

Significance of Psychological Nursing in oncology Internal Medicine

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Abstract: *Objective:* To study and analyze the effect of using psychological care in patients with oncology. *Methods:* 66 patients with oncology internal medicine were collected and their psychological care was strengthened. The negative emotion score and quality of life score were observed and compared before and after nursing. *Results:* Patients had better negative emotional scores after care than before care; The scores of quality of life were significantly higher after nursing than before nursing ($P < 0.05$). *Conclusion:* In the nursing process of oncology patients, strengthening psychological care can significantly improve the negative mood of patients, so that they can maintain good psychological condition and improve their quality of life, which is worth popularizing.

Keywords: oncology Internal Medicine; Psychological care; Nursing Effect

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Patients with cancer require surgical treatment, long-term chemotherapy radiotherapy therapy, and drug intervention, all of which have a significant physiological and psychological impact, and even a double blow^[1]. According to relevant studies, oncology's medical patients generally have negative emotions such as anxiety, depression, and panic, and even suicidal tendencies, which are worrying^[2]. Currently, clinical efforts have been made to explore and investigate effective care for patients with oncology aimed at alleviating the patient's pain and injury caused by the disease. In particular, pain caused by oncology can significantly reduce the quality of life of patients and affect their adherence to treatment, so effective

care and psychological intervention are important. In this study, psychological care was used in patients with oncology's internal medicine and is reported as follows:

1 General DATA AND METHODS

1.1 General Data

From January 2016 to February 2017, 66 patients with oncology internal medicine in our hospital were selected, including 35 males and 30 females. The age was between 20 years -72 years and the mean age was (43.7±3.1) years. Of the 66 patients, 28 were gastric cancer, 20 were lung cancer, and 18 were liver cancer. Inclusion criteria: Patients were confirmed by postoperative pathological biopsy; The patient and his family were aware of the objectives of the study and expressed support and cooperation. Rule out criteria: Patients with comorbid psychiatric disorders; Those with significant organ dysfunction.

1.2 Method

Strengthening psychological care for patients:

1.2.1 Set up a psychological care group. Eight - 10 patients per care group, self-introducing, and identifying the purpose and meaning of the group's composition, helping patients to understand each other and form allies to overcome the disease, thereby trust, encourage, and rely on each other. Patients are informed about the symptoms, progression, treatment, possible complications, and adverse effects of oncology, and their psychological and emotional effects, so that patients are well prepared to actively cooperate with treatment and face the reality. Caregivers should promptly assess the patient's behavior, mood, existing psychological problems, and psychological needs for effective intervention.

1.2.2 Emotional support. The majority of patients in the oncology medical department have severe negative emotions, so caregivers should be patient enough to actively listen to the patient's complaints, master their negative emotions, and provide comfort measures to effectively relieve psychological and mental stress. During group activity, patients are encouraged to say what they think, and caregivers should not be in a hurry to interrupt the patient, should be guided and understood through appropriate nod-ups, attention, etc. If the patient asks more professional medical questions, the caregiver should give a non-conclusive evaluation. Specific topics are discussed around the patient's condition, and if a significant change in the patient's mood is found during the discussion, the topic should be shifted in a timely manner to stabilize the patient's mood. Patients are actively encouraged to take advantage of their potential strengths and strengths in order to make full use of their subjective initiative, inspire potential capabilities, and enhance confidence in coping with crises.

1.2.3 Relaxation therapy. The caregiver guides the patient in the way of actively defending against external unhealthy factors and eliminating their own unhealthy emotions, while training the patient in relaxing the muscles of the body and imagining the most calm, comfortable, and relaxed situation that allows the patient to master a relaxing technique, combined with musical therapy, and widely used in everyday life. Music therapy should select tracks that are appropriate for the patient's mental status, and allow the patient to define the purpose and approach of the music intervention, and then instruct them to perform situational association, gradually relax the body, and maintain emotional stability with the patient's consent.

