

Intervention effect of standardized nursing on cancer pain of cancer patients

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Keywords: Standardized nursing; Tumor patients; Cancer pain; Intervene

Abstract: Objective: To explore the intervention effect of standardized process nursing on cancer pain of cancer patients. Methods: 60 patients with malignant tumor in our hospital were selected as the evaluation object, and the selected patients were randomly divided into two groups, the observation group (OG) and the control group (CG), each with 30 cases. Two groups of patients were given routine nursing intervention and standardized process nursing intervention, and the effects of nursing intervention were compared and evaluated. Results: In the investigation of life improvement, the OG was superior to the CG, and the difference was statistically significant. After nursing, compared with the CG, the anxiety and depression of the patients in the OG were significantly relieved, and the difference was clinically comparable ($P < 0.05$). The continuous scoring time of patients in OG was significantly better than that in CG ($P < 0.05$). In terms of total nursing satisfaction rate, the OG was higher than the CG, and the difference was statistically significant ($P < 0.05$). Conclusion: Standardized process nursing plays an important role in relieving the bad psychological state of patients with malignant tumor, reducing the degree of cancer pain, improving the nursing compliance and quality of life of patients, and finally making clinical nursing recognized and satisfied by patients.

1. Introduction

For patients with malignant tumor, we must pay attention to their breathing, pulse, body temperature and blood pressure, and strengthen the management of pain degree to further improve the quality of life. It is reported that more than 75% of patients with malignant tumors have cancer pain in different degrees. Because of limited life and poor mood, they often lack confidence in treatment, which will aggravate the pain [1]. Therefore, we encourage patients to face up to the disease, constantly improve their quality of life and face treatment in a better emotional state.

How to reduce the degree of cancer pain and improve the quality of life of patients with malignant tumor is a topic discussed by relevant scholars at present. In this paper, standardized process nursing was adopted for patients with malignant tumor, and its intervention effect on cancer pain was analyzed. See below for details.

2. Psychological status of cancer patients

Cancer patients are not only physically inferior to ordinary people, but also suffer from diseases for a long time, which leads to changes in mental state to some extent. Under such pressure, patients are prone to emotional reactions, such as depression, doubt, fear, despair, and other serious psychological problems.

Literature [2] studied the results of self rating depression scale and self rating anxiety scale of 120 cancer patients in rehabilitation period. It was found that the incidence of depression and anxiety in patients in rehabilitation period were 37.5% and 29.2% respectively, which were higher than the norm. The psychological status of patients in rehabilitation period was not optimistic. Literature [3] After investigating 560 patients, it was found that many patients were afraid of the disease worsening or relapsing, among which severe psychological patients accounted for about 90%.

Literature [4] thinks that at present, the support for cancer patients is mainly therapeutic support, but less mental support and psychological support. According to her analysis, cancer patients have

financial and emotional problems, which can be alleviated by increasing social support. Literature [5] holds that social work can help cancer patients in five ways, the most important of which is to help them manage fear or anxiety. Literature [6] discusses the palliative treatment of cancer patients from the aspects of economy, psychology, emotion and service, and demonstrates the necessity and feasibility of introducing social work intervention.

Literature [8] thinks that social workers are the linkers of resources and the coordinators of all parties, and social workers cannot help more people by themselves. Because they should take the lead, they should establish a patient support platform and form group mutual assistance. Encourage active sharing of mental journey and ways and means of change on the platform, rebuild confidence, and provide effective psychological support and reference anti-cancer experience for subsequent cancer patients.

3. Research materials and methods

3.1 General information

Taking 60 patients with malignant tumors treated in our hospital as the research object, all patients were diagnosed with malignant tumors with cancer pain and pressure ulcers risk factor assessment form (Barden assessment form) score ≤ 18 points; meanwhile, skin damage was excluded, There are stress injuries, mental disorders, and non-cooperation with nursing workers.

The selected patients were randomly divided into two groups, with 30 cases in the OG (observation group) and 30 cases in the CG (control group). OG: 19 males and 11 females, aged 25-75 years old, with an average age of (55.24 ± 4.21) years. CG: 17 males and 13 females, aged 25-74 years old, with an average age of (55.19 ± 4.07) years old.

Comparing the general data of patients between the two groups, there was no significant difference between the two groups ($P > 0.05$), which was comparable. The research was approved by the Ethics Committee of our hospital, and all patients understood the research process and volunteered to participate.

3.2 Standardized process nursing method

The CG received routine nursing, including basic health education, quality of life and medication nursing.

