Ting Fang et al.

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Objective Explore the impact of personalized nursing services and hospice care on the quality of life of elderly patients with advanced cancer. **Method** We selected 80 elderly cancer patients admitted to our hospital from September 2020 to May 2021, and divided these patients into a study group and a control group using a random number table method. The patients in the control group used conventional nursing methods to treat and care for the patients, and the patients in the study group used hospice care measures and combined personalized nursing measures. The quality of life and pain treatment effects of the two groups of patients before and after treatment were compared. **Result** Before treatment, the quality-of-life scores of the two groups of patients were low, and there was no statistical difference (P>0.05); After treatment, the quality of life of the two groups of patients improved, but compared with the control group, the improvement was more obvious in the study group, and the difference was statistically significant (P<0.05). In terms of pain treatment effect, the total effective rate of pain treatment in the study group was 87.5%, which was significantly better than the 62.5% in the control group. The difference was statistically significant (P<0.05). **Conclusion** Personalized nursing services and hospice care are conducive to improving the survival and treatment of elderly patients with advanced cancer, and can be used as a clinical application program for the care of advanced cancer patients.

With changes in the living environment and other factors, the incidence of tumors is getting higher and higher, and the development of an aging society has gradually increased the proportion of elderly cancer patients. The symptoms of some cancers are not obvious when they rise early, and when symptoms appear, they are mostly in the advanced stage [1-3]. Due to the growth of cancer tissues and oppression of surrounding normal tissues, the patient's digestion, rest, movement and other functions will be severely affected. At the same time, cancer pain in patients with advanced cancer is also very severe [4]. Once the cancer patient enters the advanced stage of the disease, it will be difficult to take effective measures for effective treatment, and the patient will show many obvious abnormalities in the psychology and physiology of the disease. Therefore, it is necessary to carry out special hospice care interventions for such patients in order to effectively improve their mentality and increase their living standards [5]. Hospice care services can bring the last warmth in life to patients with advanced cancer, which is conducive to the quality of life of patients during their final survival period. Therefore, this article intends to explore the impact of the combined application of hospice care and high-quality personalized nursing measures for elderly patients

Ting Fang et al.

Analysis of the impact of personalized nursing service and hospice care on the quality of life of elderly cancer patients

with advanced cancer on the quality of life of patients. The following is a detailed report of this research:

MATERIALS AND METHODS
Basic information

We selected 80 elderly cancer patients admitted to our hospital from September 2020 to May 2021, and divided these patients into a study group and a control group using a random number table method. Among them, there were 40 patients in the study group, 19 female patients, and 21 male patients, ranging in age from 61 to 85 years old, with an average age of (65±2) years old; there were 40 patients in the control group, 23 female patients, and 17 male patients. The age range was (62~87) years, with an average age of (62±3) years. The detailed statistics are shown in Table 1 below:

Table 1
Basic data statistics table of two groups of patients

Group	Number of cases (n)	Gender (n)		Age (year)	
		Number of male cases	Number of female cases	age range	average age
Research group	40	21	19	61~85	75.23±5.23
Control group	40	17	23	62~87	74.81±4.85
T value		1.305		0.953	
P value		0.072		0.085	

Inclusion criteria and exclusion criteria

Patients selected in this study must meet the following criteria before they can be selected: (1) All patients are ≥60 years old; (2) All patients were diagnosed with advanced cancer through pathological examination of living body materials; (3) all patients were conscious and able to communicate with medical staff; (4) except for colon cancer, the heart, liver and kidney functions of the patients were normal; (5) There was no significant difference in age and gender between the two groups of patients (P<0.05); (6) The patients or their family members agreed to sign the informed consent form in this study. Anyone who meets any of the following items shall be excluded from this study: ①Patients in a coma; ②Patients whose expected survival period is less than one month.

Method

Patients in the control group were treated and nursed with conventional drugs combined with conventional nursing methods. The care methods are as follows: The patient is in the advanced stage of cancer, most of the patients are accompanied by multiple metastases, with pain as the main symptom, so alleviating the patient's pain is the main nursing goal. Firstly, the patients were scored on the pain VAS, actively cooperated with doctors to carry out personalized pain standardized treatment, provided oral, patch, analgesic pump and other analgesic channels nursing measures and guidance, and used oral morphine analgesic treatment for intolerable patients; Teach patients to perform diversion therapy, and answer patients' questions about pain in a timely manner.

