

An Analysis of Hospice Care and Nursing for Patients with Gynecological Tumors

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Abstract: Objective: To explore the clinical effect of high-quality nursing interventions and hospice care on patients with gynecological tumors through an experimental research. Methods: A total of 100 patients with gynecological tumors treated in our hospital from June 2018 to June 2019 were selected as the objects of experimental research. The 100 patients were divided into four groups randomly: A, B, C and D, with 25 patients in each group. Group A received routine nursing, Group B received clinical care, Group C received high-quality nursing and Group D received combined clinical care with high-quality nursing. These nursing interventions were implemented on each group to help the patients adjust their mental state and enhance their compliance with treatment protocols. Results: After all kind of nursing interventions were applied to the 100 patients with gynecological tumors that were selected, their psychological problems were effectively alleviated, their negative emotions, such as anxiety, depression and fear were relieved, and their compliance with treatment protocols was also significantly enhanced. None of the patients participating in this study suffered from serious adverse outcomes during hospitalization, because of the treatment or nursing interventions. Conclusion: In parallel with basic nursing to patients with gynecological tumors, additional high-quality nursing services for patients and proper hospice care can remarkably improve patients' satisfaction with clinical nursing and their compliance with the treatment protocols, bring down the incidence of complications during treatment, and ameliorate the physical and mental health of patients. It is worthy of popularization and application among patients undergoing malignant tumor chemotherapy clinically.

Key words: patients with gynecological tumors; hospice care; high-quality nursing

1. Introduction

Gynecological tumors have always been one of the leading diseases that threaten the health of women in clinical practice. Gynecological malignant tumors include cervical cancer and ovarian cancer, etc^[1-3]. At present, the main treat protocol is surgical removal, followed by chemotherapy. However, chemotherapy is usually a very

long and painful process. Patients often develop serious psychological problems and many even suffer from psychological diseases^[4]. Thus, attention should be paid to the mental health of patients during chemotherapy and active psychological intervention should be delivered to patients. Only in this way can we improve the effect of clinical nursing and promote the nursing satisfaction of patients, which is also of great significance for the improvement of the quality of life of patients. In this study, 100 patients with gynecological tumors from June 2018 to June 2019 were selected for an experimental. Psychological problems of all of the 100 patients were analyzed. Below, the interventions adopted for different situations will be reported:

2. Data and Methods

2.1. General Data

A total of 100 patients with gynecological tumors treated in our hospital from June 2018 to June 2019 were selected as the objects of experimental research. Those with severe organ lesions and injuries were excluded. The 100 patients were randomly divided into four groups: A, B, C and D, with 25 patients in each group. Group A received routine nursing, Group B received clinical care, Group C received high-quality nursing, and Group D received combined clinical care with high-quality nursing. Group A included 25 patients, aged 23-67, with an average age of 40.5±8.8 years. The course of disease was 0.5-18 months, with an average age of 8.3±4.2 months. Group B included 25 patients, aged 23-67, with an average age of 40.5±8.8 years. The course of disease was 0.5-18 months, with an average age of 8.3±4.2 months. Group C included 25 patients, aged 24-64, with an average age of 42.5±6.8 years. The course of disease was 0.5-18 months, with an average age of 8.0±3.2 months. Group D included 25 patients aged 19-65, with an average age of 42.4±9.8 years. The course of disease was 2-20 months, with an average age of 10.4±5.4 months. There were no statistically significant differences between any two groups in terms of general data, $P > 0.05$. All patients participating in this study had signed informed consents. The present study had been submitted to and approved by the ethics committee.

2.2. Methods

Four groups of patients with gynecological tumors were treated by surgery and received chemotherapy and radiotherapy after surgery.