The OG added safety management measures:

(1) Strengthen the management of the environment, divide the wards reasonably, place patients in different rooms based on diseases and specialties, separate infected and non-infected children, pay attention to the cleanliness of wards, place anti-skid mats in corridors and toilets, reinforce bed stalls, and urge children and their families to reduce the frequency of playing mobile phones and reduce the pollution of light, electricity and electronic articles.

(2) Strengthen quality control, set up a quality control team, which is composed of the head nurse, head nurse and observation team leader, etc., and irregularly inspect the system implementation, duty performance, technical operation standardization, emergency nursing, nursing documents, etc. of each nursing staff, find potential dangers in time, give feedback and correction, and optimize the work.

(3) Psychological intervention. Actively introduce the causes of cancer pain and the importance and necessity of drug treatment to patients and their families. At the same time, strengthen psychological counseling to patients. Encourage language can be used to support patients, so as to help patients establish a positive attitude towards life, and play a role in diverting attention by playing soothing music.

(4) Strengthen health education. First of all, we should explain in detail the main causes of disease and cancer pain, the methods of radiotherapy and chemotherapy, the adverse reactions of chemotherapy and the importance of actively cooperating with treatment, so as to improve patients' correct cognition of disease and cancer pain and enhance nursing compliance.

(5) Dietary intervention. Make a scientific diet plan according to the patient's condition and diet

hobbies to ensure good nutrition supplement and improve malnutrition.

3.3 Observation index

Compare the nursing satisfaction rate between the CG and the OG. In the form of questionnaire survey and self-evaluation of patients in our hospital, the total score is percent, $80 \leq$ very satisfied, $60 \leq$ satisfied < 80 , dissatisfied ≤ 59 , and the nursing satisfaction rate is very satisfied+satisfied. Compare the scores of shear force, mobility and mobility between the CG and the OG.

Braden score is used in our hospital, and the higher the score, the better the result. Compare the occurrence of pressure injury between the CG and the OG.

3.4 Statistical method

SPSS20.0 was used to analyze the data in this paper. The measurement data was expressed by mean standard deviation ($\bar{x} \pm s$), and the t test was used. The counting data was expressed by rate (%), and the χ^2 test was used. $P < 0.05$ showed that the difference was statistically significant.

4. Result

4.1 Comparative analysis of the improvement of patients' living conditions

In the survey of life improvement, the daily life quality and sleep quality were scored, and the OG was superior to the CG, with statistical significance. As shown in Table 1.

Table 1 Comparative analysis of the improvement of living conditions between the two groups

Group	Number of cases	Quality of life	Sleep quality
CG	30	81.36±3.38	81.59±4.33
OG	30	91.04±5.17	91.69±5.27
t	-	7.58	7.42
P	-	<0.05	<0.05

4.2 Comparative details of patients' bad mood scores

There was little difference in anxiety and depression scores between the nursing group and the CG, and the difference was not statistically significant ($P > 0.05$). After nursing, compared with the CG, the anxiety and depression of the patients in the OG were significantly relieved, and the difference was clinically comparable ($P < 0.05$). As shown in Table 2.

Table 2 Comparison of scores of patients' adverse emotions between OG and CG

Group	Anxiety score		Depression score	
	Before nursing	After nursing	Before nursing	After nursing
CG	27.36±3.25	13.47±0.66	33.15±3.38	18.22±1.47
OG	27.66±3.17	21.56±1.27	33.61±3.01	23.54±2.1
t	0.168	28.97	0.087	7.24
P	>0.05	<0.05	>0.05	<0.05

4.3 Pain control before and after nursing in two groups

The scores of pain and burst pain in OG were not significantly different from those in CG ($P > 0.05$), but the duration of scoring was significantly better than that in CG ($P < 0.05$). See Table 3.

Table 3 Pain control before and after nursing in two groups

Group	Number of cases	Pain score at admission	Burst pain score	Scoring duration (h)
CG	30	5.69±1.06	6.88±1.27	15.31±3.47
OG	30	5.53±1.02	6.681±1.29	9.33±2.28
t	-	0.15	0.08	4.47
P	-	>0.05	>0.05	<0.05

4.4 Comparison of nursing satisfaction between two groups

In terms of total nursing satisfaction rate, the OG was higher than the CG, and the difference was statistically significant ($P < 0.05$). See figure 1.