The personalized combined hospice care methods are as follows: (1) Cognitive education: Cognitive education is adopted for patients to explain in detail the relevant knowledge of advanced cancer, so that patients can understand the basic treatment methods and knowledge of advanced cancer, and eliminate patients' doubts; (2) Psychological care: After learning that they have cancer, the patient will inevitably feel anxious and impatient[6], so nursing staff should actively pay attention to the patient's psychological condition. Provide patient and detailed answers to various questions raised by patients, and educate patients' families to communicate with patients more; Inform the patient to actively cooperate with the medical staff in the treatment and care, which will help prolong the survival time of the patient. When talking to the patient, avoid talking about negative and pessimistic things. Strengthen the psychological care of special patients, and arrange special personnel to communicate with patients for patients with large psychological and emotional fluctuations. (3) Diet care: The digestive function of patients with advanced cancer is greatly reduced due to the influence of surgery and the cancer itself. Therefore, nursing staff pay close attention to the patient's diet. Patients should eat more liquid diets, avoid large intakes of high-fat and high-protein foods, and drink more water; (4) Pain care: As mentioned above,

Ting Fang et al.

Analysis of the impact of personalized nursing service and hospice care on the quality of life of elderly cancer patients

patients with late advanced cancer often feel severe pain due to the enlargement of the cancer body. Therefore, nursing staff should pay attention to the pain symptoms of the patient and apply heat to the patient's abdomen in time. Educate patients in the correct bed position, reduce the compression of the cancerous body, and give analgesic treatment, if necessary, but do not rely too much on it. (5) Environmental management: Patients who carry out hospice care should create a warm and comfortable environment for them, allowing them to move into single or double rooms. The interior is mainly family-oriented, and warm colors should be used as much as possible to improve patient comfort. All the treatment equipment should be placed as far as possible away from the patient's eyesight to avoid the patient's nervous and anxious emotions. All items in the room are placed for the convenience of the patient, and the comfort of the patient is improved as much as possible. Ensure that the patient's bed linen is clean and tidy, and should be replaced immediately if contamination occurs. Help patients turn over and pat their backs on time to avoid pressure sores.

Evaluation index

The quality of life and pain treatment effects of the two groups of patients before and after treatment were compared. The quality-of-life scoring standards are as follows: The evaluation is based on the subjective physical signs of the patient, which mainly includes five major items: appetite, mental state, sleep, physical strength, and comfort in daily life. Each major item is 20 points, totaling 100 points. All scores were evaluated by patients and their families.

Evaluation of pain treatment effect: Evaluation is carried out according to the pain numerical grading method proposed by WHO [7], 0 points means no pain, 10-40 points means mild pain, 50~70 points mean moderate pain, and more than 70 points means severe pain. After treatment and nursing, if the pain rating drops to no pain or the drop level is greater than or equal to two grades, it is markedly effective; if the drop level is equal to one level, it is effective; if the pain level does not drop or rise, it is invalid.

Statistical methods

All the data in this study were statistically analyzed by SPSS19.0 software. The measurement data were analyzed by t-value test, and the chi-square x^2 test was used for comparison between groups. The test standard a=0.05, when P<0.05, it is statistically significant.

RESULTS

The patient's quality of life score before treatment

The quality-of-life scores of the patients in the study group before treatment were: 8.5 points for appetite, 10 points for mental state, 9.5 points for sleep, 13 points for physical strength, and 6 points for comfort of daily life, with a total score of 47 points; The quality-of-life scores of patients in the control group before treatment were: 9 points for appetite, 8 points for mental state, 11.5 points for sleep, 10 points for physical strength, and 7.5 points for daily comfort. The total score is 46 points. The detailed information is shown in Table 2 below:

Table 2.
Patients' quality of life score before treatment

Group	Number of cases (n)	appetite	Mental state	Sleep	physical strength	Daily comfort	Total score
Research group	40	8.5	10	9.5	13	6	47
Control group	40	9	8	11.5	10	7.5	46
X2 value							0.962
P value							0.087

It can be seen from the above table that the quality-of-life scores of patients in the study group and the control group were lower before treatment, and there was no statistical difference between the two groups (P>0.05).