The operation of high-quality nursing was as follows: first of all, psychological nursing. Since many patients were tortured by the pain induced by radiotherapy, they developed some negative emotions, which had a negative effect on the outcome of clinical treatment. Hence, the nursing staff should pay attention to communicating with the patients and their families, to allow patients to be aware of their state of illness and dispel negative emotions by themselves. In addition, some successful stories about treatment can also be told to patients to relieve their anxiety and fear, so that they can better cooperate with the medical staff in their work. Secondly, environmental nursing. A good rehabilitation environment should be set up, so that patients can enjoy in a more comfortable rehabilitation environment, the temperature, humidity and cleanliness in the wards should be guaranteed, to enable patients to have sufficient time for sleep. Thirdly, diet nursing. The medical staff should give guidance to patients on diets, arrange food with balanced nutrition and rich in protein as appropriate and instruct them to take more nutritious and digestible food and drink more water to facilitate urination and reduce the toxic effect of drugs in their kidney. Also, they can drink some honey water to promote defecation and moisten their intestines. Fourthly, early rehabilitation exercise. To strengthen the immunity and resistance of patients, the medical staff should guide patients to participate in early rehabilitation exercise, depending on their physical conditions after surgery, thus improving their enthusiasm and initiative in rehabilitation exercise and avoid bedsores and other complications. Fifthly, health education. To enable patients to have a clearer understanding of the treatment protocols and precautions of tumors, the medical staff can publicize through multimedia pamphlets, etc., tell the patients about the pathogenic factors, treatment methods and precautions of tumors and reduce their misgivings, so that they can better cooperate with the medical staff in their work.

As for the hospice care for patients, we adopted palliative treatment, which included the following three aspects. First of all, painless treatment was given according to the WHO's three-step analgesic ladder. Secondly, the medical staff offered psychological counseling to patients, communicated more with the patients and their families, found out and satisfied the needs of patients and defused their negative emotions. Thirdly, care in life. Nurses should set up a quiet and comfortable environment for the patients, prevent bedsores and offered routine care in life to patients.

2.3. Observation Indicators

The data obtained in this study were sorted out and analyzed. Data statistics software was used to compare the data.

2.3.1. Evaluation of the effect of high-quality nursing

The evaluation of the effect of high-quality nursing

was conducted by tallying the incidence of complications after high-quality nursing among the patients, including dry mouth, fever and dry skin. The nursing satisfaction of patients was also counted.

2.3.2. Evaluation of the effect of palliative treatment

The evaluation of the effect of palliative treatment was conducted by collecting the occurrences of pain, fatigue, negative emotions, nausea and vomiting in the patients using a pain questionnaire designed by our hospital. Each item was divided into 5 grades, with Grade 1 indicating never, Grade 2 occasionally, Grade 3 sometimes, Grade 4 often and Grade 5 always. The questionnaire scores of patients were averaged and used as results for statistical analysis.

2.4. Statistical Analysis

The data was processed by SPSS13.0 software. The measurement data were expressed by mean \pm SD. Enumeration data were compared by means of inter-group comparison and analyzed using One-way ANOVA. ANOVA for repeated measurement was used for intra-group comparison. The data were compared. If $P < 0.05$, then the difference was statistically significant.

3. Results

3.1. Comparison of the Incidences of Adverse reactions and Nursing Satisfaction among Four Groups

Four groups of patients with gynecological tumors were treated by different nursing methods, and the survey results showed that the nursing satisfaction was 60.1% in Group A, 84.2% in Group B, 85.3% in Group C, and 98.2% in Group D. A comparison of data of four groups showed that Group D had the highest nursing satisfaction, Groups B and C had close nursing satisfaction, and Group A had the lowest nursing satisfaction. All groups had significant differences, except between Groups B and C, $P < 0.05$. See Table 1.

Table 1. Comparison of the incidences of adverse reactions and nursing satisfaction among four groups.

Group	Number of Cases	Dry Mouth	Fever	Dry Skin	Nursing Satisfaction
Group A	25	6	5	5	60.1%
Group B	25	3	2	1	84.2%
Group C	25	2	3	1	85.2%
Group D	25	1	0	1	98.2%

From the data in Table 1, it can be observed that there were significant differences between the high-quality nursing or clinical care groups and the control group in the incidences of adverse reactions after surgery and nursing satisfaction, $P < 0.05$.