1.2.4 is supported. Focus on the various support systems in the patient's family and social resources, promote awareness of the disease and the psychological work of the patient's family, and let them know that the patient needs the support and encouragement from the

family, and ask them to communicate more with the patient, so that the patient can get the understanding and help from the patient's family, help the patient minimize the pressure or negative mood from the family, and improve their confidence to overcome the disease. On the other hand, patients should also be helped to recognize their own problems, to enable them to recognize themselves from a new perspective, to recognize their own interpersonal patterns, to help them unwind their emotions, and to proactively try new interpersonal patterns.

1.3 Evaluation Indicators

Negative emotional scores and quality of life scores before and after care were used as evaluation indicators for this study.

Anxiety self-assessment scale criteria: No anxiety, ≤ 50 points; Mild anxiety, 51 to 59; Moderate anxiety, 60 to 69; Severe anxiety, ≥ 70 points.

Self-assessment criteria for depression: No depression, ≤ 53 points; Mild depression, 53 to 62; Moderate depression, 63 to 72; Severe depression, > 72 points^[3].

Physical function, social function, psychosocial function and adverse reaction in the quality of life scale were selected. The full score of each dimension was 50 points, and the score was proportional to the quality of life of the patients^[4].

1.4 Statistical Analysis

SPSS22.0 Processing of data, in-process measurement data by t test, and count data by Chi-square test, if $P < 0.05$, indicating statistical significance of data comparison.

2 Results

Patients had better negative mood scores after care than before care; The scores of quality of life were significantly higher after nursing than before nursing ($P < 0.05$). See Table 1, Table 2.

Table 1. Comparison of negative mood scores before and after care ($\bar{x} \pm s$)

Time point	Number of cases	Anxiety Self-Rating Scale Score	Depression Self-Rating Scale Score
Pre-care	66	46.33±8.46	49.88±7.48
After care	66	32.81±5.27	41.78±2.46
T-value		12.932	10.139
P		0.001	0.001

Table 2. Comparison of quality of life scores between the two groups ($\bar{x} \pm s$)

Time point	Number of cases	Physical function score	Social Function Score	Mental function score	Adverse reaction score
Pre-care	66	32.75±4.20	30.31±4.65	31.16±5.35	29.27±3.53
After care	66	44.67±3.61	42.97±4.14	41.88±4.90	35.62±4.75
T-value		12.523	11.935	8.644	6.368
P		0.001	0.001	0.001	0.001

3 Discussion

oncology Internal medicine patients require long-term cycle therapy, which results in extreme emotional depression and a strong sense of fear of disease, as well as exclusion and resistance to treatment and care, so effective psychological intervention is important [5]. However, routine care focuses on scientific management and health education, advocating a combination of treatment processes and a lack of attention on patients' emotions or psychology.

In this study, psychosocial care was strengthened in patients with oncology's internal medicine, and after care, negative emotional scores and quality of life scores were significantly better than those before care. It is therefore suggested that psychological care can play a significant role in the treatment of patients with oncology. Studies have reported that complex examinations, periodic chemotherapy, and surgical treatment during oncology therapy can lead to a poor association of the patient with his or her condition, leading to a series of negative emotions, a decrease in heart rate and blood pressure, and even a worsening of the patient's condition [6]. Therefore, most investigators advocate that positive, upward attitudes should be actively conveyed when caring for patients, and that care and warmth be felt by patients through smile, eye sign, and detailed care, so that their negative mood is significantly relieved and their prognosis is significantly improved [7]. Nursing psychology is to use psychology and medical theory to explore the patient's inner activity rules, and then to give corresponding psychological nursing measures to deal with the patients during the treatment of different levels of psychological problems, and then to change their psychological status and abnormal behavior, so as to achieve the goal of patient rehabilitation. Through this study, we found that psychological nursing intervention fully embodies the new concept of "people-centred" care, maintains

and respects the vital interests of patients, and fully integrates the love and responsibility into the care process, so that patients can enjoy more emotional and caring care services, thus increasing the patient's self-efficacy, psychological satisfaction, and spiritual support and encouragement, so that they can recover as soon as possible and be more satisfied.

In conclusion, in the course of nursing care of oncology patients, strengthening psychological care can significantly improve the negative mood of patients, so that they can maintain good psychological condition and improve their quality of life, which is worth popularizing.

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