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Psychological Intervention and Nursing Analysis of Gynecological Malignant Tumors during Chemotherapy

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ARTICLE INFO

Article history

Received: 16 March 2019

Accepted: 26 March 2019

Published Online: 30 April 2019

Keywords:

Gynecological malignant tumor

Chemotherapy

Psychological intervention

Clinical effect

ABSTRACT

Objectives: To explore the clinical effect of psychological intervention and nursing during the chemotherapy of gynecological malignant tumor. **Methods:** 120 patients with gynecologic malignancies were selected as subjects. According to the nursing method, these patients were divided into intervention group and control group, with 60 cases in each group. The patients in the control group were given routine care, and the patients in the observation group were given psychological intervention care on the basis of routine nursing. Before and after treatment, the anxiety and depression of the two groups were compared using the Self-rating Anxiety Scale (SAS) and the Self-rating Depression Scale (SDS). The satisfaction and adverse reactions of the two groups were compared. The results were statistically analyzed. **Results:** After nursing intervention, the anxiety and depression scores of the intervention group were lower than those of the control group ($P < 0.05$). The incidence of nausea, vomiting and fatigue in the intervention group was significantly lower than that in the control group ($P < 0.01$). There was no significant difference in the symptoms of diarrhea between the two groups ($P > 0.05$). After the treatment, the satisfaction of the intervention group was significantly higher than that of the control group ($P < 0.05$). **Conclusions:** During the chemotherapy of gynecological malignant tumor patients, psychological intervention nursing can alleviate the anxiety and depression of patients, improve the complications, and improve the satisfaction of patients. It is worthy of clinical application.

1. Introduction

Gynecological malignancies are common diseases that endanger women's health, which occur in various parts of the female genitalia. The most common are cervical cancer, endometrial cancer and ovarian cancer, and the highest mortality rate is ovarian epithelial cancer^[1]. Chemotherapy plays an important role in the treatment of malignant tumors in customers. However,

chemotherapy drugs have significant side effects. The most common nausea and vomiting, as well as fatigue, diarrhea, etc.^[2]. This brings great pain to patients, and often leads to patients with depression and anxiety and other adverse emotions. Bad mood can aggravate the body's adverse reactions, thus forming a vicious cycle. Therefore, in the process of caring for such patients, the nursing staff not only needs to deal with the physiological discomfort of the patient, but also strengthen the psychological counseling

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of the patient. In this study, psychological intervention and nursing were adopted during the chemotherapy of gynecological malignant tumor, and good results were achieved.

2. Materials and Methods

2.1 General information

The study subjects were 120 patients with gynecologic malignancies who were treated in our hospital from May 2014 to May 2015. The age ranged from 28 to 55 years, with an average age of (37 ± 2.1) years. Patients diagnosed with nausea by pathology were rejected. Sixty-two patients with cervical cancer and 58 patients with ovarian cancer were treated with chemotherapy in our hospital. Patients were randomly divided into the intervention group and the control group, with 60 cases in each group. The patients in the intervention group were 28 to 53 years old, with an average of (37 ± 6.3) years, including 32 patients with cervical cancer and 28 patients with ovarian cancer. The patients in the control group ranged in age from 29 to 55 years, with an average of (37 ± 6.5) years, including 30 patients with ovarian cancer and 30 patients with cervical cancer. There were no significant differences in age, sex, severity of illness, and education level between the two groups ($P > 0.05$), which were comparable.

2.2 Research Method

The control group received routine gynaecological care, and the intervention group added psychological nursing intervention on the basis of routine nursing, as follows:

Gynecological routine care: ① After admission to the hospital: Arrange bed, handle sanitation, measure temperature, pulse, breath, blood pressure. ② After the start of chemotherapy: The ward was inspected on time, and the patient's life and treatment response were closely observed. The amount of urine, the condition of the stool, the time and severity of adverse reactions were recorded, such as the number and amount of vomiting and diarrhea, and the mental state of the patient. In case of abnormal vaginal bleeding or pain in the lower abdomen, the patient should report to the doctor in time so as to take corresponding treatment measures in time. ③ Health care: keep the ward and bed clean, clean on time, disinfect regularly, bathe regularly, wash hair and cut nails. For oral care, rinse with 3% hydrogen peroxide. ④ Nutrition education for patients and their families, adjust the patient's diet, ensure a light, nutritious, high-protein diet, frequent small meals. When the patient has severe vomiting, he should replenish fluid and electrolyte in time to prevent water and electrolyte disturbance.