3.2. Comparison of Postoperative Emotional Scores among Four Groups

Among the 25 patients in the control group, 20 patients

underwent surgical treatment, as well as chemotherapy and radiotherapy after surgery actively, but gave up the treatment three weeks before the end of their lives and turned to supportive treatment. Among them, 2 patients committed suicide one week after receiving supportive treatment. 5 patients didn't receive any treatment intervention after being diagnosed with tumor, for they can't afford the treatment for economic reasons. 2 patients died at home three months later and the other 3 died at home four months later.

The results showed that four groups of patients had significantly differences in the quality of life and emotional scores. Patients who received clinical interventions had fewer fatigue, pain, adverse emotion, nausea and vomiting after surgery than those in the control group. Among them, Group D had the lowest incidence of the above symptoms; Group A had the highest incidence, while Groups B and C had close incidences. All groups had significant differences, except between Groups B and C, $P < 0.05$, and the difference was statistically significant. (See Table 2)

Table 2. Comparison of the postoperative emotional scores among four groups.

Group	Number of Cases	Fatigue	Pain	Negative Emotions	Nausea and Vomiting
Group A	25	4.2±0.9	4.3±0.8	4.4±0.5	3.9±0.9
Group B	25	3.2±0.7	3.4±0.4	3.5±0.4	3.1±0.4
Group C	25	2.9±0.7	3.2±0.5	3.1±0.7	3.3±0.6
Group D	25	1.2±0.5	2.2±0.2	1.2±0.3	1.4±0.2

From the data in Table 2, it can be seen that compared with tumor patients who were treated by high-quality nursing or combined high-quality nursing and clinical care, tumor patients in the control group had more fatigue, pain, adverse emotion, nausea and vomiting than Groups B, C and D. All groups had significant differences, except between Groups B and C, $P < 0.05$.

4. Discussion

Patients with gynecological tumors should not only endure the pain of surgical treatment, but also undergo long-term chemotherapy and radiotherapy after surgery^[5]. Due to the metastasis of tumor, patients with advanced tumor often suffer from multiple organ dysfunction, reduced immunity and negative emotions such as anxiety, depression and fear. As a consequence, there is an increasing demand for the improvement of the quality of life of patients with gynecological tumors and proper clinical nursing^[6,7].

In clinical practice, we should pay more attention to patients with gynecological tumor and do a good job in clinical nursing^[8]. From the perspective of this study, the use of high-quality nursing can improve the compliance with clinical procedures by patients with gynecological tumors and lower the incidence of adverse reactions^[9,10].

Moreover, when combined with hospice care, it can bring down the incidence of adverse reactions and psychological diseases after surgery more effectively^[11].

In addition, the adoption of palliative treatment among tumor patients, as a hospice care, can effectively relieve pain in the long and painful treatment. Many patients with advanced tumors often suffer physical torture and too much pain. Therefore, it is a must for nursing staff to offer high-quality nursing and knowledge education to them^[12]. By doing so, we can help patients eliminate undesirable emotions and let those who think of committing suicide give up the idea. It must be admitted that simply prolonging the survival time and increasing survival rate doesn't mean that good therapeutic effect can be achieved on malignant tumors. What the clinical staff should do is to relieve the physiological pain of patients, and lower psychological diseases brought by psychological distress, and prevent the quality of life of patients from declining sharply, while improving the survival rate and prolonging the survival time of patients. The present study shows that combined hospice care and high-quality nursing can lower the incidence of adverse reactions after surgery, alleviate the pain of patients, give better psychological support to patients, and defuse their negative emotions^[13,14].

In summary, the use of different nursing interventions in patients with gynecological tumors by medical staff can realize personalized nursing, greatly eliminate the negative emotions after patients fall ill, improve their compliance with the treatment protocols and achieve the best therapeutic effect.

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