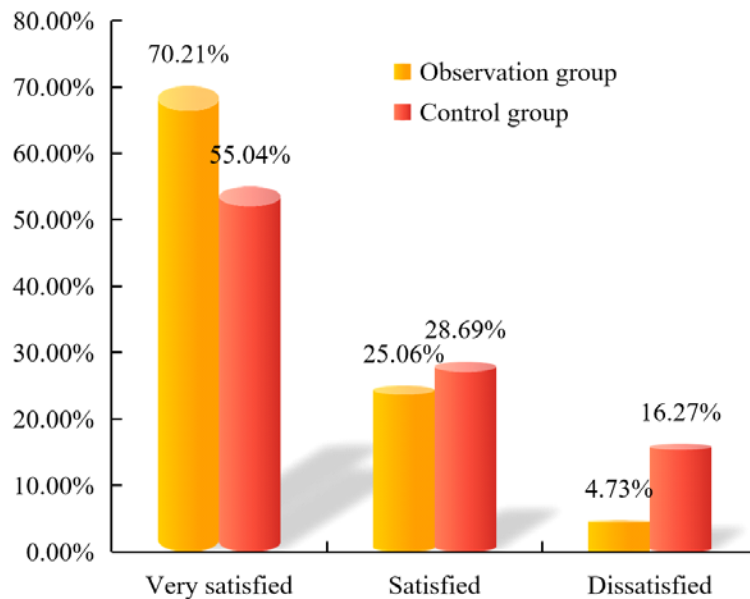


Figure 1 Comparison of nursing satisfaction between two groups

5. Discussion

According to relevant data, patients with malignant tumors often have obvious pain due to illness factors and drug effects, which we call cancer pain [9]. This seriously interferes with the quality of life of patients. If no measures are taken to improve it, the treatment will be affected as the pain continues to develop. The incidence of malignant tumor is obviously increasing, and the life safety of patients is seriously threatened. Patients with malignant tumor are often affected by cancer pain. In addition, they are tortured by chemotherapy for a long time, which leads to different degrees of psychological barriers, poor sleep and diet, etc., resulting in a decrease in nursing treatment compliance, which seriously affects the treatment effect and quality of life.

During the nursing period, standardized process nursing management, as a high-quality nursing guarantee scheme, can improve the application efficiency of nursing measures through goal setting, and can provide a more accurate and effective path for nursing behavior under the standard of "standardization, specialization and systematization", thus improving the nursing work level [10]. Nurses' care for patients with cancer pain includes medication control, cancer pain assessment, health promotion and emotional adjustment, all of which can play a certain role and improve their quality of life. However, due to the difference of patients' illness degree and tolerance, the formulation of nursing plan needs to vary from person to person.

The reason why standardized nursing can achieve better nursing effect is to make nursing plan after evaluating patients' anxiety and depression. Enhance patients' physical and mental comfort by strengthening ward environmental nursing and daily encouragement and comfort; After giving health guidance to the patients, the patients' awareness of the disease was obviously improved, thus helping the patients to improve their unhealthy mental state to the maximum extent.

Objectively and continuously evaluate the pain degree of patients, and communicate the evaluation results to doctors, so as to make a reasonable treatment plan; In the results of this study, it can be found that the pain duration of the OG after standardized process nursing intervention is shorter than that of the CG, and the difference is statistically significant ($P < 0.05$). Therefore, it is of great significance to formulate standardized intervention methods according to patients' different ages, genders and pain degrees, which can further relieve cancer pain symptoms and play a positive role in improving the quality of life.

Pain will not only harm the patient's body, but also harm the patient's psychology, so psychological care is especially important for cancer pain patients. At the same time, in order to improve the treatment effectiveness of patients, it is necessary to give patients corresponding health education, so that patients can have a certain understanding of their own diseases, and at the same time understand the importance of medication according to the doctor's advice, and improving patients' medication compliance is the key point in the treatment of cancer pain. In this paper, the health education of patients in the CG was not as good as that in the OG, and the difference was statistically significant ($P < 0.05$). The OG received better health education and understood the key of taking medicine, which effectively improved the pain of patients. The deeper the patients know about medicine, the higher their compliance with taking medicine. They also understood the possible adverse reactions caused by medicine, and they would not blindly resist cancer pain, but knew how to seek medical treatment and treatment in time.

6. Conclusions

To sum up, standardized process nursing can reduce cancer pain degree of malignant tumor patients, improve standardized process nursing intervention, improve patients' bad psychological state and improve patients' quality of life. By strengthening psychological counseling and giving encouragement and comfort to patients together with their families, patients can face treatment positively with correct and optimistic attitude, and finally improve the treatment effect of patients and reduce the cancer pain degree of patients.

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