Quality of life score after treatment

The quality-of-life scores of the patients in the study group after treatment were 14.5 points for appetite, 18 points for mental state, 16 points for sleep, 17 points for physical strength, 15 points for comfort of daily life, with a total score of 80.5 points; The quality-of-life scores of the patients in the control group after treatment were: 12 points for appetite, 15 points for mental state, 14 points for sleep, 12 points for physical strength, and 13 points

Ting Fang et al.

Analysis of the impact of personalized nursing service and hospice care on the quality of life of elderly cancer patients

for daily comfort. The total score is 66 points. The detailed information is shown in Table 3 below:

Table 3.
Quality of life scores of patients after treatment

Group	Number of cases (n)	appetite	Mental state	Sleep	physical strength	Daily comfort	Total score
Research group	40	14.5	18	16	17	15	80.5
Control group	40	12	15	14	12	13	66
X2 value							3.842
P value							0.035

It can be seen from Table 3 and Table 2 that after treatment and nursing, the quality-of-life scores of the patients in the study group increased by 33.5 points compared to before treatment, while the control group increased by 20 points, both of which were greatly improved. However, the quality-of-life scores after treatment were inferior to those in the study group in the control group, and the difference was significant (P<0.05).

The patient's pain treatment effect

In terms of pain treatment effects, 21 cases of pain treatment in the study group were effective, 14 cases were effective, and 5 cases were ineffective. The total effective rate was 87.5%; in the control group, 15 cases of pain treatment were markedly effective, 10 cases were effective, and 15 cases were ineffective. The total effective rate was 62.5%. The detailed results are shown in Table 4:

Table 4.
Statistical Table of Pain Treatment Effect of Patients

Group	Number of cases (n)	Markedly effective (n)	effective (n)	ineffective (n)	Total effective rate (%)
Research group	40	21	14	5	87.5
Control group	40	15	10	15	62.5
X2 value					4.977
P value					0.025

It can be seen from the above table that the pain treatment effect of the patients in the study group after the compound kushen injection combined with high-quality nursing measures was significantly

better than that of the control group using conventional drugs and conventional nursing methods (P<0.05).

DISCUSSION

Due to the long-term pain and the fear of death, the quality of life of patients with advanced cancer is usually low. In particular, long-term cancer pain is an important factor affecting the quality of life of patients [6,7]. Today, when medicine is limited, palliative care is the mainstay for advanced cancers. Therefore, when treating patients with advanced colon cancer, its core task is to extend the survival time of patients as much as possible on the basis of improving the survival of the patients and alleviating the pain of the patients [8].

By carrying out hospice care for patients, a good cultivation environment can be created for patients. Strengthen the psychological care of patients, do a good job of psychological counseling for patients, have patient and meticulous conversations with patients in a good image, deliver positive and optimistic information to patients, and eliminate patients' tension and anxiety [9,10]. Take care of patients' pain, and provide effective analgesia for patients according to their actual conditions. Communicate with the patient's family in a timely manner, inform them of the cancer treatment and precautions, and ask them to stay with the patient as much as possible, and provide them with care and care from their loved ones, so that they can maintain a good attitude [11]. Individualized nursing measures are to formulate corresponding nursing measures and methods according to the differences of each patient. At the same time, nursing staff are the medical staff with the most opportunities to contact patients. Therefore, taking necessary nursing measures to intervene in the treatment process of patients has a greater impact on the quality of life of patients [12].

Studies have shown that the quality-of-life scores of patients in the study group and the control group before receiving treatment and care are not low, and there is no statistical difference between the groups. After receiving treatment, the quality of life of the two groups of patients has improved, but the improvement of the control group is not as good as

Ting Fang et al.

Analysis of the impact of personalized nursing service and hospice care on the quality of life of elderly cancer patients

that of the study group. In pain treatment, the total effective rate of pain treatment in the study group was 87.5%, which was significantly better than the 62.5% in the control group. The difference was statistically significant (P<0.05).

In summary, personalized nursing services and hospice care are conducive to improving the survival and treatment of elderly patients with advanced cancer, and can be used as a clinical application program for the care of advanced cancer patients.

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