778
	After nursing	7.16 ± 1.58	4.72 ± 0.89	6.9280	0.0000

4. Discussion

Hematological neoplasms cause a severe blow to the patient's psychology and physiology due to their high degree of malignancy, challenging treatment, and low cure rate. As a result, patients tend to develop severe anxiety, depression, and other negative emotions, which are extremely unfavorable for their prognosis [3,4]. Therefore, in the treatment of hematologic neoplasms, the main goal is to minimize patients' negative emotions, improve their sleep quality, and promote their quality of life [5]. In this process, in addition to the necessary drugs, radiotherapy, and chemotherapy, humanistic nursing care should also be provided [5]. The latter is based on the basic principles of "people-centered," where care is given to their emotions and quality of life during the nursing period [6,7]. Under the humanistic nursing care model, nurses use their professional nursing skills, superb psychological nursing ability, and excellent communication skills to address the concerns of patients and meet their basic demands, so that they would feel comforted and actively cooperate with the treatment plan, thus improving the treatment effect [8,9].

In this study, by comparing the SAS and SDS scores of the two groups before and after nursing, there was no significant difference between the two groups before nursing ($p > 0.05$). However, after nursing, the SAS and SDS scores of the observation group were lower than those of the control group, in which the difference was statistically significant ($p < 0.001$), suggesting that humanistic nursing care has significant clinical application value in improving patients' negative emotions. The reason for this effect is that in the process of humanistic nursing care, the humanistic nursing care team, which consists of nurses in the department, can provide more targeted nursing services to patients with hematological neoplasms through professional training and use their rich professional knowledge to help patients understand their own condition, treatment process, and precautions [10-12]; at the same time, the team can also use their own professional psychological nursing ability to provide psychological counseling and eradicate the negative emotions experienced by patients, thereby improving patients' treatment compliance and ensuring that the patients develop good exercise and lifestyle habits during the treatment process [13]. Comparing the nursing satisfaction between the two groups, only one patient in the observation group was dissatisfied with the nursing care, and the total nursing satisfaction rate was as high as 96.29%, whereas among the 25 patients in the control group, 7 patients were dissatisfied, and the satisfaction rate was only 72.00%, suggesting that humanistic nursing care can significantly improve patients' nursing satisfaction. By comparing the PSQI scores between the two groups before and after nursing, there was no significant difference between the two groups before nursing ($p > 0.05$), but the PSQI scores and the total score of the observation group after nursing were lower than those of the control group ($p < 0.001$), indicating that the psychological and humanistic nursing care interventions implemented under the humanistic nursing care model can greatly improve patients' sleep quality and promote an improvement in their quality of life [14,15].

In conclusion, the implementation of humanistic nursing care for hematologic neoplasm inpatients not only eliminates the negative emotions experienced by these patients, such as anxiety and depression, but also improves their sleep quality and nursing satisfaction; thus, it has high clinical application value.

Disclosure statement

The author declares no conflict of interest.

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