Psychological intervention care: ① After admission to the hospital: Warmly receive patients, strengthen com-

munication with patients, eliminate patients' tension, and make them adapt to the hospital environment as soon as possible. The patient's personality, life habits and so on are understood, in order to take the individual nursing for different patients. ② Before chemotherapy begins: The nurse introduced the patient's role, implementation plan, and especially the adverse reactions that may occur in chemotherapy to the patient in detail. Taking a cured case as a typical example, the patient is motivated to meet the treatment with an optimistic and confident attitude. ③ After the start of chemotherapy: Patients will have varying degrees of adverse reactions. At this stage, patients are prone to anxiety, depression and other adverse emotions. Caregivers should increase their patience and care for the patient and use encouraging language to appease the patient's mood. During this period, the patient's mood is easily affected by the surrounding environment, especially the family's mood and attitude. Therefore, nursing staff should encourage patients' family members to care for patients, timely feedback of patients' adverse emotions, and encourage patients to overcome difficulties and adhere to treatment. The patient's sleep is understood, and if necessary, a drug such as diazepam is given to ensure the patient's rest. ④ The patient's psychology was assessed in a timely manner. When the patient has serious depression or anxiety, the psychologist should give professional counseling in time. ⑤ Hair loss care: Alopecia is a common adverse reaction during chemotherapy, which usually occurs 1 to 2 weeks after medication and often causes psychological disorders such as fear and anxiety. The nursing staff should explain to the patient that hair loss is temporary and the hair will regenerate after stopping the drug. The adverse effects of hair loss on the patient's psychology are minimized. ⑥ Before leaving the hospital: Medical staff should assist patients to do all kinds of work when leaving the hospital, including the preservation of outpatient medical records and discharge summary, so as to facilitate future treatment. Patients should strictly follow the doctor's advice, strengthen the influence, adjust the mood, and review in time.

2.3 Observation Standard

Before and after chemotherapy, the anxiety and depression of the two groups were compared using the Self-rating Anxiety Scale (SAS) and the Self-rating Depression Scale (SDS). The smaller the score, the better. The higher the score, the higher the level of anxiety and depression. Adverse reactions: The severity of nausea, vomiting, fatigue and diarrhea during chemotherapy were recorded, and were divided into three levels: mild, moderate and severe. Satisfaction survey: before leaving the hospital, the patients were asked to complete a satisfaction questionnaire, which

was designed by our department, with 12 questions. The results were divided into three categories: very satisfied, satisfied and not satisfied. Satisfaction = (very satisfied number + satisfied number) / total number × 100%.

2.4 Statistical treatment

SPSS20.0 statistical software was used to process the data. Statistical analyses were performed using t-test for measurement data. The enumeration data was analyzed by chi-square test.

3. Results

There was no significant difference in the level of depression and anxiety between the two groups before chemotherapy ($P > 0.05$). After the end of chemotherapy, the anxiety and depression levels of the two groups were increased, but the scores of the intervention group were significantly lower than the control group ($P < 0.05$). The difference was statistically significant (Table 1).

Table 1. Comparison of anxiety and depression between the two groups before and after intervention ($\bar{x} \pm s$)

Group	n	SAS score		SDS score	
		Before intervention	After intervention	Before intervention	After intervention
Intervention group	60	38.23 ± 5.20 ^m	38.16 ± 5.23 ^m	38.32 ± 7.28 ^x	39.17 ± 5.16 ^y
Control group	60	37.89 ± 7.35	42.16 ± 6.42	38.39 ± 6.35	42.41 ± 4.39
T		0.29	3.71	0.06	3.70
P		>0.05	<0.05	>0.05	<0.05

Note: Compared with the control group, $nP < 0.05$, $yP < 0.05$, the difference was statistically significant. $mP > 0.05$, $xP > 0.05$, the difference was not statistically significant.

The occurrence of adverse reactions: The degree of nausea and vomiting and fatigue in the intervention group were lower than those in the control group ($P < 0.01$). The severity of diarrhea was not significantly different between the two groups ($P > 0.05$) (Table 2).

Table 2. Comparison of adverse reactions between the two groups

Group	n	Nausea and vomiting			Fatigue and lack of strength			Diarrhea		
		Mild	Mod-erate	Se-vere	Mild	Mod-erate	Se-vere	Mild	Mod-erate	Se-vere
Intervention group	60	32	15	13 ^a	48	14	8 ^b	43	9	8 ^c
Control group	60	11	30	29	18	31	21	40	11	9
X ²		9.38			7.68			0.07		
P		<0.01			<0.01			>0.05		

Note: Compared with the control group, $aP < 0.01$, $bP < 0.01$, the difference was statistically significant. $cP > 0.05$, the difference was not statistically significant.

When leaving the hospital, the satisfaction of the intervention group was higher than that of the control group ($P < 0.05$) (Table 3).

Table 3. Comparison of satisfaction between the two groups /n(%)

	n	Very satisfied	Satisfied	Not satisfied	Satisfaction
Intervention group	60	24(40.008)	34(56.67)	2(3.33)	96.67 [*]
Control group	60	14(23.33)	34(56.67)	12(20.00)	80.00
χ ²					8.09
P					<0.05

Note: Compared with the control group, $*P < 0.05$, the difference was statistically significant.

4. Discussion

Gynecologic malignancies are a serious disease that seriously threatens women's health and life. Compared with other diseases in the clinic, the psychological impact of malignant tumors on patients is more obvious [3-4]. Many studies have shown that [5-7], patients with nausea are often accompanied by psychological disorders such as anxiety and depression, which seriously affect the quality of life of patients. Many patients have insufficient knowledge of malignant tumors and often blindly believe that cancer is incurable. Therefore, some patients give up treatment. Surgery and chemotherapy are the basic means of treating gynecological malignancies. Due to the cytotoxic effect of chemotherapy drugs, clinical patients often have varying degrees of toxic and side effects and organ damage. Common adverse reactions are mainly gastrointestinal reactions, fatigue, bone marrow suppression, infection, hair loss, etc. [8-9]. Adverse reactions can aggravate the mood of patients with rejection therapy. In clinical, some patients even interrupt chemotherapy because they cannot tolerate these reactions, which seriously affects the therapeutic effect. Therefore, the comprehensive nursing for the patients with chemotherapy is the guarantee to complete the chemotherapy plan.

In the course of chemotherapy for malignant tumors, caregivers are most closely related to patients. The patient's problem should be promptly replied and processed. This is especially important for the care of gastrointestinal reactions, myelosuppression, infection, bleeding, etc. [10]. In addition, the role of psychological intervention care in the treatment of patients with malignant tumors has gradually received attention. Previous studies have shown that its application in clinical practice is obvious [11-12]. Patients with gynecologic malignancies are female groups and psychological characteristics are noted. Studies have shown that women are more prone to psychological dis-

orders of anxiety and depression due to the influence of family and social roles^[13]. Chemotherapy also has a greater physical impact on the patient. For example, hair loss often leads to fear, feelings of despair, and the psychology of rejection of chemotherapy. Therefore, it is very important to give psychological intervention care during chemotherapy for patients with gynecologic malignancies. This study explores this issue and achieves significant results. After psychological care, the patient's depression and other adverse reactions were improved and satisfaction was significantly improved. This is basically consistent with the study of Jinya You^[15]. The main reason is that the psychological state has a great impact on the patient's condition. Anxiety and depression can aggravate adverse reactions, which in turn aggravate psychological barriers. Psychological nursing can improve patients' bad mood and reduce the occurrence of adverse reactions. Patient satisfaction will naturally increase accordingly.

The deficiency of this study is that in order to reduce the pain of patients, the study of bone marrow transplantation was not involved. The sample size is small and there may be errors. As a result, the sample size needs to be further expanded.

To sum up, during the chemotherapy of gynecological malignant tumor patients, psychological intervention nursing can alleviate the anxiety and depression of patients, improve the complications, and improve the satisfaction of patients. It is worthy of clinical application.

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